COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
Medicare-Medicaid Enrollees Advisory Subcommittee
National Multiple Sclerosis Society
900 S. Broadway, Second Floor, Denver, CO 80209
Tuesday, January 8, 2012
1:00 p.m. - 3:00 p.m.
MINUTES

The mission of the Department of Health Care Policy and Financing is improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

Meeting objectives:
1. To review and finalize Subcommittee administrative items.
2. To update the Subcommittee on the Demonstration.
3. To discuss the potential quality measures of the Demonstration.

I. Opening Remarks	Introduction	Co-Chairs (5 minutes)
II. Review	Minutes Roster Charter (Public Comments and Discussion)	Co-Chairs/All (10 minutes)
III. Updates and Actions	Subcommittee Update o Learning Labs o Monthly RCCO Updates Project Update/Timeline (Public Comments and Discussion)	Co-Chairs/All The Department (60 minutes)
IV. Presentations	Center for Health Literacy [Call] Quality Presentation (Public Comments and Discussion)	Penny Lane Camille Harding (40 minutes)
V. Closing Remarks	Follow-up Information Other	Co-Chairs (5 minutes)

Reasonable accommodations may be provided upon request for persons with disabilities. **Please contact Laura Pionke at Laura.Pionke@state.co.us or 303-866-3980 for assistance.**

If you would like to call in for the next Medicare-Medicaid Enrollees Advisory Subcommittee meeting, please use the following information:

Phone Number: 1-877-820-7831
Passcode: 946029#

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PARTICIPANTS

Elisabeth Arenales - on phone
Adam Bean
Sheryl Bellinger
Teri Bolinger
Carol Bruce-Fritz
Sean Bryan
Marceil Case
Drew Casper
Pat Cook
Rob DeHerrera
Beverly Dingman
Julie Farrar
Camille Harding
Tom Hill
Steve Holsenbeck, M.D.
Julie Holtz
Grant Jackson - on phone
Laurey Jaros - on phone
Mary Kay Kisseberth
Nicole Konkoly - on phone
Penny Lane - on phone
Colin Laughlin
Francesca Maes
Barry Martin, M.D.
Amy Miller
Nicole Miller
Donna Mills
Gary Montrose
Katie Mortenson
Lois Munson
Sharon O'Hara
Laura Pionke
Casey Ryan
Barb Rydell
Keri Schroeder-Jaeger
Hannah Shaw
Joanne Smiley
Sharon Steadman - on phone
Linda Storey
Jessica Storey
Jose Torres

Sheryl Bellinger, Co-Chair, welcomed everyone and called the meeting to order at 1:00 p.m.

Review

Sheryl asked the Subcommittee to review the minutes from the December meeting. Joanne Smiley moved to accept the minutes; Francesca Maes seconded the motion, and it passed unanimously.

Mary Kay Kisseberth moved to remove the roster from the Subcommittee's Charter to save time and administrative overhead. Julie Farrar, Co-Chair, explained that every time an individual is added to or removed from the roster, the Subcommittee must vote to amend the Charter. Language has been added to the Charter that requires an updated Subcommittee roster be maintained and available on the Department's Web site. Joanne seconded the motion, and it passed unanimously.

Updates and Actions

Sheryl solicited ideas from the Subcommittee about ideas and subjects that the members would like to explore in learning labs to gain more knowledge. The first learning lab will take place from 12:15-12:45 p.m. before the next Subcommittee meeting on February 12, 2013, at the MS Society. Members discussed learning labs and suggested many topics [which have been attached to the minutes for the record]. Sheryl mentioned the Subcommittee would like monthly updates from the RCCOs. Meeting participants offered a number of topics they would like to hear more about

[which have been attached to the minutes for the record]. Sheryl indicated she would contact the RCCOs before the next meeting to discuss the content and length of their updates.

The Co-Chairs asked Teri Bolinger to give the project update on the Demonstration. Teri presented the project timeline with news from the Centers for Medicare and Medicaid Services (CMS) [which has been attached to the minutes for the record]. Teri also updated the Subcommittee on Brendan Hogan's progress with the ombudsman overview assessment. Teri mentioned that Brendan would attend the February Subcommittee meeting by phone to share preliminary findings and recommendations.

