



**Meeting Summary
Colorado Accountable Care Collaborative
Program Improvement Advisory Committee (PIAC)**

August 17, 9:30 A.M. - 12:15 P.M.

1. Attendees:

A. Voting PIAC members

- Anita Rich
- Aubrey Hill
- Brenda L. VonStar
- Carol Plock
- Cherie Gorbie
- David Myers
- David Keller
- Donald Moore
- Elisabeth Arenales
- Elizabeth Forbes
- Ian Engle
- Mick Pattinson
- Morgan Honea
- Pamela Doyle
- Shannon Seacrest
- Shera Matthews
- Stephanie Farrell
- Todd Lessley

A quorum of voting members was present.

B. Non-voting members and other attendees¹

- Abigail Worthen
- Aleah Horstman
- Alejandro Vera
- Amalia Madrid
- Amy Harder
- Anne Jordan
- Arnold Salazar
- Benjamin Harris
- Brandi Nottingham
- Byron Burton
- Deborah Foote
- Elizabeth Baskett
- Emily Berry
- Gary Montrose
- Gretchen McGinnis
- Hanna Schum
- Jen Hale-Coulson
- Katie Mortenson
- Katie Jacobson
- Kit Lee
- Leslie Reeder
- Leslie Smith
- Lori Roberts
- Matthew Lanphier
- Mindy Klowden
- Rachel Hutson
- Russ Kennedy
- Shannon Breitzman
- Sharon Medina
- Sophie Thomas
- Susan Mathieu
- Terri Hurst



- Tim Gaub
- Valerie Vold

2. Review and Approval of June Meeting Summary

Aubrey Hill asked that the meeting summary from the June meeting of the PIAC be reviewed. The approval of the minutes was moved, seconded, and sustained.

3. Enhanced Primary Care Medical Program (ePCMP) First Year Evaluation

Aubrey Hill introduced Sophie Thomas, ACC Program Specialist with the Department, and Valerie Vold and Kit Lee, Consultants from 3M (the Department's Statewide Data and Analytics Contractor, SDAC) to present on the first year evaluation of the ePCMP program. The ePCMP fact sheet handout can be found [here](#), and the presentation that was discussed is available [here](#).

- Valerie Vold: I, along with my colleague Kit Lee are consultants at 3M. We work collaboratively with the Department to develop and manage the SDAC, and have also recently conducted an analysis of the ePCMP program. We analyzed data from the first year of the program, which was State Fiscal Year 2014-2015 using the quality metrics that are currently measured through the ACC program.
- Sophie Thomas: The ePCMP program was implemented in July 2014 and is one of the ACC's pay-for-performance initiatives. The Department worked with the PIAC and its subcommittees to develop factors that are considered characteristics of an "enhanced" medical home. The factors are based on NCQA and adapted for Colorado's ACC program. If providers met the criteria, they receive an additional \$0.50 PMPM.
- RCCO assessed practices in their region to determine which providers met the criteria to be an ePCMP, meeting at least 5 out of the 9 established factors. RCCOs submitted the first year of data in June 2015, to which 269 practices met the criteria to become an ePCMP, covering approximately 500,000 attributed members.
- Susan Mathieu- We added 40 practices in FY 2015-2016 and are just analyzing the data, we will share that when it is ready.
 - Question: How do the RCCOs assess practices?
 - Response: The Department developed a review tool outlining criteria for each factor. The RCCOs assessed practices, but methods vary across regions.
 - Response: In Colorado Access regions, providers were notified, they submitted documentation to us and we reviewed. We didn't do onsite formal audits, but are familiar with the PCMPs across our regions, and



were able to validate their documentation. Many of these practices are delegates for care coordination, so there are other auditing components of our relationship.

