

Department of Health Care Policy and Financing
Accountable Care Collaborative Program Improvement Advisory Committee
 January 18, 2012

Attendees: Adam Bean, April Abrahamson, Brandi Nottingham, Carol Bruce-Fritz, Dave Myers, Dave Rastatter, Lesley Reeder, Molly Markert, Rick Spurlock, Tom Clay, Elisabeth Arenales, BJ Iacino, West Mori, Todd Lessley, Alicia Haywood, Sheila Powell, Russ Kennedy, Aubrey Hill, Lisa Foster, Katie Mortenson, Rachel LaCrue, Lori Roberts, Lori Woods, Sean Bryan, Brittney Peterson, Polly Anderson, Zula Solomon, West Mori, Eric Boklage, Andrew Mondo, Anita Rich, Elaina Hockaday, Lisa Foster, Kathryn Jantz, Greg Trollan, Bill Heller, Laurel Karabatsos, Teri Bolinger, Leslie Weems, Joel Dalzell, Aaron Neiderheiser, Jed Ziegenhagen, Jerry Smallwood

Phone participants: Dorothy Perry, Lisa Clements, Donald Moore

Next Meeting: April 18th 10 AM to 12PM – 225 16th Street, Denver/1st floor conference room

ITEM #	ISSUE	DISCUSSION	FOLLOW-UP	RESPONSIBLE PERSON(S)	DUE DATE
1	Introductions	Bill welcomed everyone to the ACC advisory committee and did introductions around the room and on the phone.			
2	Minutes	The meeting minutes from October 31 st were reviewed and approved.			
3	SDAC/ Enrollment Update	<p>Joel Dalzell and Jerry Smallwood presented ACC enrollment information that was included in the JBC presentation.</p> <ul style="list-style-type: none"> • JBC hearing was January 5, 2012 • Provider enrollment: 79 PCMPs, about 1,500 individual providers • Phase III request for the MMIS was submitted • ACC-related calls to customer service and the Ombudsman are now being tracked • New enrollment and attribution policies: <ul style="list-style-type: none"> ➔ Enrolling outside the focus communities if there is an existing PCMP relationship ➔ Members can be attributed to any PCMP statewide ➔ Now doing targeting enrollment of foster care and disabled children above the 38% threshold for children • Did data repository refresh on 1/9/12 • Attribution for March 1 was completed on 1/13/12 • SDAC dashboard demo done for the SDAC Operations Meeting on 1/13/12 	Engage children with special needs advocates in discussion of foster and disabled	Jerry	

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		<ul style="list-style-type: none"> • Distributed roster reports and raw claims data on 1/20/12 • Tracking potentially preventable events of total claims: <ul style="list-style-type: none"> ○ 3% Inpatient admissions ○ 8% Emergency Room visits ○ 4% Professional services ○ Total of 15% of total costs identified as potentially preventable 	children enrollment.		
4	AwDC Update	<p>Susan Mathieu was unable to attend, so Laurel Karabatsos presented a brief update on the status of the AwDC expansion.</p> <ul style="list-style-type: none"> • Enrollment will not be first come, first serve, but rather a randomized selection process. HCPF is working with CMS to create a process. • Enrollment slots will be allocated by the seven (7) regions using three-year data from CHI on the number of under 100% FPL population per county • Still need to make a decision on the window of time for application acceptance and enrollment • Coalition for the Homeless advocates would like the Dept. to consider using 0-10% FPL data instead • If clients have already completed a CICP, they will need to complete a Medicaid application 	<p>-Re-examine the data decision</p> <p>-Look into whether one application can be used</p>	SUSAN MATHIEU	
5	Duals Update	<p>Teri Bolinger presented an update on the Integration of Dual Eligibles Demonstration Proposal.</p> <ul style="list-style-type: none"> • Next stakeholder meeting is tomorrow, January 19, 2012 at the Clayton Early Learning Center • Project team will be conducting forums around the state, as well as focus groups and interviews • Document on distributed summarizing stakeholder input from the 5 work groups 			

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		<ul style="list-style-type: none"> • Comment: need to formalize integration of the Duals and AwDC committees • Straw man document to be released for tomorrow's stakeholder meeting is intended to foster input and discussion → Document will be on the agency's website • Work on the duals project will continue and be ongoing after the submission of the initial proposal 			
6	<p style="text-align: center;">Subcommittee Reports</p>	<p><u>Delivery System Reform</u>: other advisory committees for the Dual Eligibles demonstration and AwDC expansion are focusing on delivery system reform, and the original subcommittee charter supports these efforts. We may consider disbanding the current subcommittee and utilizing instead the other advisory committees.</p> <p><u>Provider Relations</u>: The web portal has not been showing the ACC information every time, but this seems to have been fixed by ACS. Need to address the issues of providers with clients who cross regional borders because there may be different standards of care coordination, metrics, etc. Also need to address issues of open/closed panels → some providers do not want to accept ACC clients who are not already being seen at their practice. The referrals process for specialists needs to be addressed soon; there is concern over sharing provider ID numbers.</p> <p><u>Payment Reform</u>: They are considering the role of behavioral health and have instituted a co-chair structure with one primary and one behavioral health representative. They have asked Treo to inform the group on integration activities being done across the country. They would like to focus on Duals and the ACA reform rates raising to Medicare levels. Treo is also developing a facilitation model for the group.</p> <p><u>Quality</u>: Group is trying to determine their charge/focus. Other departments and organizations have looked at quality and outcome measures. They are gathering information on what others have done and how to capture/measure the patient experience.</p>			

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7	Linking ACC Members to Primary Care	<ul style="list-style-type: none"> • Currently, there are 19,000 unattributed members, these clients have no E&M history • All RCCOs are using basically the same methods to perform outreach: letters or calls – they are contractually obligated to make 3 attempts to contact an unattributed member, and the success rate is between 9-60% • Demographic information is important, and one RCCO is using an Experian address checker to verify contact information – apparently, about 40% of member addresses are wrong • The contact success rate is much higher in the first two weeks of the month, supposedly because clients have mobile phone service • One RCCO has experienced higher success when using handwritten envelopes • How can we identify members at point of care to assist with PCMP enrollment? • Attribution is expected to be even more difficult for the AwDC population, who will be passively enrolled • Can we somehow ID homeless status for clients? • Can providers utilize the parent/child relationship to identify members? <ul style="list-style-type: none"> ○ As part of attribution process, HCPF does a “family sweep” with criteria of same last name and/or address • Comment: Suggest an attribution and marketing subgroup to further discuss solutions to these issues 	Set up a subgroup	KATHRYN /GREG	
10	Public Comment	<ul style="list-style-type: none"> • Sheila Powell: Stakeholder from Hospice Care of Boulder and Broomfield Counties introduced herself and asked to participate and provide representation for hospice and palliative care services • Advisory Committee member Mariana Ledezma asked that feedback be tracked and responded to by HCPF. This can be done using the minutes. • Elisabeth Arenales: Emphasized the importance of integrating the Duals and AwDC stakeholder groups, would like a feedback loop for these issues. Group discussed having a dedicated representative on 	Send contact information for RCCO and information re. subcommittees- Add action items tracking to meeting minutes	KATHRYN KATHRYN/GREG	

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		the committee for the Dual Eligibles project and the AwDC expansion. This change should be made before April, when AwDC enrollment is expected to begin.	-identify representatives		