Colorado Department of Health Care Policy and Financing

Medicare-Medicaid Enrollees Advisory Subcommittee

February 12, 2013

Review

- Minutes

Presentations

- Brendan Hogan, Bailit Health Purchasing
  - Ombudsmen Assessment
- Camille Harding, Dept of Health Care Policy and Financing
  - Quality Measures
- Tom Whalen, Dept of Health Care Policy and Financing
  - Data

Role of Ombudsmen in Colorado's Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees

February 12, 2013

Presented to the Medicare-Medicaid Enrollees Advisory Subcommittee

bailit health PURCHASING

Agenda

- Purpose of the work
- Methodology
- Report Findings
- Recommendations

Agenda

- Draft report sections:
  - Background on each Ombudsman program
  - Summary of interviews and key findings
  - Proposed roles for Medicare-Medicaid enrollees and referral protocols
  - Proposed roles for Ombudsmen in the Demonstration

Purpose of the work

- Gather information from Ombudsmen, Medicare-Medicaid enrollees, interested parties, and advocates
- Create a report with findings and recommendations for consideration in the Medicare-Medicaid Demonstration

Methodology – Meetings and Key Interviews

- Attended the Medicare-Medicaid Enrollees Advisory Subcommittee meeting by phone in November and in person in December
- Conducted Ombudsmen interviews:
  - Medicaid Managed Care Ombudsman
  - Long-Term Care Ombudsman
  - State Health Insurance and Assistance Program
  - Medicare Quality Improvement Organization

Methodology – Meetings and Key Interviews

- Conducted 8 additional interviews:
  - 3 with Medicare-Medicaid enrollees
  - 5 with interested parties or advocates

Background – Medicaid Managed Care Ombudsman (MMCO)

- Operated by Maximus; 3 staff
- 167 Cases
- Assists with Complaints and Grievances for Medicaid Managed Care
- Most of the work is done by phone

Background – Long-Term Care Ombudsman (LTCO)

- 3 state staff, 16 local staff and 40 volunteers
- 2,300 cases
- Assists with Complaints and Grievances in Long-Term Care settings (Nursing Homes and Residential Care Homes)
- Most of the work is done in the Nursing Home or Residential Care Home

Background – State Health Insurance and Assistance Program (the SHIP)

- 3.7 FTE state staff, 10-15 contracted staff and over 100 volunteers
- 20,955 calls
- Assists individuals with Medicare enrollment for Medicare Part C or D
- Most of the work is done by phone

Background – Medicare Quality Improvement Organization (MQIO)

- Required to respond to Medicare appeals within 72 hours
- 100 paid staff
- Staff are available 24 hours a day and respond to 80% of calls immediately
- Averages about 100 calls per month and approximately 50 open cases at any one time
- Also works with providers on Medicare Quality Improvement projects

Summary of Interviews - Ombudsmen

- Each Ombudsman has very specific and unique responsibilities
- None routinely interact with each other
- All are interested in developing a closer working relationship with each other under the Medicare-Medicaid Demonstration
- All want to better understand each other's responsibilities to better serve the enrollee

Summary of Interviews – Medicare-Medicaid Enrollees, Interested Parties, and Advocates

- All wanted the Demonstration to provide less bureaucracy and greater service flexibility
- All raised concerns about the independence of MMCO
- Most Medicare-Medicaid enrollees understood what the SHIP does; some understood the roles of the MMCO and LTCO; none knew about MQIO
- Most felt complaints should be confidential and expressed concerns about retribution for complaints
- Most were concerned that the short Demonstration timeline may increase complaints

Summary of Interviews – Medicare-Medicaid Enrollees, Interested Parties, and Advocates

- All felt the Department should reinforce the message that complaints do not impact eligibility
- All thought a variety of methods should be used to publicize the Ombudsmen
- Most believed public policy changes should be emphasized rather than focusing only on savings
- Most were concerned about RCCOs' coordination with long-term services and supports (LTSS) providers
- Some felt more consumer input is needed

