



COLORADO

Department of Health Care
Policy & Financing

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

June 15, 9:30 A.M. - 12:15 P.M.

1. Attendees:

A. Voting PIAC members

- Anita Rich
- Aubrey Hill
- Brenda L. VonStar
- Dave Myers
- Donald Moore
- Elisabeth Arenales
- Elizabeth Forbes
- Harriet Hall
- Ian Engel
- Mick Pattinson
- Morgan Honea
- Pamela Doyle
- Shera Matthews
- Stephanie Farrell
- Todd Lessley
- Cherie Gorbie
- Carol Plock

A quorum of voting members was present.

B. Non-voting members and other attendees¹

- Arnold Salazar
- Ben Harris
- Brandi Nottingham
- Carol Bruce-Fritz
- Christian Koltonski
- Elizabeth Baskett
- Ellen Kauffman
- Gary Montrose
- Greg Tung
- Gretchen McGinnis
- Jeff Bontrager
- Jennifer Hale-Coulson
- Katie Mortenson
- Katie Jacobson
- Lori Roberts
- Mindy Klowden
- Patrece Hairston-Peetz
- Rachel Hutson
- Rebecca Encizo
- Russ Kennedy
- Sharon Medina
- Shelly Spalding
- Sophie Thomas
- Susan Mathieu

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

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2. Review and Approval of May Meeting Summary

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

3. Committee Membership Housekeeping

Aubrey Hill provided the group with an overview of Committee membership changes. The changes are as follows:

- RCCO 7 Representative
 - Position held by Richard Spurlock, who is stepping down from the PIAC.
 - Proposed replacement is Cherie Gorbie. Cherie is a nurse who worked for Community Health Partnership developing care management activities for RCCO 7. She now works for Colorado Springs Health Partners improving access to specialty care.
 - The Committee voted and approved Cherie's position on the PIAC as the RCCO 7 representative.
- Ex Officio BHO Representative
 - Shelly Spaulding is stepping down from the PIAC as she accepted a new position. The Department is working with the BHOs to select a new representative for that position and will have an update next meeting.
- Jean Sisneros; RCCO3 Consumer Advocate
 - Offered to step down as she has limited availability to attend meetings. Aubrey will work with Jean to determine best next steps.
 - Will follow-up at the next PIAC meeting.
- Subcommittee Chair
 - The Provider and Community Issues Subcommittee has voted and approved Brenda VonStar to serve as co-Chair along with Anita Rich. This change is occurring as former Chair, Todd Lessley, is now serving as co-Chair on the PIAC.
 - Health Impact on Lives is looking for a new co-Chair.

Subcommittee Updates:

Health Impact on Lives: Health Improvement (HIoL:HI)

- The HIoL:HI subcommittee has a new staff liaison, Ben Harris.
- The HIoL: HI subcommittee is looking for a co-Chair.



- The subcommittee wants to look at the intersection between Healthy Communities, Early and Periodic Screening, Diagnostic and Treatment (EPSDT), and the ACC.

Provider and Community Issues Subcommittee (P&CI).

- Anita Rich: The P&CI Subcommittee had a presentation on Non-Emergent Medical Transportation (NEMT). The Subcommittee is forming a workgroup and is recruiting interested parties. The group will meet regularly and expects to provide recommendations to the PIAC. Group is working to include rural perspective.

4. ACC Evaluation: Quantitative and Qualitative Findings

Aubrey Hill introduced Greg Tung, with the Colorado School of Public Health to present the ACC Evaluation Year Two Quantitative and Qualitative Findings. The slides that were presented can be found [here](#).

- Greg Tung: This is the second year of the ACC evaluation. Today, I am presenting preliminary findings as we are still finalizing the report. The evaluation is led by Richard Lindrooth and myself in partnership with HCPF.
- Quantitative Analysis:
 - The data is not currently showing a complete breakdown by RCCO and letters A,B,C,D do not corresponded with RCCO 1,2,3,4, etc.
 - Slide 6: The dotted vertical line is the 'wash-out' period for ACC enrollment. Everything to the left of that line is pre-ACC and everything to the right is post-ACC.
 - The comparison group of non-ACC members is not necessarily the best because they are a small percentage of the Medicaid population, and they are not similar to the ACC population.
 - I believe Cohort 1 does not include the expansion population, but will confirm that.
 - Question: How do we use the variations in KPIs and other quality metrics across RCCOs to understand and share best practices?
 - Question: Can you compare cohort to cohort instead of comparing cohort to the non-ACC population? This could help reduce issues with the comparison population.
 - Slide 8- ACC Cohort 1 vs control group; the results show significant cost savings for total cost of care. Total cost of care includes inpatient, outpatient, pharmacy and specialty; it excludes behavioral health.



