Accountable Care Collaborative
Program Improvement Advisory Committee
Meeting Minutes

303 East 17th Avenue 11th Floor Conference Room A-B
Denver, CO 80203
November 20, 2019 // 9:30 A.M. to 12:15 P.M.

1.   Introductions

Carol Plock welcomed participants and called the meeting to order at 9:37 am. The following people were in attendance:

Voting Members: Anita Rich, Arnold Salazar, Bethany Pray, Carol Plock, Dale Buterbaugh, David Keller, Daniel Darting, Dede de Percin, Donald Moore, Jeff Zayach, Joanna Martinson, Julie Reiskin, Ian Engle, Lila Cummings, Sara Sanderson, Shera Matthews, and Wendy Nading.

A quorum of voting members was present.

Non-Voting Members: Allyson Gottsman, Alyssa Rose, Ashlie Brown, Ben Gronowski, Ben Harris, Brett Snyder, Brooke Powers, Elizabeth Holden, Gretchen McGinnis, Jeff Appleman, Jen Hale-Coulson, Kari Snelson, Karl Brand, Kelly Marshall, Kelly O'Brien, Kevin J.D. Wilson, Marty Janssen, Morgan Anderson, Moses Gur, Natasha Brockhaus, Nathan Drashner, Nicole Konkoly, Paul Presken, Phyllis Albritton, Tammy Arnold, Tina McCrory and Todd Lessley.

2.   Open Comment

Ben Harris opened the floor to the public for comments regarding October minutes and November agenda items. The public provided no comments.

3.   Minutes Approval

Carol solicited a motion to approve the October Meeting Minutes. Jeff Zayach denoted an error in attendance and requested his name be removed from the list of attendees in October.

Shera Matthews motioned to approve, and Anitra Rich seconded the motion. Jeff, Anita, and Julie Reiskin abstained. The final October meeting minutes can be found here.

4.   PIAC Operations and Housekeeping

Ben reviewed the PIAC Work Plan with the group and highlighted upcoming topics. He announced the Department's Medicaid Director, Tracy Johnson, planned to participate in PIAC on a quarterly basis beginning March 18, 2020.

Carol solicited additional topics or comments regarding the work plan. Dede de Percin reminded the group of a conversation about the decline in Medicaid enrollment from October's

meeting and requested PIAC continue to examine the topic. Ben agreed and stated the Department monitors Medicaid caseloads closely, for both policy and financial reasons, and noted the reports could be found online on the Department's Premiums, Expenditures, and Caseload Reports webpage. He also noted Director Johnson intended to discuss the topic in March.

Dede asked if there was a difference in the Department provided data and the Business Intelligence and Data Management system (BIDM) data. Ben explained the BIDM data was developed specifically to capture Accountable Care Collaborative (ACC) data and reminded the group that not all Medicaid members are enrolled within the ACC, members in the Child Health Plan Plus (CHP+) program and members enrolled within the Program for All-Inclusive Care for the Elderly (PACE) are excluded from the ACC. He explained that any further discrepancies between the two data sets were most likely related to data systems. Dede also asked if the Department has released the churn report publicly. Ben explained the report was originally commissioned by the University of Colorado School of Medicine. He noted the Department's eligibility team was reviewing the report and was not able to provide the group with an expected release date.

Anita suggested it would be beneficial for PIAC and its subcommittee to receive Department data on a regular basis. Ben stated the Department was meeting internally to prepare for the quarterly ACC Performance Check-In topic. He noted that ACC data would be distributed to PIAC quarterly and encouraged the group to review the caseload data for broader trends. Bethany agreed and recommended it would helpful if PIAC discussed the types of data the committee was most interested in receiving and the various breakdowns that would be helpful. She also requested to discuss the health disparity projects required of the RAEs through managed care regulations at a future meeting.

David Keller asked if a discussion related to the Key Performance Indicators (KPIs) was a topic on the work plan. Ben explained PIAC would review KPI performance quarterly during the ACC Performance Check-In topic. He also clarified that the KPIs were a part of an overall incentive portfolio that included the behavioral health incentive program (BHIP) and performance pool metrics, which covered funds unearned through the KPIs. The Department was currently only considering methodology changes to the KPIs but was developing new measures for the performance pool metrics. The latter changes were what Kim had referenced previously in the fall. He said the Department would provide a more comprehensive overview of the incentive portfolio of the ACC in early Winter 2020.

Wendy Nading addressed a recent change to the application processing system, Colorado Benefits Management System (CMBS), used by both the Department and the Department of Human Services to determine Medicaid eligibility and processes applications, has caused a significant delay in the processing of Medicaid applications. She suggested a percent of change in the Medicaid enrollment may be related to this issue and noted a slowdown at the county level in processing applications due to the change. Wendy explained the delay in application

processing has created a problem for presumptive eligibility as well and as a result, members are not enrolled within Medicaid within 45 days and must re-apply.

