

STATE OF COLORADO

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Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
of Public Health
and Environment



Health Improvement Team Monthly Team Conference Call July 19, 2012

Location: Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South, Denver, CO 80246

In Attendance:

Rachel Foster	Unit Manager
Jennifer Walsh	Nurse Consultant
Kris McCracken	Program Coordinator
Ivy Hontz	Operations Coordinator
Amanda Howard	WWC Data Specialist

I. Call to Order, Roll Call and Introductions – Kris McCracken

II. Meeting Overview – Kris McCracken

Ms. McCracken noted that attendance at today's meeting is required for all WWC contractors and presents an opportunity for contractors to ask questions about their contracts. It is also an opportunity for WWC to review the important points regarding the contracts for the upcoming fiscal year, specifically the critical elements included in the Scope of Work.

III. WWC Staff Duties Overview – Kris McCracken

Ms. McCracken referred participants to the Staff Duties document previously email to meeting attendees (also available on the WWC website). Contractors will be notified via eConnect whenever a document is updated or a new document is posted on the site. Staff duties were then reviewed:

- Kris McCracken—Program Coordinator: Ms. McCracken is responsible for a number of WWC's communication tools, including the newsletter. She does some of the quarterly training for providers. She also conducts provider site visits.
- Ivy Hontz—Operations Coordinator: Ms. Hontz is new to WWC in this newly created position. She will assist with grant writing, budget management and work plan interventions.
- Lynn Swanson—Fiscal Officer: Ms. Swanson works in the Department with Joan Simms, the Fiscal Coordinator. Ms. Simms will work with providers on eCaST invoice generator. She invited providers to direct any invoicing/fiscal operations questions to her or to Ms. Simms.

- Jennifer Walsh—Nurse Consultant: Ms. Walsh provides clinical guidance to providers. She works with BCCP Medicaid applicants, sets up clinical webinars and liaises with the WWC Medical Advisory Committee.
- Amanda Howard—Data Specialist: Ms. Howard deals with all things related to eCaST: data entry questions, training for new users and annual Train the Trainer classes. She works closely with Christen Lara, WWC Data Manager, who is currently out on maternity leave.
- Rachel Foster—Program Manager: Ms. Foster leads the WWC program within the Department of Health. She supervises all WWC staff and leads special projects. She also serves as a liaison between WWC and all of its funding sources.
- Krista Beckwith—Community Projects Coordinator: Ms. Beckwith works with the American Cancer Society Community Coordinators. She also works with recruitment and outreach for WWC, including management of marketing materials available through the WWC Fulfillment Center.
- Kent O'Connor—Program Assistant: Ms. O'Connor handles the administrative work of the program.

IV. Standard Contract Language – Kris McCracken

Ms. McCracken said that WWC had nothing to share with providers at this time regarding standard contract language. However, if the contracting team has something to share at a later date, it will be communicated to providers at a future meeting.

V. Contract Deliverables – Kris McCracken

Ms. McCracken noted that the Scope of Work is included in the meeting handout. She went on to highlight some important features of the new contract. She noted that eCaST User Renewals, including subcontractor and contact information, was updated in June, so that has been completed. She asked that if providers add new staff or subcontractors, these updates should be communicated to WWC within 15 days.

A. Administration—Ms. McCracken explained that the Scope of Work requires each provider to have three specific contacts for the WWC program:

- The WWC Coordinator is the point person for WWC. He or she should be informed about all WWC activities within the provider organization. The Coordinator is the liaison between the provider and WWC. WWC will contact the WWC Coordinator with communications, questions, community developments, etc. The Coordinator is then responsible for disseminating that information throughout the provider organization. The Coordinator needs to ensure that there are subcontractors in place to carry out WWC services. This does not mean that he or she needs to make those contacts or carry out the contract negotiations themselves. The Coordinator is ultimately responsible for ensuring that all components of the WWC Scope of Work are in place and carried out, whether through his or her own work or by delegating the necessary duties. The ACS Referral Hotline may also contact the WWC Coordinator in cases where immediate referral is necessary.
- The WWC Clinical Liaison must be a nurse, preferably a nurse practitioner, a physician's assistant or a physician. The Clinical Liaison works to facilitate communication between the provider's clinical staff and the WWC Nurse Consultant Jennifer Walsh. The Clinical Liaison is WWC's point of contact for all clinical matters, including clinical policies and guidelines, clinical webinars, etcetera. The Clinical Liaison should attend the WWC clinical webinars and communicate relevant content to the provider's clinical staff. Changes in WWC clinical policy will be communicated to the Clinical Liaison, and he or she is then responsible for communicating these changes to the clinical staff.
- The eCaST Coordinator is often the same person as the WWC Coordinator. The eCaST Coordinator is responsible for everything to do with eCaST at the provider agency. He or she

will be the point of contact for the WWC Data Specialist Amanda Howard if there are data issues or questions. The eCaST Coordinator is responsible to ensure that all data entry staff are appropriately trained and that annual renewals are signed. He or she will also be responsible for periodic WWC data cleanup activities. He or she is expected to attend bimonthly eCaST Users Group meetings to ensure that data entry staff are informed of changes affecting eCaST data entry.