Colin Laughlin introduced Penny Lane, the Vice President at MAXIMUS and Director at the Center for Health Literacy, who leads a team of writers, researchers, graphic designers, and translation experts to develop print and web materials for clients in plain language. Penny has extensive state and federal experience working with enrollment materials. Penny and her colleagues from the Center for Health Literacy will review current enrollment documents and materials to assess readability, to ensure Section 508 federal compliance [which requires that all information and data accessible electronically should be available in ways that accommodate individuals with disabilities], and to recommend and test enrollment materials for the Demonstration.

Teri introduced Camille Harding and Katie Mortenson from the Department's Quality Health Improvement Unit. Camille spoke about potential quality measures for the Demonstration, including overall vision and strategy for moving forward [which have been attached to the minutes for the record]. Camille discussed the development of quality measures and benchmarks for the Accountable Care Collaborative Program. Current efforts are still evolving, and this presents another opportunity for Subcommittee input and recommendations. Camille mentioned that she would be happy to send the Subcommittee more information and provide an update at an upcoming meeting. Subcommittee members were encouraged to send suggestions and comments about measures to the Department before the next meeting. Julie thanked Camille for coming and providing this information.

Julie and Sheryl thanked everyone for their attendance and participation and closed the meeting.

[The meeting ended at 3:06 p.m.]

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ACTION ITEMS	RESPONSIBILITY	TIMEFRAME
Continue to map a Medicare-Medicaid enrollee's experience on the first day of the Demonstration.	The Department	Over the coming months
Send additional materials related to potential Demonstration Quality Measures to the Subcommittee.	The Department	Within one week of the meeting
Finalize Learning Lab for February.	Co-Chairs	By the end of January
Send suggestions for Demonstration Quality Measures to the Department.	The Subcommittee	By the next meeting.

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Suggested Topics for Learning Labs

TOPIC	SUGGESTED BY
Information from and about the Statewide Data and Analytics Contractor (SDAC), the Regional Care Collaborative Organizations (RCCOs), and the PCMPs (Primary Care Medical Providers)	Sheryl Bellinger, Rob DeHerrera, and Mary Kay Kisseberth
Data, data modeling, and the SDAC	Rob DeHerrera and Mary Kay Kisseberth
Messaging	Julie Farrar
Behavioral health carve-out and other options to create a win/win situation	Barry Martin, M.D.
Quality measures	Lois Munson
Consumer Directed Attendant Support Services (CDASS)	Lois Munson
Different member perspectives and how to use all of them moving forward	Lois Munson
Comparison to other Demonstration states, their models, successes, and failures	Sharon O'Hara
Single Entry Point Agencies	Casey Ryan and Julie Farrar
Integration of consumer-centered benefits other than medical benefits	Jose Torres
Fully governmentally funded providers who must see Medicare and Medicaid clients	Jose Torres

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Suggested Topics to Include in Monthly Regional Care Collaborative Organization (RCCO) Updates

TOPIC	SUGGESTED BY
Engagement with Long-Term Services and Supports	Elisabeth Arenales
Use of per-member per-month (PMPM) amounts	Elisabeth Arenales
Both current and new RCCO challenges and approaches to solutions	Sheryl Bellinger
Relationships between RCCOs and other community partners	Rob DeHerrera
Care coordination and long-term care for Medicare-Medicaid enrollees	Julie Farrar
Relationships between the RCCOs and their clients	Laurey Jaros and Lois Munson
Coordination between RCCOs and existing care coordinators and case managers	Mary Kay Kisseberth
Key Performance Indicators (KPIs) at the individual provider level, not just the regional level	Barry Martin, M.D.
Ultimate goals to save funds and approach for achieving	Casey Ryan
Hard data about number of enrollees, emergency room visits, rehospitalizations, etc.	Joanne Smiley
Approach to including client and advocate input in the RCCO process	Jose Torres