- Question on Slide 11: Can you break this down even further by type of care? Ex: primary care, specialty care, etc.
 - Comment: It would be great to use this modeling to provide each RCCO with a breakdown on certain types of care, ex: EPSDT.
 - Question: Did you take into account the different reimbursement models for practices?
 - Question: How did you account for the very large provider groups, like UPI?
 - Response: We discussed this issue quite a bit. We matched billing IDs to provider IDs to try and drill down to physician-level data.
 - Question: Did you correct for urban vs rural in the practice size estimates? Total cost of care is higher in urban areas than in rural areas.
 - Response: We used a course statistical correction that estimates cost utilization differences between rural and urban.
- Qualitative Analysis: Perspective and Experiences of Providers in the ACC
 - Greg Tung: Overall, providers expressed general enthusiasm for ACC. They felt the ACC provides more resources for care coordination. There is great variability in how practices define and operationalize care coordination. Some providers expressed they would prefer standardization in care coordination.
 - Overall, providers identified the per-member per-month (PMPM) funds are intended to support care coordination. Large practices felt the ACC is aligned with things they are already doing and PMPM helps support their ongoing activities. Medium size practices felt the PMPM supports care coordination but they often rely on funding from other sources. Many felt the PMPM is insufficient to support initial capital funds, but good for supporting ongoing actives. Smaller practices vary in how they use PMPM funds; some don't remember their RCCO while others highlight greater integration and connection with other community resources.
 - Conducted interviews with 65-70 providers, representation from different provider types, practice size, urban vs rural, patient populations.
 - Question: Can you please include different practice types and size in your final report? Ex: FQHCs, RHCs, etc.
 - There is great variability in how providers felt about the KPIs;



providers expressed difficulty in working with multiple RCCOs and their KPI initiatives.

- PIAC expressed interest in continuing the conversation and having the questions presented during this meeting included in the final report for the evaluation. The ACC Evaluation team plans to come back in the upcoming months to share final report.

5. ACC Evaluation: Incorporating the Client Perspective

Aubrey Hill introduced Tonya Aultman-Bettridge of TriWest Group to present on the ACC Evaluation: Incorporating the Client Perspective. The slides that were discussed can be found [here](#).

- Tonya Aultman-Bettridge: The TriWest Group is conducting client interviews to accompany the ACC evaluation conducted by Colorado School of Public Health. Today's presentation will provide an overview on study design and methods, and will share initial insights from the interviews conducted to date.
- TriWest Group is conducting three different types of interviews:
 1. Dyad interviews (paired care coordinator and consumer interviewed together) focused on best practices
 - Targeted to identify successful components of care coordination; representation across all RCCOs, accounts for urban, suburban and rural perspectives.
 2. Key informant interviews (50-75 Random sample of stakeholders and ACC members; expected completion mid-August)
 - Purpose is to dig deeper into the themes that emerged from dyad interviews.
 3. Survey question development
 - Depending on funding, TriWest Group will develop survey questions for the Department to use in future surveys.
- Comment: It would be interesting to go back and compare the interviewee's self-identified characteristics with the clinical risk group score in SDAC.
- Question: Did you ask clients if they have another care coordinator or case manager?
- Response: Not specifically, but it often came out during our interviews if they did have another case manager.
- Question: Did you find any differences with delegated vs. RCCO care coordinator?
- Response: Many clients don't understand the role of the care coordinator. It's



important to help clients understand how their care coordinator can help.

- Question: Did you hear any themes of clients having greater access to different types of care?
- Response: Yes, we heard clients express that they have an easier time getting specialty appointments, or have greater selection of providers.
- Comment: I think it would be beneficial to look at the amount of time a care coordinator spends with a client compared to their health risk scores. This type of analysis could help RCCOs understand the balance between quality and quantity of care.
- Comment: The Improving and Bridging Systems Subcommittee is looking at how to better coordinate care for high utilizers. Having many different care coordinators/ case managers is much more costly. How do you reduce the cost in those programs by coordinating the care coordinators?
- Comment: More coordination among provider types would be beneficial. Assigning a lead care coordinator and having established system for delegation of duties reduces duplicative work.
- Comment: Need to align privacy agreements and releases of information to be able to share patient information.
- Comment: All communication between providers has to be sensitive to PHI. Use interagency data sharing agreements. Agreements vary by agency so you need to ensure you have the right agreements in place.
- Comment: Methods for data sharing should be shared as best practices among RCCOs and partners.
- TriWest will develop a one-page fact sheet about the interview process that will accompany the report.

6. COMMIT Project Update

Aubrey Hill introduced Jonathan Meredith with the Department of Health Care Policy and Financing to provide an update on the Commit Project. The presentation that was discussed can be found [here](#).

- Jon Meredith: The Current MMIS is based on technology originally designed in 1959. We are updating our MMIS, now called interChange MMIS. The new vendor is Hewlett Packard Enterprise (HPE)
- The SDAC which is currently hosted by a third party vendor, will now be integrated within the new Business Intelligence and Data Management System, or BIDM. The vendor is IBM Watson.
- The Department will have 6 years of historical information, potentially 10.
- The Department is also installing a new Pharmacy Benefit Management



- System (PBMS). The vendor is Magellan.
- Go live for this project is October 31, 2016. Enhancements will continue to be phased-in after October 31st.
 - The Department is currently in the User Acceptance Testing phase, testing the system to find glitches. We will be communicating training information in the upcoming weeks. We would like providers to help test the system.
 - [Provider revalidation update](#):
 - Numbers: Approximately 22,000 have revalidated, 9,000 are in the process, and 10,000 that haven't started the process.
 - We had a 3 day wait for email response, now it's around 30 minutes.
 - We are up-to-date with applications and encourage the remaining providers to start the process immediately.
 - **If providers do not revalidate, they will not be paid for services rendered.**
 - **If providers do not revalidate, they will not receive ACC attributions.**
 - Please help the Department spread the message and encourage all Medicaid providers to revalidate.
 - Question: When will the SDAC transition over to BIDM?
 - Response: 3M will stop receiving data as of the end of October, they will produce their regular SDAC reports in November, and the SDAC will transition over to Truven in November.

7. 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 July. The next meeting will be on Wednesday, August 17, 2016.

