



**COLORADO**

Department of Health Care  
Policy & Financing

## **MINUTES OF THE MEETING OF THE ACC PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)**

These are the meeting minutes from the twelfth community meeting to discuss the RCCO RFP. The meeting took place at the Colorado Department of Health Care Policy and Financing on September 17th, 2014.

Colorado Capitol Complex, HCPF Offices  
225 E. 16th Ave., 1st Floor Conference Room  
Denver, CO 80203

**September 17, 2014**

### **1. Call to Order**

Aubrey Hill called the meeting to order. Ms. Hill introduced PIAC members, RCCO representatives, Department staff, attendees, and guests.

### **2. Roll Call**

The committee chair called the roll. There were sufficient members for a quorum.

#### **A. Participants (Present and on Conference Call)**

Annette Fryman, Aubrey Hill, Barbara Martin, Brenda VonStar, Carol Bruce-Fritz, Carol Plock, Christine Fallabel, Dustin Moyer, Elisabeth Arenales, Elizabeth Forbes, Erin Roth, George O'Brian, Jean Sisneros, Jean Sisneros, Kathryn Jantz, Kevin Dunlevy-Wilson, Kyle Brown, Leah Jardine, Leroy Lucero, Marceil Case, Mark Queirolo, Marty Janssen, Mindy Klowden, Mona Allen, Pamela Doyle, Rachel DeShay, Shera Mathew, Susan Mathieu, Todd Lessley, Tom Hill.

### **3. Approval of Minutes**

Approval of the previous month's minutes was moved. The motion was seconded and sustained. There were no comments and the minutes were approved as submitted.



#### 4. PIAC Opening business

- The PIAC discussed federal provider screening regulations.

#### 5. Accountable Care Collaborative RFP Discussion

- Aubrey Hill introduced Kathryn Jantz and Kevin Dunlevy-Wilson of the ACC Strategy Unit.
- Kevin Dunlevy-Wilson provided an update of the RCCO timeline.
- RFI scheduled for release in late October.
- Previously discussed the possibility of extending the RFP timeline. The Department is in the process of formally requesting an extension of current contracts. Once finalized, this will be brought to the PIAC.
  
- Kathryn Jantz asked for the PIAC's review of a stakeholder proposal.
- From several stakeholder meetings two ideas emerged related to attribution and payment. What was proposed to the Department is as follows:
- Providers be allowed to select with which RCCO they contract, Clients would follow then follow their provider into a RCCO; and
- Instead of paying providers directly, payments shift to the RCCOs, and RCCOs pay providers (KPI, incentive payments, etc.).
  
- Question: All patients (outside of the region), would be in one RCCO?
- Response: Hypothetically, yes.
  
- Question: Would that delay payments? Specialists are already concerned about the timing of payments.
- Response: This is not in regard to fee-for-service. Rather this would just be the PMPM and incentive payments. The Department could set requirements around payments timeliness.
  
- Question: If we are going to consider giving the RCCO the incentive payment instead of the individual providers, what are the guidelines?
- Response: What guidelines would the PIAC want?
  
- Question: Why would we want to change from the current system?
- Response: The argument that the Department heard was that it might strengthen the relationship between the RCCO and the providers. It may make the RCCO more nimble as the needs of the community or practices change. It may allow the RCCOs to pay in ways that the Department can't, as with upfront grants. Second, PCMP contracting process is admin burden for department and providers and this would completely eliminate the state contracting step.



- Comment: Keep asking clarifying questions, but also provide feedback [to the Department].
- Question: If the Department moves forward with this item, would there be a feedback process? Would really like to understand the parameters and what providers think. How about specialists? We need to be mindful and make carefully-informed decisions about the structure of the ACC program.
- Comment: I was involved in the creation of the RCCOs in my region. Having contracting responsibility without paying PCMPs creates a disconnect. There is a reason that the Department created RCCOs, local control, reduced admin burden, etc. Should there be requirements? Yes. But using RCCOs as the administrative body is a good idea.
- Comment: This is a very important issue for this committee to consider.
- Comment: We need more information about what it means to say "yes" and "no".
- Comment: RCCOs are already dealing with lots of money. Likes that the State is separate in this scenario. Having one-payment sources makes sense. Concerned about the State making sure that there are well-defined guidelines.
- Comment: We need this paradigm shift to advance the ACC. Love the fact that we are trying to cut loose some of these administrative burdens. Agree that there needs to be some additional conversation, what are the pitfalls of managed care, and how do we avoid it in the future?
  
- Question: Do you have any more information on the PCMP choosing their RCCO? I would go with the RCCO that is paying the highest amount.
- Response: That is why they are related. If we put these two issues together, PCMPs would have more negotiating ability. They would have market power. More leverage in negotiating with RCCOs.
  
- Comment: If a PCMP can choose a RCCO in which they are practicing, you would have to change the name of the organizations.
- Response: We fundamentally would want to keep the ACC as a geographically-organized Program. This idea is really geared towards those PCMPs that span multiple regions.
  