Recommendations - Referral Protocols

- MMCO, LTCO, the SHIP and MQIO should continue to focus on the work they do individually as organizations
- Representatives from each program should more routinely and formally meet by phone or in person to exchange best practices
- The organizations should develop referral protocols with each other and Colorado Legal Services/Colorado Center on Law and Policy

Recommendations - Other

- A combined brochure and/or information packet should be created and made available to organization staff and volunteers and to Medicare-Medicaid enrollees about the role of each Ombudsman
- Enrollment materials reviewed by the Center for Health Literacy should also be reviewed by Ombudsmen staff to field test them from the enrollee's perspective
- The SHIP and Aging and Disabilities Resource Centers (ADRC) should continue to pursue federal funding to support the Demonstration when CO has a signed MOU
- Colorado should consider opportunities for Ombudsmen funding in the Demonstration's administrative budget

Questions

Questions?

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Quality Measures

Quality Measures and KPIs

Quality measures are tools that help us measure or quantify health care. Measures often deal with the following kinds of questions: is care effective, safe, efficient, person-centered, equitable, and timely?

Key Performance Indicators (KPIs) are particular quality measures that have been used in the Accountable Care Collaborative (ACC) to evaluate services and influence payment. Periodically, KPIs change or evolve to best reflect current needs.

KPIs are, in fact, in process of evolution in the ACC, but this is not directly related to the Demonstration.

Key Performance Indicators (KPIs) in the ACC

Current KPIs:

- Number of emergency room visits
- Number of re-hospitalizations
- Number of high-cost imaging services

Proposed KPIs:

- Number of wellness visits
- Number of pediatric visits
- Number of behavioral health screenings

(Note: Final decisions about KPIs for the coming fiscal year have not been made yet.)

Demonstration Quality Measures

Core Quality Measures are specified by CMS and are required to be the same for all states in the Demonstration.

Some **State-Specific Process Measures** are also required. Within a subset of these measures, states must choose two: one related to health action plans and one related to training. States must also select at least one other process measure.

At least three but no more than five **State-Specific Demonstration Measures** are also required. These may include long-term services and supports (LTSS) measures and/or community integration measures.

Quality Measure Considerations

- Is data related to the Quality Measures available?
- Do the Quality Measures well reflect the involved population?
- Is the data standardized so that the information makes sense (for example, provider to provider or delivery system to delivery system)?
- Is that data comparable at a state-to-state and/or national level?

Core Quality Measures (Required) *DRAFT*

Measure	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

Core Quality Measures (Required) *DRAFT*

Measure	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

State-Specific Process Measures (Required) *DRAFT*

	Measure	Measure Description	Measure Type and Source	Year 1	Year 2	Year 3
REQUIRED	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
REQUIRED	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
CHOOSE ONE	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
CHOOSE ONE	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
CHOOSE ONE	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

State-Specific Demonstration Measures (Required) *DRAFT*
[See suggestions on this slide and the next.]

	Measure (SUGGESTIONS)	Measure Description	Measure Type and Source	Year 1	Year 2	Year 3
AT LEAST 3 NO MORE THAN 5	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

State-Specific Demonstration Measures (Required) *DRAFT*
[See suggestions on the previous slide and this one.]

	Measure (SUGGESTIONS)	Measure Description	Measure Type and and Source	Year 1	Year 2	Year 3
AT LEAST 3 NO MORE THAN 5	Screening for Fall Risk	Percentage of patients aged 65 years and older who receive clinical tests evaluating gait and balance	Electronic Clinical Data Paper Records	TBD	TBD	TBD
	Medication Reconciliation	Percentage of patients aged 65 years and older discharged from any inpatient facility and seen within 60 days following discharge by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented	Electronic Clinical Data Paper Records	TBD	TBD	TBD
	Quality of Life	Percentage of residents in nursing facility and other long-term care facilities who were physically restrained daily	SF -12 CAHPS	TBD	TBD	TBD

Data in the Accountable Care Collaborative (ACC)

- Statewide Data and Analytics Contractor (the SDAC)
- Treo Solutions, Current Vendor
- Tom Whalen, Health Data Strategy and SDAC Contract Manager