B. Network—The Scope of Work also requires that all providers have a subcontractor network in place in order to ensure that the continuum of care is able to be completed for all patients. For example, if a provider does not offer mammogram services on site, that provider is responsible for ensuring that a subcontractor is available to offer mammogram services to its patients. WWC requires that the continuum of care be completed within 60 days, so providers need to have subcontracts or MOUs in place to ensure that this care is provided in a timely manner.

An addition to the Scope of Work for the upcoming fiscal year is the mandate that patients not be required to travel more than 60 miles for any WWC service. Of course, WWC understands that highly specialized services may not be available within a 60-mile radius. For the most part however, providers need to ensure that patients are able to access WWC services within a 60-mile radius.

Ms. McCracken noted that WWC offers a reimbursement training that includes a subcontracting component. This will be posted on the website in the near future.

C. Enrollment—The Scope of Work also requires that providers screen for program eligibility and lawful presence and enter data into eCaST in a timely fashion.

D. Billing and Reimbursement—Ms. McCracken noted that reimbursement is determined by the outcome of each individual case. Thus, more complex cases get paid more than cases that end in a normal screening. She referred providers to the WWC Bundled Payment System document on the website. This document outlines in detail what services are covered in each level and what WWC pays at each level.

The other requirement for provider reimbursement is accurate eCaST data entry. If a case has been completed, but this is not reflected in eCaST, the provider will not be reimbursed for that case. There is eCaST training available to help provider staff with date entry. Many reports available in eCaST are also helpful in ensuring that data entry has been completed correctly or in identifying cases that may have data entry errors or may be incomplete.

Any case that is designated in eCaST as lost to follow-up or refused is paid at the level at which the patient was lost to follow-up or services were refused.

Reimbursement by WWC requires the following components:

- Patient must be enrolled.
- Screening services must be provided.
- Patient navigation and case management services must be provided as necessary.
- BCCP Medicaid enrollment for those patients who are diagnosed with cancer.
- Appropriate and timely eCaST data entry completed for all of the above.

E. Service Delivery—Service delivery is defined as all of the screening services and subsequent diagnostics that may be required following an abnormal screening. WWC offers a Provider Toolkit that outlines all policies and guidelines that should be followed by provider staff. The Toolkit is currently being updated. Providers will be notified as updates are posted to the Toolkit on the website.

Clinical staff must comply with the most current consensus guidelines for cervical cancer diagnostic services issued by the American Society for Colposcopy and Cervical Pathology (ASCCP). Clinical staff must also comply with the current California Department of Health Services breast cancer diagnostic algorithms for breast cancer diagnostic services. Questions regarding compliance with these guidelines are most appropriately directed to the WWC Nurse Practitioner Jennifer Walsh.

All clients screened through WWC must be assessed for tobacco use status, and then provided with a referral to the QuitLine if appropriate. This policy is available online under the WWC Tobacco Use Assessment Policy.

F. Case Management—WWC requires that case management services be provided to every patient with an abnormal screening. Providers are reimbursed for these services under the Bundled Payment system. Clinical aspects of case management should be provided by license healthcare providers in good standing. WWC offers a Clinical Case Management training. Dates for this training will be published in eConnect, or providers may contact the WWC Program Manager Rachel Foster if they are interested in this training.

G. Performance Standards—Ms. McCracken pointed out the sample Progress Report for Fiscal Year 2013 in the handout for today’s meeting. This report is created every reporting period. In the upcoming fiscal year, WWC will send out performance assessments three times over the course of the year. The assessments will be issued in November, March and July. The assessment looks at core indicators that are required by the CDC as well as state indicators that WWC feels are critical to the success of the program.

Ms. McCracken used the sample Progress Report to illustrate how the report is laid out.

- Column 1: Category of Indicators (clinical, screening, treatment or administrative)
- Column 2: Indicator Description (e.g., Abnormal Breast Screenings with Complete Follow-Up, etc.)
- Column 3: Performance Standard (e.g., 90% or more, 25% or less, 10 days or less, etc.)
- Column 4: Agency Numerator (i.e., cases that meet the standard shown in Column 2)
- Column 5: Agency Denominator (i.e., total cases relevant to this indicator for the current quarter)
- Column 6: Agency Performance (Agency Numerator divided by Agency Denominator)
- Column 7: Agency Position Relative to Standard (meeting standard = green, close to standard = yellow or far from standard = red)
- Column 8: State Performance (performance of all contractors combined).

