

3/12/2025 | 12pm | Hybrid Meeting

**Type of Meeting** Monthly eHealth Commission Meeting

**Facilitator** Kaakpema (KP) Yelapaala

**Commission** Mona Baset, Amy Bhikha, Sophia Gin, Patrick Gordon, Michael Feldmiller, Micah

**Attendees** Jones, Krystal Morwood, Alex Reed, Ellen Sarcone, Jackie Sievers, Kevin Stansbury, Parrish Steinbrecher, Misgana Tesfaye, Kaakpema (KP) Yelapaala  
Absent: Toni Baruti (prior notice)

## Minutes

### Call to Order

KP Yelapaala

- Quorum Met: Yes
- Voting of Meeting Minutes: Both January and February meeting minutes were approved.
  - Approved by: Commissioner Misgana Tesfaye
  - Seconded by: Commissioner Kevin Stansbury
- Corrections for January and February 2025 eHealth Commission meeting minutes: None

### Announcements

Stephanie Pugliese, Director, Office of eHealth Innovation

- Lieutenant Governor Dianne Primavera kicked off the meeting by highlighting some of Colorado's latest wins and efforts. She highlighted House Bill 25- 1174, a bill that directly supports community health centers, ensuring that they have the financial stability to continue providing care to the nearly 857,000 Coloradans who rely on them each year. Lieutenant Governor Dianne Primavera explained that community health centers provide services for Medicaid patients, and 2 in 5 uninsured individuals also go there for care. It also supports behavioral health, safety net providers. She explained the importance of this bill as it establishes maximums for what our state employee health benefit will pay for hospital services and reinvest the savings from these fairer hospital rates into our safety net providers. In addition, this bill will reduce healthcare costs for small businesses, state employees, and, most importantly, the patients who need it most.
- Lieutenant Governor announced that 901 Navajo is having their groundbreaking on March 20th for a mixed use community that will serve households exiting homelessness as well as families. This is in collaboration with the Denver Indian Health and Family services, the Native American Housing Circle, Wellpower, and Mercy Housing. And it's the 1st housing development in the Denver area focused on serving American Indian Alaska native individuals and is co-located with the health clinic.



- Lieutenant Governor Dianne Primavera also highlighted Serve Colorado's Youth Mental Health Corps. This innovative public private partnership is the first of its kind in the nation and aims to train, recruit, and deploy Americorps members as peer navigators to support middle and high school students in schools and community-based organizations. These peer navigators work closely with students, helping them access mental health services and also partner with school staff to ensure a seamless connection to clinical resources. Colorado is helping to mentor 6 other planning grants that are working to replicate our youth. Mental Health course, success in other states, Colorado Youth, etc. The Mental Health Corps Pilot, launched in the fall of 2024, with an initial cohort of 127 members, which was double our original goal. These Americorps members are serving students in 15 counties across the State and are expected to reach over 4,500 youth in their 1st year. The members who serve receive valuable benefits, including micro credential certifications through the Colorado community college system, college credits, a living allowance, healthcare and career coaching. Many of the members are pursuing behavioral health credentials or degrees with 35 members enrolled in the Behavioral Health assistant, one pathway and 12, pursuing masters of social work degrees. Notably, 44% of the current cohort of volunteers identifies as BIPOC with 27 members speaking a variety of languages, including Spanish, Mandarin, Hindi, and Swahili, reflecting the diversity of the youth they serve. This is all in response to the youth mental health crisis.
- Lieutenant Governor Dianne Primavera further explained that Colorado is also making critical progress in disability policy. She signed House Bill 25-1030 into law on Tuesday, March 11th while the Governor was out of state. She explained that this new law strengthens accessibility standards in our State's building codes by ensuring that they align with the International Code Council standards. This law is an important step towards expanding accessible housing opportunities and will be instrumental in breaking down barriers to housing and building a more inclusive Colorado. Lieutenant Governor acknowledged the efforts of Julie, Joseph and Rebecca Stewart and Senators Lisa, Cutter and Faith Winter were integral in this effort as well as Leadership of Disability Law, Colorado.
- On Monday, March 10th, Lieutenant Governor Dianne Primavera provided remarks for the data, governance standards and consent management retreat held by the OeHI team and encouraged collaboration and partnership to best support our communities.
- Stephanie Pugliese provided an update regarding the changes at the federal level and explained that the state is working diligently to respond and protect our health data and other unforeseen challenges.