Outline

- Launch Screen
- Dashboard
- Member's Report (Sample)
- Care Management Report (Sample)

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Quick Links

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- Patient Profile

Quick Resources

What's Trending Now

January 2013 Colorado Data Refresh Notification

This document provides users an update on the time periods of data that are included in the Web Portal. Users should refer to this document for updates on when data refreshes are complete. Full Article

Colorado SDAC Frequently Asked Questions

This document provides answers to the most frequently asked questions regarding the web portal and dashboards including both general and technical information. Full Article

Colorado SDAC Definitions Manual

This document provides a quick reference guide to key terms and definitions used throughout the web portal. Full Article

Three Key Ingredients for Reform

The New York Times ran an article about a recent RAND study that found little or no savings to total cost-of-care as a result of the proliferation of electronic health records. The author points to inter-operability and other technical issues as driving factors, but these are ancillary – the overarching issue is that, for the most part, the delivery system has zero incentive to manage total cost-of-care. Full Blog Post

Colorado SDAC Dashboard User Guide

This document will provide an overview of the features and functionality of both the Web Portal Home Page and the Dashboard. Full Article

Library

Colorado SDAC Documents

Recently Posted

- Reattribution Analysis.xlsx
- ACC Reporting Reference Guide.xlsx
- Reattribution Detail September.xlsx
- COSDAC_ACS_Enrollment_Extract_20130124_Reattribution.txt
- Reattribution Detail January.xlsx
- ACC Total Enrollment as of 1-21-13.txt
- PAR_REASON_012220132013.txt
- RCCO Member BHO CY 2010.xlsx
- COSDAC_ACS_Enrollment_Extract_20130301_v3.txt

Colorado SDAC (Claims paid through 12/5/2012)

Enter text to search...

COSDAC 2013

RCCO Program Measures

Key Performance Measure	Rolling 12 months 2011/09-2012/08	Program YTD 2012/07-2012/08
% Improvement 30 Day Readmits PKPY	(10.5) %	(6.3) %
% Improvement ER Visits PKPY	3.8 %	4.0 %
% Improvement High Cost Imaging PKPY	(18.5) %	(15.4) %

Total Cost of Care

Key Performance Measure	Rolling 12 months 2011/09-2012/08	Program YTD 2012/07-2012/08
Variance from Budget (PMPM $)	N/A	$16.20
Paid (PMPM $)	$306.42	$305.13

Budget Basis

Base risk score	0.992
Current risk score	0.933
Base budget	$308.93
Current budget	$288.93

Population Data 2011/12-2012/11

All Members: 480,719

62.91%	Healthy & Non Users
3.84%	Pregnancy/Delivery
8.78%	Significant Acute
6.50%	Minor Chronic
10.08%	Moderate Chronic
7.09%	Dominant Chronic
[illegible]	Malignancies &