- Kit Lee: This analysis used data on outcome measures based on the ACC budget population for the SFY 2014-2015, which did not include adults w/o dependent children at the time. Some of the measures are percent difference than expected, and other measures are rates.
- Valerie Vold: The analysis compares program factors to existing ACC performance measure outcomes, including Key Performance Indicators (KPIs). We did not compare SFY 2014 to SFY 2015 data because the budgets were rebalanced during this time. Additionally, this does not include the expansion population.
- There are some concerns around reliability of data; practices were assessed differently across the regions, we do not have data on how many total practices were assessed (i.e. practices that met 4 or less factors, or those not assessed).
- Kit Lee: ePCMP providers had lower total cost of care than non-ePCMP members. ER visits- ePCMP had worse performance than non-ePCMP. Well Child Check-ePCMP slightly better completion rate than non; Post-partum ePCMP had worse rates than non-ePCMP. These are all averages; we do see variances when we look at the RCCO level.
- **Factor 1 Analysis:** (Slide 14) This is shown as a heat grid analysis, factor one results displayed across the outcome measure set. Dark blue shows worst performance and light blue shows best performance. The analysis shows that ePCMPs that did not meet factor 1 performed consistently better than those who did meet factor 1. The unattributed population has the worst overall completion rates.
 - Comment: Some ePCMPs may have met this factor but not reported it. Some providers only reported five factors, regardless how of how many they met.
 - Comment: The criteria for some of these factors are minimal.
 - ePCMPs who met factor 1 had the best performance for WCC completion rates.
 - Comment: We have found that offering evening hours has increased our WCCs, because it's easier for parents to schedule.
- **Factor 4 Analysis:** Access to on-site behavioral health services. There are six statistically significant relationships in this analysis. ePCMPs that met this factor were the worst performers on ER KPI, Prenatal Screening rate, Post-Partum care and Depression Screening Follow-Up rate. They were the best performers on



inpatient admits, depression screening rate, 30-day follow-up rate and well child check rate.

Time allotted for this agenda item expired before 3M was able to complete the presentation. Dr. Keller recommended this presentation and evaluation continue at the subcommittee level, possibly Health Impact on Lives subcommittee.

4. ER KPI Takeback

Aubrey Hill introduced Susan Mathieu, ACC Program Manager with the Department, Valerie Vold and Kit Lee with 3M to lead the discussion on the ER KPI takeback.

- Susan Mathieu: There were calculation errors for the Quarter 1 2015 (July-Sept) incentive file (paid in March 2016). The two KPIs affected are the ER and Post-Partum measures. The Department will be recouping the overpayments by appending the Q3 incentive payments and the ePCMP payments due to be paid out in September. We hope using this process for recoupment reduces the potential negative payments.
- Valerie Vold: The tool 3M uses to bring in claims missed a section of claims when calculating the Q1 files. The error was caught, and the file recalculated. 3M has implemented more quality assurance processes as a result of this error. The Q2 file was verified for accuracy before being processed for payment.

Changes include:

RCCOs 2, 4, and 5 – did not reach the tier 1 target for ER KPI

RCCOs 6, 7 – reached tier 1, not 2 for the ER KPI

RCCOs 2 – reached tier 2, not 1 for Post-Partum KPI

RCCOs 1 and 3 – no change in calculation

- Susan Mathieu: I would like to apologize from the Department. We will prepare messaging for distribution to providers. We will share the breakdown and impact on providers with RCCOs.

5. Criminal Justice and the ACC

Aubrey Hill introduced Ben Harris, ACC Contract Manager and Performance Specialist, and Alejandro Vera, Special Projects Coordinator with the Department to lead the discussion on improving coordination and transitions of care for criminal justice involved populations enrolled in the ACC. The presentation that was discussed can be found [here](#).

- Ben Harris: The goal of this discussion today is to solicit feedback on current RCCO activities and identify other strategies for serving this population.