### New Business

#### **Accountable Care Collaborative (ACC) Updates**

Dave Ducharme, ACC Delivery System Division Director, Colorado Department of Healthcare Policy and



### Financing (HCPF)

- Presentation Slides: [March 2025 eHealth Commission Slides](#)

**Detailed Summary:** Dave Ducharme presented on the ACC delivery system. He provided a background of the ACC delivery system, phase III updates, and the data strategy for phase 3

- **ACC Overview**

- The Accountable Care Collaborative is HCPFs or Colorado Medicaid's program that has been set up to deliver cost effective quality health care services for Colorado Medicaid members.
- The ACC coordinates regional, physical, and behavioral health care services for members to ensure that they all have access to those benefits.
- The ACC contracts with the Regional Accountable Entities (RAEs)
- The role of the RAEs is expansive, but in general, network management is their focus. This includes:
  - contracting with providers
  - providing care coordination
  - assisting with practice transformation
  - responding to community needs
- The ACC started in 2011 (phase 1)
- Phase 2 started in July of 2018 and ends June 2025.
- Currently, the ACC is working on implementing the changes between phase 2 and phase 3.
- The phases of the ACC are delineated by the procurement cycles. In Colorado, there are 7 year procurement cycles for these contracts.
- There will be 4 RAEs in ACC phase 3 (one RAE per region)

- **ACC Phase III**

- Phase III will begin July, 1, 2025
- Goals for ACC Phase III:
  - Improve quality care for members
  - Close health disparities and promote health equity for members.
  - Improve care access for members
  - Improve the member and provider experience.
  - Manage costs to protect member coverage benefits and provider reimbursements
- Dave explained that there are some ACC Phase III Contract Requirements for the RAEs that will be implemented. At a high level, these are :
  - Improve member experience
  - Accountability for equity and quality
  - Improving referrals to community partners
  - Care coordination



- Payment structure reform
- Children and youth
- Behavioral Health transformation
- Technology and data sharing

- **Phase III Data Strategy**

- Dave highlighted that data is more front and center in the ACC in phase III than in the past phases. He explained that the goal is to design and implement a cross-department, data informed management processes to improve oversight, affordability, and transparency.
- A logic model was created and includes high-level categories such as:
  - Inputs and activities: What ACC requires the RAEs to do
  - Outputs: What ACC tracks to know the requirements have been met
  - Outcomes: What ACC measures to assess if they are getting the intended results
  - Impact: How ACC evaluates if the program is meeting their overall goals
- Dave explained the types of data that is used for the ACC including:
  - Claims data
  - Enrollment data
  - Encounter data
- Additionally, RAEs are required to receive and process other data feeds such as:
  - ADT data
  - Data feeds from Health Information Exchange (HIE) in Colorado
  - A nurse advice line (contracted separately)
  - Inpatient transition hospitals
- RAEs submit data to HCPF in a number of ways including:
  - Qualitative narrative describing how they've met contract requirements
  - Care coordination data
  - Other quantitative data in file formats to support further analysis
- Dave acknowledged that it would be remiss of him to talk about data and data strategy without noting the different systems that are in use. These systems are:
  - interChange: HCPF's claims adjudication platform (best source of data for ACC)
  - Data Warehouse: Houses a lot of scrubbed data that is usable for reporting purposes. It also collects additional sources of information, different data than claims, such as Vaccine Records Department of Corrections reports, etc.
  - Provider Performance and Quality Management (PPQM): Module of HCPF's interchange re-procurement process
  - HIEs
  - Colorado Social Health Information Exchange (CoSHIE)
  - and more!