New to the report this year, is a row which combines all attendance performance indicators (attendance on HIT calls, eCaST User Group calls and clinical webinars).

Agency positions relative to standard are color-coded as follows:

- If agency meets or exceeds standard, this is classified as “meeting standard” and coded green
- If agency is within 5 percentage points of the standard, this is classified as “close to standard” and coded yellow
- If agency is more than 5 percentage points from the standard, this is classified as “far from standard” and coded red.

Along with the Progress Report, providers will receive copies of their Budget Tracking Report, a Core Indicator Report and a Contract Monitoring System (CMS) Worksheet. The CMS will show the individual agency’s rating (standard or below standard). If an agency has three or more red indicators on its Progress Report, the agency will be classified as below standard for deliverables for that rating period.

H. Site Visits—The Scope of Work and the Provider Toolkit both outline the site visit in detail. Ms. McCracken noted that she plans to undertake about 19 site visits for the upcoming fiscal year. She said she has contacted almost all agencies to let them know that they will be receiving a site visit. A full site visit is about three hours long. Modified site visits are about an hour and a half long. Some site visits will be undertaken via conference call as travel to some sites is not feasible this year.

I. eCaST System—The Scope of Work outlines some details relative to the eCaST system. Providers must notify the WWC Data Specialist Amanda Howard if there any changes to agency staff within 15 days. Ms. Howard provides most eCaST training, unless there is someone at the agency who has been approved to provide training.

J. Communication—Ms. McCracken noted that HIPAA guidelines relative to data security and protecting patient information govern many of WWC’s communication guidelines. She said the most important thing to remember in this regard is agencies must never assume that email is secure, even within an agency, unless it is encrypted. For communication with WWC, encrypted methods are acceptable. Otherwise, only use the WWC ID number when referring to a patient. USPS and fax are acceptable, secure methods of communication as long as the fax cover or envelope is stamped/marked as “Confidential.”

WWC sends out a weekly newsletter eConnect. If an agency has not been receiving its eConnect newsletter, they may contact Ms. McCracken via email to be added to the distribution list. WWC utilizes eCaST broadcast messages to communicate with eCaST users. WWC also sends communication via email. WWC requests that agencies respond to WWC emails, voicemails or faxes with 72 hours unless another deadline is specified in the communication.

Ms. McCracken also pointed out the Fiscal Year 2013 Women’s Wellness Connection Calendar. This gives agencies an overview of the upcoming fiscal year, allowing staff to plan ahead for the semiannual data cleanup projects, HIT calls, eCaST User Group calls, etc. At the bottom of the calendar are the call-in numbers and passcodes for HIT calls and eCaST Users Group calls. Clinical webinars will be scheduled, and WWC will give agencies plenty of notice.

K. Training— Ms. McCracken reminded participants that all agencies must be represented on at least 50% of Health Improvement Team (HIT) calls and on 50% of eCaST Users Group calls. All agencies must be represented by a clinical staff member on all clinical webinars. Notes from all calls and webinars will be made available for review after the call/webinar. Reviewing those notes at a later date will allow an agency to get credit for attendance; simply review the notes of the relevant call/webinar, then send Ms. McCracken an email to let her know that this has been done.

Ms. McCracken said that Ms. Walsh has just developed and recorded a WWC Clinical Overview. She recommended that all clinical staff take some time to review this. There is a link available on the website, and the overview is only 20 minutes long. Ms. Foster said the overview is very helpful for any clinical staff who deliver WWC services. Ms. McCracken also provides a quarterly New Provider/Refresher training. This provides an overview of the WWC program and quality management. The dates are reflected on the WWC calendar.

L. BCCP Medicaid—If a patient is diagnosed with cancer through WWC, agencies are responsible for completing the eCaST data entry for the patient within 24 hours, submitting the initial paperwork to WWC within five days of diagnosis and submitting the final paperwork to WWC within five business days of the initial submission. The steps for BCCP enrollment are outlined in a document called the BCCP Step List, which is available on the website.

M. Budget Management—Ms. Foster noted that there is some new information relevant to budget management in the Scope of Work. In general, all agencies have a capped amount that can be spent for WWC service delivery. This amount is listed in each agency’s contract. WWC cannot

guarantee any reimbursement beyond that capped funding amount in the upcoming fiscal year. The caps can change throughout the year, and WWC will notify affected agencies through a Grant Fund Change Letter.