- Alejandro Vera: The Department is currently implementing a suspend function in the Medicaid Management Information System (MMIS). This is essentially a limited benefit package for inmates.
- Also working to improve collaboration among county jails and RCCOs. Want jails to become Medical Assistance sites to help with Medicaid enrollment upon release. This will help improve continuity of care.
- Amy Harder: In RCCO 7, the El Paso County Jail has really embraced Medicaid coverage, hospital stay, discharge from jail to hospital for Medicaid coverage of medical services during stay, county incurred cost savings. They also want to make sure inmates are enrolled in benefits before being released. We have RCCO representatives educating inmates on the benefits available to them. They are not yet enrolled in the RCCO, but we work to make contact to know what will be available to them.
- Elizabeth Baskett: In RCCO 6, we have partnered with our BHO, Foothills Behavioral Health Partners and are working with Department of Correction to improve data sharing. That has been a barrier so far, and we would appreciate assistance from the Department in that effort. We, along with the BHO, are conducting in-reach programs with members, enrolling them in benefits before they are released. We have an issue knowing which RCCO the client will ultimately live in, and we need assistance in figuring out who our members will be. We have found the health team approach successful- working with jail/prison care coordinators, behavioral health providers, RCCO all working together.
 - Comment: State prisons are implementing EHR that will integrate with CORHIO. Jails use very different systems.
 - Comment: Parolees can only see Approved Treatment Providers, and we need more providers.
 - Comment: Take Care-Health Matters is focused on enrollment, access to care and health literacy for criminal justice involved populations. We have a lot of resources and brochures to help with this issue.
 - Comment: Parolees are signed up using the address for the Department of Corrections office in Colorado Springs, rather than using an address in which the enrollee will reside. This has impacts to the information available for the client about community resources and can delay the client in getting connected with needed resources.
 - Comment: In-Reach services are an important component to getting inmates in state prisons set up with a primary care provider and a behavioral health therapist prior to release. It is important to distinguish between county jails and state prisons when discussing this population. There is currently only one BHO that sends a representative to prisons to sign inmates up for Medicaid benefits prior to their release.



- Comment: Colorado Department of Corrections is struggling with having enough Approved Treatment Providers (ATPs) that they can make referrals to, especially in rural areas.

Committee members commented that the Committee spends little time on issues surrounding the criminal justice population, and that many of the issues brought forth during this meeting need additional discussion and exploration. With that in mind, the group recommend this topic continue at the Improving and Bridging Systems subcommittee.

6. Client Engagement Initiatives

Aubrey Hill introduced Antoinette Taranto, Chief Client Officer with the Department to lead the discussion on client engagement initiatives, particularly wellness programs, for Medicaid populations. The Presentation that was discussed can be found [here](#).

- Antoinette Taranto: In 2015, we evaluated member engagement and identified preferred communication and wellness programs for members. The Department worked with RCCOs 6, 7 and Denver County Healthy Communities to conduct outreach to members that have provided email addresses in PEAK. We had a 97% delivery rate and 44% open rate, which are excellent statistics. We are looking at strategies to boost email addresses in PEAK. We learned that most members were unaware of the free nutrition and wellness benefits, and 99% of members had positive feedback about the program.
- In 2016, we want to extend the program and offer the right tools and resources for wellness programs. We want to improve prenatal and well child exams. Members self-report to earn a \$20 grocery card. Dental visits are the gateway activity to unlock rewardable programs. Content on referrals available through this program.
 - Comment: I would like to caution around requirements for cellphone contact and the consent process. We would like guidance from the Department on this issue. Also, how can we share best practices around incentive programs and resources between RCCOs and department?
 - Question: Where are you getting your content from? Can we align messaging and content across all providers?
 - Response: Content comes directly from the program. I would like to work with you to review content.
 - Question: Will clients have to report the incentive as income?
 - Comment: Member engagement is one of the greatest challenges in the



ACC. I'm worried about multiple incentives and member engagement strategies. Who owns member engagement? What are national best practices?

- o Comment: from the client perspective, I would like to point out that a provider's perception of client engagement is different than a client's perception. Need to involve the client in the entire process.

Time for this agenda item expired. The discussion will continue at the subcommittees.

7. Health First Colorado Rebrand

Aubrey Hill introduced Debbie Fimple, Health First Colorado Grant Manager with the Department to update the Committee on the Department's rebrand initiative. The Health First Colorado presentation can be found [here](#), and an FAQ document can be found [here](#).