- RAEs support the ACC with health technology by supporting connecting providers to the HIE, care coordination platforms, rural provider infrastructure support, RAE risk stratification tool, analytic tool sets, and a care coordination tool
- Dave briefly reviewed the monitoring process involved:
  - First, the Managed Care Entities (MCEs) provide qualitative deliverables and quantitative data files to the department
  - The department (HCPF) then reviews those deliverables and data sets
  - Next, HCPF provides feedback
  - Lastly, the MCEs will make adjustments on their program, design, and strategies based off of both their own and HCPFs analysis on the full set of information that's collected and reviewed.
- Dave explained that the ACC is moving to nationally standardized quality metrics.
- In Phase III, the ACC will be calculating performance directly for approximately  $\frac{2}{3}$  of primary care medical providers (PCMPs)
- Lastly, Dave reviewed the Phase III evaluation plan. Essentially, the ACC will focus on three core areas:
  - Behavioral health benefit
  - Primary care
  - Care coordination
- For each focus area, two scopes will be focused on. From there, questions will be developed and qualitative and quantitative data will be used to evaluate the efficacy of the program. For more in depth information on this, see the [slides](#) or the [recording](#).

### Open Discussion

- Ellen Sarcone asked Dave if there are financial penalties for the RAEs if requirements are not met.
  - Dave responded that there is financial accountability. However, he avoids the "penalty" language as that is not enforceable in Colorado. There is a structure that ACC has set up called the Commitment to Quality Program that identifies the full set of performance measures and sets the minimum expectations for the requirements throughout the contract. The expectation is that the RAEs abide by the contract. If they do not meet a certain percentage of metrics, they have agreed to contribute part of their profit towards activities or services or some type of support that would be in alignment with the intent of the rate contract for Medicaid members.
- Michael Feldmiller asked if his assumption that federally qualified health centers would receive 3 separate downstream data feeds from each of the individual RAEs, and then that same provider system would have 3 upstream feeds to each of the rays as well. Michael also asked if there were any other efficiencies that Dave could identify those provider systems and multiple communities



that have been built in ACC phase III to ease the reporting burden.

- Dave explained that the ACC has been mindful about standardization across the RAEs so that there's less variability in provider experience when they engage in the Medicaid Health Administration.
- Misgana Tesfaye asked if HCPF is or is not planning to utilize any tools to ingest all of this data? He also expressed interest in collaborating with Dave's team on the dashboard.
  - Dave explained that HCPF has been utilizing tableau dashboards for a few years and that there is a division that does different analytics and data pulls for HCPF. He encouraged Misgana to reach out to the data division director as she would be able to provide more information on that.
- Karen Haneke asked what type of information the RAEs receive in Department of Correction reports via the data warehouse.
  - Dave will get this response to Karen after connecting with the appropriate source.
- Kaakpema (KP) Yelapaala asked "Given the dynamic environment we're in regards to data and understanding how we think about risk stratification and tracking outcomes, what general guidance can you give to folks about how to approach thinking about data in their own organizations as they apply for this next phase with you?"
  - Dave explained that the approach that HCPF is taking is ensuring that they are in compliance with decades of state and federal anti-discrimination statutes. He further encouraged listeners that to the extent that data is being used to stratify populations, just make sure that it's in compliance with state statute or state and federal statute.
  - Patrick Gordon also provided a response and expressed the level of importance of the questions as his organization relies heavily on Colorado's HIE. He further explained that the fact that this falls in the state bucket of statutes, and that the data is heavily protected, is a plus in his opinion.

### Public Comment Period

- No new comments

### Action Items

- *Next meeting: TBD (will follow up via email)*

### Motion to Adjourn

Kaakpema (KP) Yelapaala

- Motion to adjourn this meeting was approved by Commissioner Amy Bhikha
- Seconded by Commissioner Ellen Sarcone