Additional members of the group expressed similar concerns related to this issue such as the additional time required of the member and county departments to reprocesses applications, the financial burden associated with cyclical reprocessing of applications, and questioned what temporary solutions had been implemented to resolve the problem. Ben acknowledged the outstanding issue and stated the Department was working to understand impact of the change. He noted PIAC would revisit the conversation in March when Director Johnson was available to provide an update.

Jed Ziegenhagen, the Department, and Ashlie Brown, Colorado Health Institute (CHI), provided an update on the Alternative Payment Model (APM). Jed recapped the purpose of the APM and the quality model used to evaluate the program while Ashlie presented on the [APM Memorandum](). The APM Memorandum contained a set of Department approved recommendations derived by the APM stakeholder workgroup, FQHC workgroups, and through PIAC feedback. The document outlines changes to the 2020 measure set, measure point assignments, and future recommendations regarding measure sets and stakeholder processes. Ashlie reminded the group of the [APM Guidebook]() for additional information about the program overall.

A few members of the group had questions regarding the APM but due to time constraints, Ben asked the members to follow up offline with Jed. Shera inquired about the best method for ensuring PIAC feedback would be incorporated into the Department's ongoing conversations with the General Assembly regarding to the APM. Ben answered that Jed would be most appropriate staff to field PIAC's feedback.

5.   Hospital Transformation Program

Ben introduced Matt Haynes, Special Finance Projects Manager with the Department, to provide an overview of the Hospital Transformation Program. Matt began the [Hospital Transformation Program]() (HTP) presentation by explaining the federal, Medicaid 1115 Demonstration Waiver process which allowed the Department to seek approval for a five year delivery system reform incentive payment (DSRIP) program for Colorado hospitals. Matt continued to explain that the Colorado HTP would use supplemental payments to incentivize hospitals to provide improved patient outcomes, lower Medicaid costs, prepare hospitals for value-based payment environments, and foster a culture of community engagement. He outlined the program's five-year plan, explained the measure set used to evaluate the program, defined the pay for performance structure, and reviewed the pubic stakeholder process related to the 1115 waiver.

PIAC members presented multiple questions regarding the program, one of which, was the requirements related to the social determinants of health (SDOH) screenings required of the

hospitals. Matt answered that hospitals were required to screen for SDOH and report any positive screenings to the Regional Accountable Entities (RAEs). The details of screenings would be determined locally by each hospital to best accommodate the SDOH within the community and would be outlined in the hospitals' applications next Spring.

The group asked Matt if the Department had any concerns regarding the recent hospital transparency rule developed by Centers for Medicare and Medicaid (CMS) or if the rule would affect Medicaid funding negatively. Matt stated the Department conducted an initial review of the rule without concerns but noted Department was continuing to collaborate with additional states.

Regarding the complementary statewide efforts Matt discussed, members asked how the Department intended to collaborate with the eHealth commission to facilitate real time data exchange and if any additional opportunities have been identified so far. Members expressed interest in the conversion of free-standing emergency departments to address community needs, noted the positive impact it would have on local communities, and asked for more information about the process.

Matt noted that the Department has engaged the information technology community in conversations on how to standardize reporting mechanisms and best practices for hospitals. Additionally, the Department intended to explore opportunities for additional funding to help align reporting and the program goals.

Matt explained that the Department began conversations related to HTP in 2015 and has collaborated closely with the Colorado Hospital Association about the conversion of free-standing emergency departments. He explained that the guidance the Department has received has been high-level and input needed to drive the decision would come mainly from the local communities.

The group requested clarification of the HTP timeline. Matt explained the Department was required to submit a 1115 waiver application to CMS to receive the federal authority required to implement the Hospital Transformation Program. He stated the draft Colorado 1115 Waiver Demonstration Application was available for open comment until December 15, 2019 and encouraged PIAC to review the Notice of Public Comment Process document available on the HTP webpage for more information about how to submit stakeholder feedback before the deadline closed. Matt continued to explain that hospitals would be required to submit applications once CMS approved the 1115 waiver and projected the process to begin in April 2020 and conclude in September 2020. He also highlighted the resources related to the application were available on the HTP webpage for hospitals to date. Matt denoted Program Year 2 would begin in October 2020, conclude in September 2021 and would require reporting requirements and determine benchmarks. Program Year 3 would begin in October 2021, conclude in September 2022, and would begin the pay for performance cycle. He referred slide 17 for additional information.

Members asked if the reporting requirements would be self-reported by the hospitals. Matt answered a portion would be a combination of Medicaid claims data and self-reported by hospitals and mentioned the Department was working to develop a portal to help standardize the process for reporting and ease the administrative burden on the hospital.

The group suggested a need for increased collaboration amongst the Department, the RAEs, and hospitals to develop incentive measures that work cohesively to keep programs aligned with one another and with the needs of the community to drive health equity.

Matt explained the Department has worked persistently with RAE representatives and program staff at the Department to align the HTP measures with the RAE incentive measures, including the KPIs and behavioral health incentive measures as well. He added the Department was currently processing those measures both internally and with stakeholders. He also noted the program would help foster increased collaboration with the RAEs and hospitals through the SDOH screenings and care coordination efforts.