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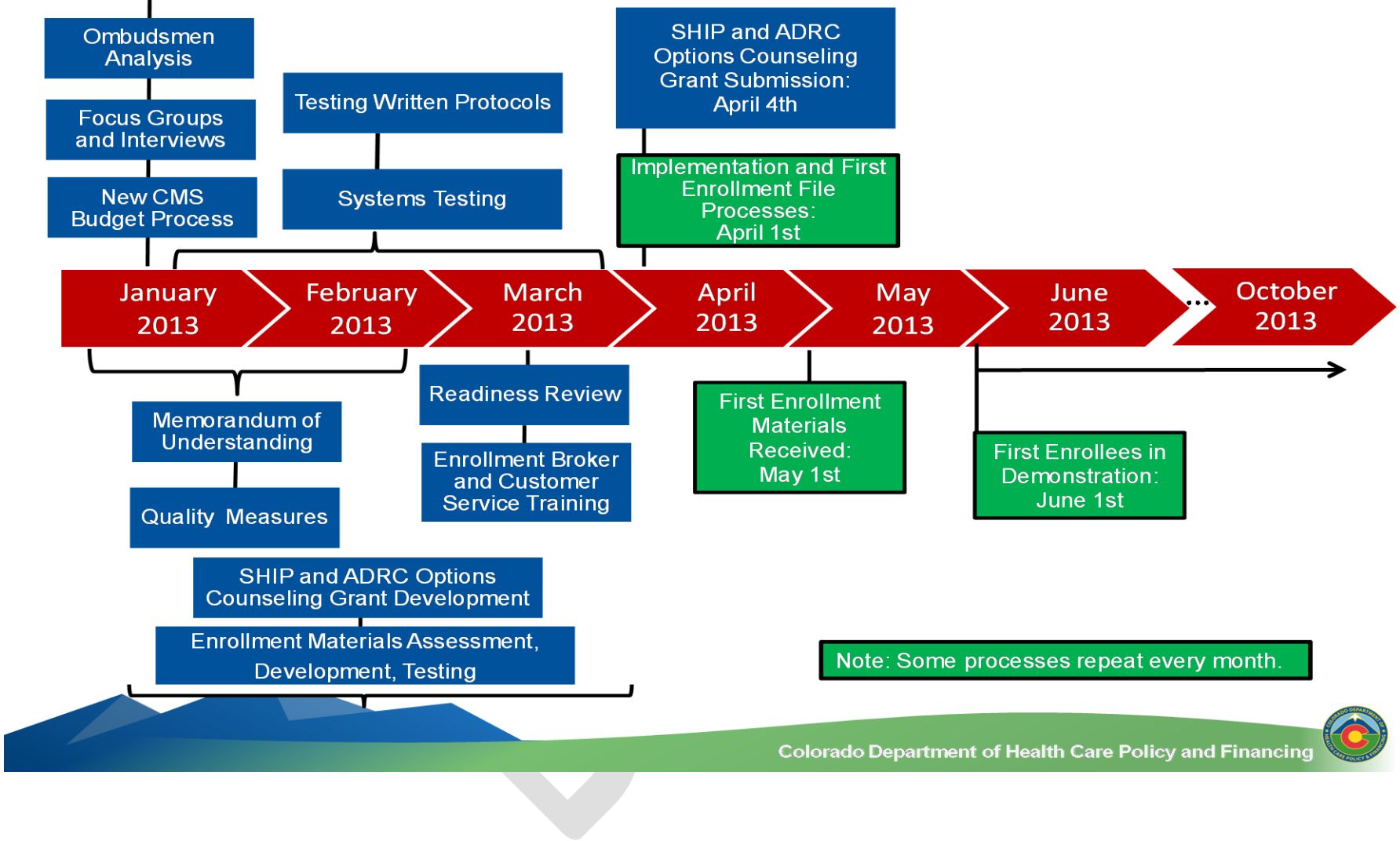
Timeline and CMS News



Full Benefit Medicare-Medicaid Enrollees Demonstration Measures

Model Core Measures (Required)	Measure Description	Measure Type and and Source	Year 1	Year 2	Year 3
All Cause Hospital Readmissions	Percentage of acute inpatient stays followed by an acute readmission for any diagnosis within 30 days	Care coordination outcome measure Centers for Medicare and Medicaid Services (CMS)	Report	Benchmark	Benchmark
Condition that Could Be Treated on an Outpatient Basis: Hospital Admission	Percentage of hospital admissions where appropriate outpatient care prevents or reduces the need for admission to the hospital	Access to primary care outcome measure Agency for Healthcare Research and Quality (AHRQ)	Report	Benchmark	Benchmark
Condition that Could Be Treated on an Outpatient Basis: Emergency Room (ER) Visit	Percentage of ER visits where appropriate outpatient care prevents or reduces the need for an ER visit	Access to primary care outcome measure AHRQ	Report	Benchmark	Benchmark
Follow-up after Hospitalization for Mental Illness	Percentage of discharges for enrollees who received treatment of mental health condition and saw a practitioner within 30 days of discharge	Care coordination process measure National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)	Report	Benchmark	Benchmark