- Debbie Fimple: The Department launched Health First Colorado (Colorado's Medicaid Program) rebrand in June 2016. The Department is working to introduce a more consumer friendly brand of Medicaid, reduce confusion between other programs, and reduce stigma of Medicaid. Colorado is the 21st state to rebrand their Medicaid program. The official launch was June 27, including a new [website](#), client facing advertising and outreach. We are using the tagline "Colorado's Medicaid Program" for initial transition to the new name.
- This coincides with the [new member handbook](#), which has been consolidated into one handbook. There is a more comprehensive version of the handbook coming later this fall. The enrollment broker's name has been updated to Health First Colorado Enrollment to reduce confusion.
- Advertising is directed to members, emphasizing the name change, NOT a change in eligibility or benefits. Member feedback was important to this effort, and the rebrand was supported by a grant from the Colorado Health Foundation and Caring for Colorado Foundation.
- The rebrand applies only to the Medicaid program, not Child Health Plan *Plus*, Colorado School Health Services Program or the Colorado Indigent Care Program. Medicaid program name changes include: regular or MAGI Medicaid has changed to "Health First Colorado Basic". For the ACC, we are working to remove the acronym "RCCO" because it can be confusing to clients. We will use "Health First Colorado Accountable Care Collaborative Administered by Integrated Community Health Partners" (or, fill in other RCCO name).

8. Quarterly Data Sheet

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Aubrey Hill introduced Matthew Lanphier, ACC Policy Specialist with the Department to review the ACC Quarterly Data Sheet-August. The handout that was reviewed can be found [here](#).

- Matthew Lanphier: ACC total enrollment dropped by 25,000 between June and July. The Department made some needed policy changes around income calculation. The Department is looking into exact number of clients impacted. Access KP launched July 1, 2016. 22,997 clients moved from RCCO 3 to the Access KP program.
 - Comment: The BHOs are not seeing the immediate pickup; still need to assess how this will impact ACC re-enrollment.
 - Comment: There is different messaging on the reason for these changes, and different numbers being presented. We would like the department to provide consistent feedback and messaging.
 - Response: We will look into this further and discuss at the next meeting.
- Matt Lanphier: Looking at KPI performance, RCCOs 1, 3, 4, and 6 met their Tier 1 target for the ER KP; and RCCO 7 met its Tier 2 target for the ER KPI. There were no changes on the Well-Child Check KPI, no RCCOs have met Tier 1 or 2. On Postpartum Follow-Up Care, RCCOs 3 and 7 hit Tier 1 target, and RCCOs 1 and 2 hit their Tier 2 target.

9. Proposed Subcommittee Focus Areas

Todd Lessley, PIAC co-Chair presented to the Committee proposed focus areas for the PIAC Subcommittees. The draft document that outlines the proposed focus areas can be found [here](#).

- Todd Lessley: The subcommittee focus areas have been updated from last year. Last year's focus areas were largely guided by ACC Phase II topic areas. While we are gearing up for the release of the RFP, we want to keep focus on the current program, and areas for improvement.
 - Comment: Health Impact on Lives subcommittee has approved.
 - Comment: I propose SIM be linked to behavioral health integration.
 - Comment: Need to be mindful to sync conversations across subcommittees because many of these topics cross different subcommittees.
 - Comment: I recommend payment reform become a larger conversation at PIAC, perhaps add a standing agenda item.



- Comment: I recommend you add Criminal Justice to the special populations list under Improving and Bridging Systems.
- Comment: I recommend splitting churn and SIM to two different items. Also, we should expand SIM to include other multi-payer initiatives.
- Comment: LTSS alignment with RCCOs was a discussion of MMP subcommittee; add to IBS?

The co-chairs and the Department will revise the focus areas based on feedback and will bring clarified topics to next the meeting.

10. Subcommittee Updates

Health Impact on Live: Health Improvement

The Committee approved Elisabeth Arenales as the co-chair of Health Impact on Lives Subcommittee.

Provider and Community Issues

Brenda VonStar: The subcommittee formed a workgroup to focus on non-emergent medical transportation. We encourage interested parties to contact Emily.Berry@state.co.us

Improving and Bridging Systems

Morgan Honea: The Subcommittee had a presentation from RCCOs on the tools they are using, particularly for high-utilizing populations. We discussed the need for improved data access and use.

11. General Discussion & Questions

With no further items for discussion and time expired, the meeting of the PIAC was adjourned. The Committee will not be meeting in September. The next meeting will be on Wednesday, October 19, 2016.