PCP Name	NPI	Client DOB	Client Gender	Client County	Client Zip	ACRG4 Description	ACRG3 Base	ACRG3 Description	Condition Description	CRG Weight	Total Cost	Tot PM
				WELD	80631	Dominant or Moc	60	Pairs - Multiple Dominant	Other	9.268	8,873.34	
				WELD	80620	Healthy & Non U	10	Healthy	Other	0.211	290.52	
				WELD	80634	Dominant or Moc	70	Triples - Multiple Dominar	Diabetes	5.236	10,979.49	
				WELD	80631	Dominant or Moc	50	Single Dominant or Mode	Mental Health	0.622	1,371.52	
				LARIMER	80537	Significant Acute	25	Evidence of Significant Cl	Other	0.640	1,367.83	
				LARIMER	80537	Dominant or Moc	70	Triples - Multiple Dominar	Diabetes	3.538	22,451.38	
				WELD	80632	Healthy & Non U	11	Healthy Non-User	Other	0.000	0.00	
				WELD	80620	Dominant or Moc	60	Pairs - Multiple Dominant	Diabetes	0.681	4,254.51	
				WELD	80534	Dominant or Moc	60	Pairs - Multiple Dominant	Diabetes	3.189	14,368.96	
				ADAMS	80031	Minor Chronic	30	Single Minor Chronic	Chronic Gastrointestinal	0.999	1,948.75	
				WELD	80634	Dominant or Moc	60	Pairs - Multiple Dominant	Diabetes	1.072	3,012.11	
				WELD	80620	Dominant or Moc	60	Pairs - Multiple Dominant	Other	2.219	3,273.74	
				WELD	80620	Dominant or Moc	50	Single Dominant or Mode	Hypertension	0.382	200.60	
				WELD	80631	Dominant or Moc	60	Pairs - Multiple Dominant	Other	1.933	45,813.05	
				ADAMS	80601	Dominant or Moc	50	Single Dominant or Mode	Diabetes	0.547	23.41	
				LARIMER	80537	Dominant or Moc	60	Pairs - Multiple Dominant	Mental Health	1.382	10,796.58	
				ARAPAHOE	80012	Healthy & Non U	11	Healthy Non-User	Other	0.000	0.00	
				WELD	80645	Dominant or Moc	60	Pairs - Multiple Dominant	Diabetes	2.242	6,003.35	
				WELD	80620	Healthy & Non U	10	Healthy	Other	0.211	3,553.17	

Client DOB	Client County	Client Zip	Client Months	CRG Weight	Fall Out Report	Jumpers Report	Newly Chronic	No Office Visit in Last 6 months	Rx Age Contraindication	Rx Sex Contraindication	ACRG4 Desc
	WELD	80631	12	9.847				Y			Dominant or Moderate Chronic
	WELD	80632	12	0.980			Y				Dominant or Moderate Chronic
	WELD	80631	12	0.774				Y			Dominant or Moderate Chronic
	WELD	80631	12	0.774				Y			Dominant or Moderate Chronic
	WELD	80651	12	1.791					Y		Minor Chronic
	WELD	80651	12	0.916					Y		Significant Acute
	WELD	80634	12	1.189				Y			Dominant or Moderate Chronic
	LARIMER	80526	12	1.047		Y					Dominant or Moderate Chronic
	WELD	80631	12	0.349					Y		Minor Chronic
	WELD	80631	12	1.367				Y			Dominant or Moderate Chronic
	WELD	80631	12	0.787				Y			Dominant or Moderate Chronic
	WELD	80631	12	0.787				Y			Dominant or Moderate Chronic
	WELD	80631	12	0.536			Y				Dominant or Moderate Chronic
	WELD	80631	12	0.536			Y				Dominant or Moderate Chronic
	WELD	80631	12	4.777						Y	Dominant or Moderate Chronic
	WELD	80631	12	3.616	Y						Pregnancy/Delivery
	WELD	80620	12	1.108			Y	Y			Dominant or Moderate Chronic

Patient Profile

Frequently Documented Diagnosis Codes

Diagnosis Code	Inpatient	Outpatient	Professional	Total
31539 - Other developmental speech or language disorder	0	0	1	1
5409 - Acute appendicitis without mention of peritonitis	1	0	2	3
7239 - Unspecified musculoskeletal disorders and symptoms referable to neck	0	0	1	1
78701 - Nausea with vomiting	0	0	1	1
78900 - Abdominal pain, unspecified site	0	0	2	2
78907 - Abdominal pain, generalized	0	0	1	1
78909 - Abdominal pain, other specified site	0	0	1	1
95909 - Injury of face and neck	0	0	1	1
V0481 - Need for prophylactic vaccination and inoculation against influenza	0	0	1	1
V401 - Mental and behavioral problems with communication [including speech]	0	0	1	1