- Question: For example, Salud network is in multiple cities. Would they be in one RCCO?
- Response: There are many options for how this could operate.
  
- Comment: The major problem is that the vast majority of PCMPs have clients in many regions. Clients are attributed to a RCCO based on county code.
- Comment: It is an administrative burden for PCMPs to have to deal with more than one RCCO.



- Comment: This proposal sounds more like regular managed care. We need to be cautious about changes like this.
- Comment: For the provider, if all of your clients are in one RCCO, you would not have four different clinical protocols.
- Comment: I understand the administrative simplicity, but one of the goals of accountable care is regional accountability and care patterns. It would destroy all of the work that RCCOs have done over the last 3 years. That is a concern. If providers only see the money coming from the RCCO, I'm not sure how invested they will be. If, suddenly, the decision-maker is the RCCO, they may not participate.
- Response: Other states have implemented provider governance structures. That may address your concern.
- Question: I think that it is really great that you are taking stakeholder feedback seriously and then taking it to the PIAC. Can you outline the timeline?
- Response: It would be great to bring this back in the next month or two. Perhaps get together with a smaller group and draft some "pros and cons." We do need to move forward at a steady pace on these and other decisions.
- Question: Regarding the RFP dates – what does an extension mean?
- Response: We are seeking an extension to add an entire year to the contract dates.
- Question [to a major FQHC network]: We see clients from several different regions, how much do different protocols affects your practice?
- Response: One RCCO has delegated care coordination, and the other hasn't. It is not a significant barrier right now. RCCOs have been very flexible up to this point. I do have concerns that things are being interpreted in different ways that have a trickle down affect (i.e. clinical protocols).
- Comment: Let's take a look between meetings. We need to be careful about the lens that we are looking through. We need to take a 360 view of this. Who is saving money and where is it going?
- Question: Next meeting or workgroup?
- Comment: It seems like there is a need for more information. Maybe the people who suggested it can give us more information in writing.
- Response: These recommendations were shared in passing and I'm not entirely sure we can get them in writing. Happy to brainstorm with a smaller group.
- Comment: It obviously has some potential because you wouldn't have brought it here.



- Response: Do you think these are viable, and what would be the requirements around these? Consensus is difficult without all of the facts, but we are moving fast and we need your feedback.
- Comment: I suggest we put everything down on paper so that we can decide if we want to add to it. Thumbs up or down? Viable? Appropriate?
- There was agreement among the group to discuss the proposal further.

## 6. Accountable Care Collaborative Request for Information (RFI) Discussion

- Kevin Dunlevy-Wilson: We have distributed a draft Request for Information (RFI) to you. We are not yet soliciting answers to the questions, but instead want to know if they are clear. Are they the right questions? We are already incorporating your suggestions. When the final draft is published in late October, it should reflect many of these suggestions.
- Question: Do we care about dental?
- Response: Yes, thank you. How do you suggest we should best get at it?
- Comment: I would like to hear from the oral health experts. Practices and FQHCs are working on developing oral health capacity. We ought to solicit that type of thinking.
- Comment: I would agree with you, although dental has always been a benefit to children. More references to dental would be useful throughout.
- Comment: I don't understand how Medicaid can address the social determinants of health with Medicaid dollars.
- Response: It's difficult. However, we are working with other agencies to see where our Clients interact with other parts of the State. Much can be accomplished through coordinated efforts, even if we're using existing funding. We may also seek additional federal authority in this domain.
- Question from the Department: There are a few questions in particular that we've had some difficulty with. #14 [social determinants] - are those the right 7 things to be asking about?
- Question from the Department: Similarly with #16 – care coordination requirements. Right populations? Duplicative list? #23 – aligns with the conversation today – alignment of business practices vs. regional flexibility.
- Question: Why are questions not broken out by audience?



- Response: The RFI isn't broken out by respondent type as they often are. The Department wanted to encourage everyone to answer questions in the entire RFI, no matter who the respondent was.
- Comment: On care coordination, RCCOs are already asked to provide [the information asked in the question].
- Comment: Some questions are complex, as with #25 – we will be able to answer that question, but the broader community will not. The greater stakeholder community will not. You should elaborate on this.
- Comment: I appreciated the explanation document attached to the draft
- Thanks to everyone for taking the time to review the request for information. If you have suggestions, edits, additions, or subtractions to recommend, please let us know by Thursday, September 25th.
- We can accept emails at [RCCORFP@state.co.us](mailto:RCCORFP@state.co.us) and calls at 303-866-5351

## 7. Other business

The ACC Program Improvement Advisory Committee moved on to discuss other business.

## 8. Adjourn and Next Meeting

The next scheduled meeting of the ACC Program Improvement Advisory Committee is scheduled for 10:00 a.m. on Wednesday, October 15, 2015 in the 1st floor conference room of 225 E. 16th Ave., Denver, CO.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the PIAC Committee Coordinator at 303-866-3582 or [Leah.Jardine@state.co.us](mailto:Leah.Jardine@state.co.us) or the 504/ADA Coordinator [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one week prior to the meeting.