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Model Core Measures (Required)	Measure Description	Measure Type and and Source	Year 1	Year 2	Year 3
Depression Screening and Follow-up Care	Percentage of enrollees positively screened for clinical depression and received a follow-up care plan	Preventive health outcome measure CMS		Report	Benchmark
Care Transition Record Transmitted to Health Care Professional	Percentage of enrollees discharged from any inpatient facility to home or other site of care for whom a transition record was transmitted to the facility or primary physician	Care coordination process measure NCQA		Report	Benchmark
Screening for Fall Risk	Percentage of enrollees aged 65 and older who are screened for future fall risk	Preventive health outcome measure NCQA			Report
Initiation and Engagement of Alcohol and other Drug Dependent (AOD)Treatment	Percentage of enrollees with a new episode of alcohol or other drug dependence who: A) Initiated AOD treatment within 14 days of diagnosis B) Engaged in two or more additional services within 30 days of the initiation visit	Care coordination/ Client experience outcome measure NCQA/HEDIS			Report

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State-Specific Process Measures (Required)	Measure Description	Measure Type and Source	Year 1	Year 2	Year 3
Percentage of enrollees with a Health Action Plan within 60 days of connecting with a Regional Care Collaborative Organization (RCCO)	Percentage of enrollees in a RCCO region who have an identified Primary Care Provider within three months of enrollment into the Demonstration	Care coordination process measure	Report	Benchmark	Benchmark
State delivery of training for medical home networks on disability, cultural competence, and health action planning	Percentage of providers within a RCCO that have participated in training for disability, cultural competence, or health action planning	Client experience process measure	Benchmark	Benchmark	Benchmark
Percentage of enrollees with 30 days between hospital discharge to first follow-up visit	Percentage of enrollees who are receiving timely follow-up after hospital discharge	Care coordination Process measure	Benchmark	Benchmark	Benchmark
Percentage of hospital admission notifications occurring within a specified timeframe	Percentage of hospital admissions in which a notification of admission occurred within 24 hours	Care coordination process measure	Benchmark	Benchmark	Benchmark
Percentage of medical homes with an agreement to receive data from enrollees' Medicare Part D plans	Percentage of PCMPs with access to Part D benefit data	Care coordination	Benchmark	Benchmark	Benchmark

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State-Specific Demonstration Measures SUGGESTIONS*	Measure Description	Measure Type and Source	Year 1	Year 2	Year 3
Flu Immunization	Percentage of enrollees aged 50 years and older who received a flu immunization during the flu season	Preventive AHRQ / CAHPS (Consumer Assessment of Healthcare Providers and Systems)	Specified in final Demonstra-tion contract	Specified in final Demonstra-tion contract	Specified in final Demonstra-tion contract
Diabetes: Hemoglobin A1c Testing	Percentage of enrollees who have a diagnosis of diabetes (type 1 or 2) who completed Hemoglobin A1c testing that is > 9.0%	Process measure NCQA/HEDIS	Specified in final Demonstra-tion contract	Specified in final Demonstra-tion contract	Specified in final Demonstra-tion contract
Controlling High Blood Pressure	Percentage of enrollees who have a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg)	Process measure NCQA/HEDIS	Specified in final Demonstra-tion contract	Specified in final Demonstra-tion contract	Specified in final Demonstra-tion contract
CAHPS: Client/Caregiver Experience of Care	Percentage of enrollees reporting that their doctor or health care provider do the following: a) Listen to you carefully? b) Show respect for what you had to say? c) Involve you in decisions about your care?	Client experience AHRQ / CAHPS	Specified in final Demonstra-tion contract	Specified in final Demonstra-tion contract	Specified in final Demonstra-tion contract

Note: States will have input in the selection of at least three but not more than five measures and may include long-term services and supports (LTSS) and other community integration measures.

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