Frequently Used Facilities

Facility	Inpatient Admits	Outpatient Visits	ER Visits
	1	0	0

Frequently Used Physicians

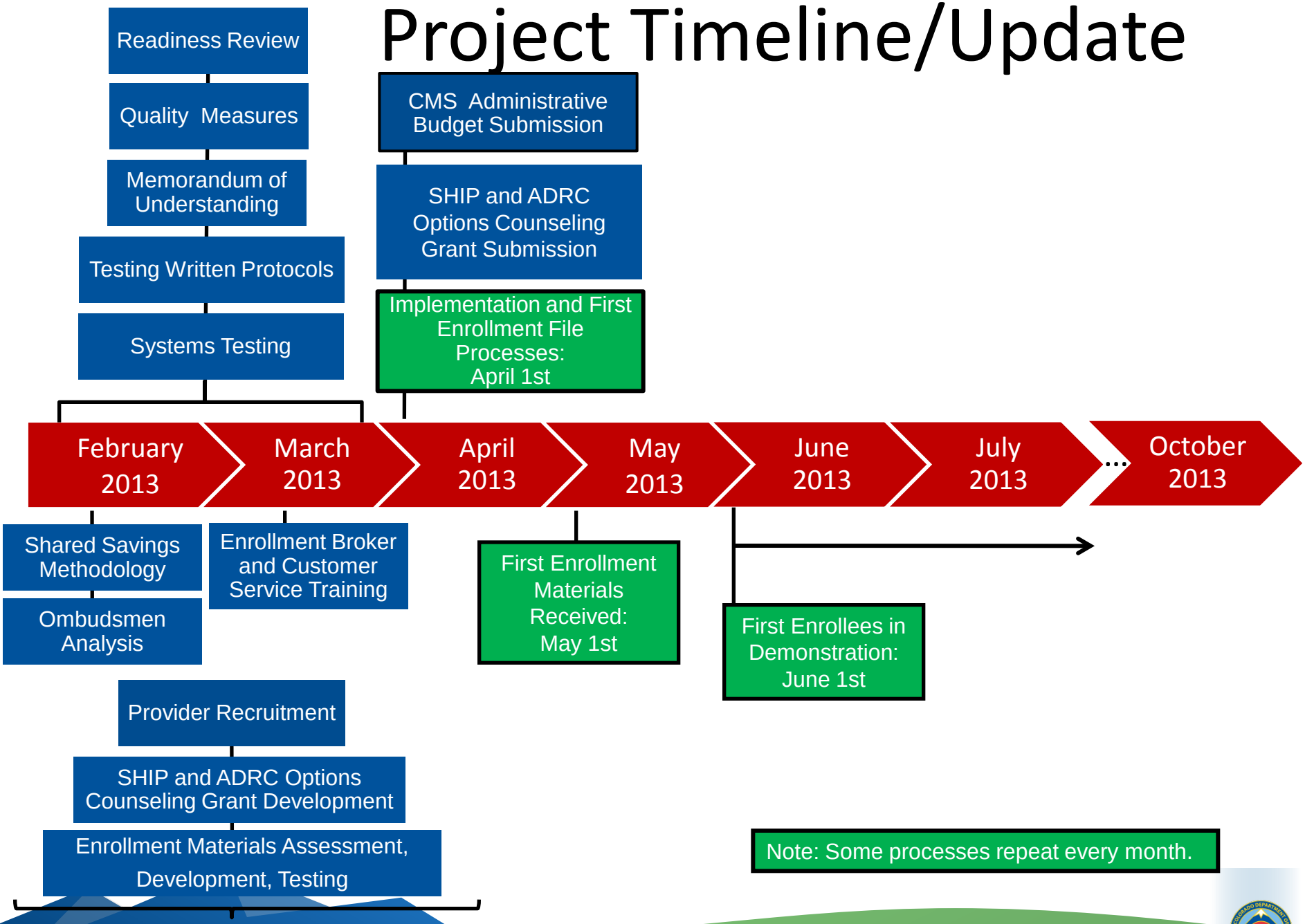
Next Steps

- SDAC's Application in the Demonstration
- Additional Information
- Learning Lab Opportunity/Topics
- Questions

Updates and Actions

- Monthly RCCO Updates
- Project Timeline and Update

Project Timeline/Update



Closing Remarks

- Follow-up Information
  - Focus Group
  - Program Improvement Advisory Committee
- Other