Generally, all agencies should be monitoring and tracking their budget at least on a monthly basis if not more often. eCaST Report 81—Screening Budget Tracking can be run on a monthly basis. The report should be run as soon as possible after the current month's billing run has occurred in order to see the most current information. The report shows the agency's capped amount, how much has been spent, what percent of the fiscal year has elapsed and if the agency is over/underspent. The report also shows the number of women screened to date, average cost per woman and an estimate of how many women will be seen by the end of the fiscal year, given the agency's total budget.

eCaST reports 32, 22 and 10 are also useful fiscal tools to help agencies track budget spending and data entry errors or issues. Throughout the year, agencies should be running these eCaST reports monthly and using them to monitor spending relative to budget. If an agency is underspent in March (the specific amount will be determined by that time), it is likely that WWC will pull back funds from that agency. WWC will contact agencies in advance if it appears that they are likely to be in this position.

Ms. Foster noted that the competitive application process is nearly complete. The five reviewers have reviewed all of the applications. WWC will likely be notifying agencies about the outcome of their applications sometime next week. WWC will also be amending all contracts for the upcoming fiscal year to reflect a 14-month contract period, rather than a 12-month contract period. This does NOT mean that agencies may provide services using FY2013 funds beyond June 29, 2013. What it does mean is that agencies have the usual 30-day grace period to enter eCaST data into July, but it gives WWC the month of August to ensure that agencies have maximized spending in order to spend the program-wide funds down to zero.

VI. Monitoring Scope of Work Compliance

WWC utilizes various strategies for monitoring contract compliance, including eCaST documentation, progress reports, site visits and provider surveys.

VII. Resolution of Noncompliance

Ms. McCracken explained that contractors will be notified within 30 days if WWC discovers a compliance issue. A plan will be developed to address the noncompliance within 60 days.

VIII. Questions/Discussion

Kelly Rankin at Denver Indian Health asked about the eCaST training requirement which states that, within 30 days of hire, providers are to have undertaken eCaST training. She noted that she had not yet done that and wondered how she was supposed to go about getting her eCaST training accomplished. Ms. McCracken said the best way to set up eCaST training is to contact Amanda Howard. Ms. McCracken said she would provide Ms. Howard with Kelly's email address in order to put that in motion.

Nora Leist – Valley-Wide asked when the billing run for the end of June would be reflected on eCaST reports. Ms. McCracken said that the next billing run would be done on July 31, 2012, and that will conclude the previous fiscal year. She noted that WWC allowed a grace period of 30 days for data entry. Nora also wondered if levels of reimbursement were going to change for FY2013. Ms. McCracken said the levels have changed somewhat as compared to FY2012. She reiterated that all agencies should review the Bundled Payment System document on the website. Ms. Foster commented that many of the changes to the Bundled Payment System were based on the new CPT code list, which was released some time ago.

Charlene McArthur – Spanish Peaks asked if a time for the WWC Overview training had been scheduled. She noted that she knew the date of the training, but that no time was specified. Ms. McCracken said the training usually starts about 9:30 a.m. Charlene asked if the WWC Overview training was different from the WWC clinical training. Ms. McCracken acknowledged that the names of the trainings were somewhat similar, and she noted that WWC would work on making the names of the trainings more specific.

Charlene also asked what would be covered in the Overview training. Ms. McCracken said she covered a lot of general information about the WWC program, including details of the Bundled Payment System. Part II of the training encompasses quality management, including a review of the performance indicators and suggestions for how agencies can improve performance related to the indicators. Ms. Foster said the Overview training was really intended for new staff and may not be of great benefit to more seasoned WWC providers. She said it could be used as a refresher course, although it was intended to be a basic program overview.

Charlene asked if dates had been set for the WWC clinical training. Ms. McCracken said no dates had been set yet for clinical webinars for 2013. She also noted that there was an online training class, the WWC Overview for Clinicians. This is just a prerecorded training that is about 20 minutes long. The clinical webinars are usually facilitated by Dr. Jan Shepherd and usually cover some sort of clinical topic of interest.

Connie Fisher said that last year WWC had recommended that her agency screen new patients coming into the facility. She wondered if that recommendation would be continued for the upcoming fiscal year. Ms. McCracken said that there are more funds available this year, so WWC's recommendation might be business as usual from years prior to last year. Ms. Foster said that the agency should make that decision based on what its final budget amount for the year will be. If it is less than anticipated, the agency may want to continue with a model of focusing screening on newer and rarely or never screened women as the majority of the screening population in order to restrict services a bit. On the other hand, if the budget brings the agency back to its 2011 or 2010 levels, the agency may want to broaden their screening population. In general, this is a decision to be made at the individual agency level, keeping in mind the core indicators related to rarely or never screened women.

Ms. McCracken thanked everyone for their participation. She said that notes from this call would be available on the website early next week, so if agencies have staff whom would benefit from this information, they can be directed to review the notes on the website.