Accountable Care Collaborative Program

Statewide Program Improvement Advisory Committee

16 April 2014

These are the meeting minutes from the third meeting to discuss the RCCO RFP. These stakeholder meetings are a collaboration of the Colorado Health Institute, the Colorado Department of Health Care Policy and Financing, clients, the Regions, providers, advocates, and interested members of the public. The meeting took place at Health Care Policy and Financing on April 16, 2014.

Statewide meeting in Denver.
Location: Colorado Department of Health Care Policy and Financing 303 E. 17th Ave. Denver, CO 80203

Attendees: Adam Bean, Anita Rich, Anna Vigran, Annette Fryman, Aubrey Hill, Barbara Martin, Beth Simon, Brandi Nottingham, Brenda L. VonStar, Carol Plock, Carolyn Shepherd, Chet Phelps, Chet Seward, Christine Savoie, Dave Ducharme, Donald Moore, Donna Mills, Elaina Hockaday, Elisabeth Arenales, Elizabeth Baskett, Elizabeth Forbes, Emily Johnson, Ethel Smith, George O'Brien, Jean Sisneros, Jeff Bontrager, Joan Levy, Joe Rogers, Julie Holtz, Karen Thompson, Kathryn Jantz, Kathy Osborn, Katie Brookler, Katie Mortenson, Kelley Vivian, Kevin Dunlevy-Wilson, Laura Keele, Leah Jardine, Leroy Lucero, Leslie Weems, Lisa Melby, Lori Roberts, Marceil Case, Mark Queirolo, Marty Janssen, Matthew Lanphier, Michele Lueck, Michelle Miller, Mona Allen, Morgan Honea, Pam Doyle, PJ Parmar, MD, Polly Anderson, Rachel DeShay, Rick G. Spurlock, Sam Seligman, Shannon Jantz, Shari Repinski, Susan Mathieu, Todd Lessley, Tom Hill, Wendy Spirek.

ITEM #	ISSUE	DISCUSSION
1	**Introductions**	• Aubrey Hill called the meeting of the PIAC to order. • Committee members, clients, HCPF staff, stakeholders, CHI, RCCO representatives, and other participants were introduced. • Following logistics and a review of past session minutes, the statewide PIAC introduced Michele Lueck of the Colorado Health Institute (CHI).
2	**CHI Presentation**	Michele Lueck provided an overview of the current ACC Program, discussed the RCCO RFP, and the Department of Health Care Policy and Financing's Strategic Plan for the ACC. • There are three primary goals of the next iteration of the ACC: "transforming our systems from a medical model to a health model," "moving toward person-centered,

ITEM #	ISSUE	DISCUSSION
		integrated and coordinated supports and services," and "leveraging efficiencies to provide better quality care at lower costs to more people." • The Strategic Plan is divided into five domains: • Delivery System Redesign (provide care in a more integrated and patient-centric way), • State Administrative Improvements (invest in improvements that support better quality and functionality), • Information Technology (leverage technology to evaluate, learn, and to adapt the system), • Payment Reform (test and innovate new models to pay for quality and value), and • Benefit Design (design the benefit package in a way that moves from a medical model to a health model). • While the Department is committed to adhering to the core principles of each domain, the manner through which the principles are operationalized into contract requirements is very open. Stakeholder meetings, such as this one, are intended to mold the commitments into concrete requirements. At the conclusion of the presentation, the conversation was opened to questions, comments, and discussion.

ITEM #	ISSUE	DISCUSSION
3	**Discussion of RFP**	• Question: Can we bring oral health, behavioral health, under the umbrella? • CHI: The main intent is not to make the scope of [available] services broader, but rather to serve the growing population/caseload by connecting the newly-insured populations with those services. • Question: How are we doing in providing health and wellness and prevention services? • Question: What is the role of public health in transitioning from medical homes to health model? • Comment: If we have more healthy people, we can see more people. [This is because] we will be utilizing more [low-acuity / preventative] care. • Comment: Appreciate the ACC nirvana bubble in presentation – very important to address sub-specialty population. There is a degree of frustration about finding sub-specialty care presently. This burden shouldn't be put on primary care providers, but rather expand the network and make sure Medicaid clients do have access. • Comment: Health model seems like a long-term goal, we need to first focus on enhancing the medical model. We shouldn't neglect the medical model as we focus on the health model. • Comment: Sixty percent of the population are youth, they are the health model, you have a health model when you look at children, and we need to divide the conversation. • Comment: What are the barriers to achieving the big vision? We think this model is great in our community and we are moving way more forward than we would without it, but we have barriers and challenges. Practices are getting data, but they don't know how to analyze it. They need help with analytics. PCPs don't have time to figure out what it means. Providers need tools to deal with people with serious addictions. The Medicaid expansion happened too fast and providers do not have the capacity to serve them.

ITEM #	ISSUE	DISCUSSION
		• Comment: Attribution is a significant barrier for community health centers. It is estimated that 72% of the expansion population had a history with a community health center. Moving forward, we need to look at effective ways of attributing. • Comment: When someone signs up for Medicaid, they should be able to select a PCMP at the time of enrollment. We need to make sure there is no limit on the number of people who can be attributed at any given time. • Comment: HealthColorado needs to be held accountable for hold times, as patient experience is suffering. • Clarifying comment from the Department: Hold time targets are built into the HealthColorado contract requirements. We understand that this has been a challenge. However, with the expanded staffing at HC, hold times are expected to decline rapidly in the coming weeks. • Comment: Payment reform should be pushed down as far as possible into the system. Some systems have to have three different payment reform methodologies. We wouldn't want a RCCO going away because of their ability to take risk. • Comment: Children with complex medical cases are scattered across all seven regions. It is very difficult to manage that population with a number of different models for care coordination. The current methodology of risk adjusting for those kids does not work. We have two bumps – the general population and the kids who are on ventilators at home. • Comment: What about for those RCCOs which are not being administered by an insurance company? Mental health centers, FQHCs and an ASO. We are working hard to implement the state's objectives. We spend a lot of time wondering, are we doing all of this hard work only to be told a year from now, that we "can't apply if we don't have a license [from the Division of Insurance]. Is a license a pre-requisite to payment reform?" At some point, this needs to be communicated. Some certainty needs to be injected into the rules of the game. It seems unfair to work for five years and then have the contract shifted to another entity simply because they are able to comply with DOI. Are we just trying to replicate other models of insurance systems of care?

ITEM #	ISSUE	DISCUSSION
		• Comment: Our model is a community coalition model. We have two big medical providers, local public health, federally qualified health centers. • Comment: Public health should be at the table. When you have five major payers asking to do seven different things, all with different KPIs, there is a need for alignment between these different authorities. The provider doesn't know what insurance client has. The more you can model payment reform after Medicare, the more you can drive change. • Question: How do we look at population goals and measures to protect access? Medicaid continues to be an entitlement program and in addition, for kids, we have EPSDT requirements. The issue of attribution has continued to be significant. The attribution numbers should be given out on a quarterly or regular basis.
4	**Closing Remarks**	Attendees were thanked for their participation. Those in attendance were welcomed to send additional comments and questions to **RCCORFP@state.co.us** The statewide PIAC meeting continued with discussions from subcommittees. The meeting proceeded to finalize other business and was adjourned thereafter.