Matt encouraged participants to visit the HTP webpage for more information and to sign up for the HTP listserv to receive upcoming communications.

Carol thanked Matt for his presentation and encouraged PIAC to provide feedback and comments before the December 15th, 2019 deadline. Anita noted the Provider and Community Experience (PCE) subcommittee was also working to review the draft application and provide stakeholder feedback and invited the group to share comments with PCE to be included. The Department agreed to send a follow up email with the HTP Presentation and more information on how to submit formal comments during the open comment period.

Matt encouraged participants to visit the HTP webpage for more information and to sign up for the HTP listserv to receive upcoming communications.

6.   Provider and Community Experience (P&CE) Subcommittee

Anita began the Provider and Community Experience Presentation by outlining the subcommittee's objectives, reviewing its purpose, describing its membership, and explaining the processes developed to execute the subcommittee's workload.

She reminded the group that the subcommittee's purpose was derived by PIAC and the subcommittee formulated the objectives and processes accordingly. Anita acknowledged the broadness of the objectives and informed the group that P&CE decided to formulate ad-hoc workgroups with volunteer committee members to dive into larger topics outside of the subcommittee's monthly meetings. She explained that the progress of the workgroups would be incorporated into P&CE's monthly meetings as well. She noted the first ad-hoc workgroup was established during the October meeting to examine the HTP and provide written feedback during the open comment period.

In the future, Anita requested PIAC provide clear and concise guidance on the topics and assignments to its subcommittees. She noted the vast topic areas covered by PIAC and its subcommittees are time consuming to digest and suggested the work of the subcommittees would be most beneficial to PIAC if the group spent more time discussing the ask, expectations, timelines, and provided extended guidance to the subcommittees at the time of the request.

Anita opened the floor for comments regarding the presentation. The group discussed the importance of preventing duplication of work across subcommittees and agreed quarterly updates provided during PIAC, information and recommendation sharing amongst subcommittees, and quarterly meetings with the subcommittee co-chairs were all effective efforts to reduce duplication in the future. Several members offered suggestions on how to improve communication through PIAC and its subcommittees as well. Ben agreed to work with Carol and Kiara to develop a procedure to improve communications and suggested a monthly newsletter to provide a review of PIACs work might offer the best results.

Members also deliberated areas where the Department and RAEs could increase collaboration to accomplish program alignment with programs outside of the ACC such as the HTP.

The group hosted a large conversation on how to improve membership diversity and emphasized the importance of including behavioral health representation throughout all the subcommittees as well. The group suggested membership vacancies within P&CE be fulfilled by February of 2020.

Carol solicited feedback regarding the P&CE Draft Charter. David motioned to approve the charter, and Daniel Darting seconded the motion and the final. The approved charter can be found here.

Anita reminded the group that P&CE meets on the second Tuesday of every month from 8:00am-9:30am at the Department of Public Health and Environment. She noted participation was welcomed via telephone and more information regarding meeting logistics could be found on the P&CE webpage and encouraged attendees to subscribe to the listserv to receive communications.

7.   Open Comment

Ben opened the floor for public comments related to the discussion. Moses Gur noted the Colorado Behavioral Healthcare Council (CBHC) participated in the former Provider and Community Issues subcommittee and noted the organization's willingness to continue its participation in any of the subcommittees now that they have been established and chartered.

Phyllis Albritton acknowledged the challenge of community engagement and stated that collaboration with the Department, hospitals, and local communities has proven difficult in relation to the HTP. She explained some communities have been successful in collaborating with hospitals but noted that most efforts resulted in minimal to no action. She also highlighted the financial challenge community organizations faced regarding compatible electronic health record systems and acknowledged data exchange as a hurdle to care coordination with hospitals. In addition, she stated the data feeds received from the Department were inaccurate due to timeliness and attribution challenges continued to persist for some practices.

Ben asked Phyllis to follow up with him directly after the meeting to discuss in more detail.

8.   Next Steps

Carol summarized the meeting and noted the follow action items for PIAC:

1. Addition or continuation of the following hot topics;
    a. Discussion on incentive measures (KPIs, BHIP, Performance Pool)
    b. Medicaid enrollment and timely application processing
    c. Access to specialty care conversation
    d. Data distribution
    e. Health disparities projects
2. Provide guidance to the P&CE subcommittee regarding priority areas and timelines;
3. Consider strategies to ensure effective communication between PIAC and its subcommittees (At a Glance Newsletter);
4. Consider a method to produce action items and assignments prior to the distribution of the meeting minutes; and
5. Members were asked to connect with Jed on any unanswered APM related questions or feedback.

The Department was assigned the following action items:

1. Send a follow up email with more information regarding the HTP and APM; and
    a. Link to HTP presentation and open comment period
    b. APM Guidebook
2. Send information related to the budget case loads.

The meeting was adjourned at 12:22pm.