



MINUTES

Medicare-Medicaid Enrollees Advisory Subcommittee
 National Multiple Sclerosis Society
 900 S. Broadway, Second Floor, Denver, CO 80209

Tuesday, May 14, 2013

1:00 p.m. - 3:00 p.m.

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 review the revised enrollment letter draft and continue discussion of potential quality measures for the Demonstration.
3. To update the Subcommittee on the Project, RCCO Readiness Activities, and the Accountable Care Collaborative (ACC) Program Improvement Advisory Committee (PIAC)

I. Opening Remarks	Introduction - Subcommittee Recruitment - Upcoming Meeting Reminders - Learning Labs	Co-Chairs (10 minutes)
II. Review	Minutes (Public Comments and Discussion)	Co-Chairs/All (5 minutes)
III. Discussions and Actions	- Revised Enrollment Letter Draft - Quality Measures (Public Comments and Discussion)	All (60 minutes)
IV. Updates	- Project Update - RCCO Updates on Provider Recruitment - Program Improvement Advisory Committee (PIAC) Update (Public Comments and Discussion)	The Department Co-Chairs/RCCOs Reporting Liaison (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 Teri Bolinger at Teri.Bolinger@state.co.us or 303-866-2412 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#

Participants:

Elisabeth Arenales (by phone)
Elizabeth Baskett
Adam Bean
Sheryl Bellinger
Teri Bolinger
Bob Bongiovanni
Kyle Brown
Sean Bryan
Marceil Case (by phone)
Rob DeHerrera
Michelle Denman
Brenda Heimbach
Tom Hill
Elaina Hockaday
Steve Holsenbeck, MD
Grant Jackson (by phone)
Laurey Jaros (by phone)
Drew Kasper
Mary Kay Kisseberth
Nicole Konkoly

Francesca Maes (by phone)
Barry Martin, MD
Amy Miller
Gary Montrose
Lois Munson
Jenny Nate
Sharon O'Hara
Kristen Pieper
Sarah Roberts
Jim Rowan
Casey Ryan
Barb Rydell
Keri Schroeder-Jaeger
Joanne Smiley
Linda Storey (by phone)
Ruthie Swanson (by phone)
Jose Torres
Kelley Vivian
Heidi Walling

Sheryl Bellinger, Co-Chair, welcomed everyone and called the meeting to order at 1:05 p.m. Phone participants identified themselves.

Review

Sheryl mentioned that the Subcommittee has two openings for Medicare-Medicaid enrollees, preferably those 65 years old or older. Since two-thirds of the Demonstration enrollees are 65 years old or older, the Subcommittee would like to ensure balanced representation.

Sheryl and Teri announced two upcoming meetings of interest: Provider and Community Relations Subcommittee, May 16 (in person and by phone), and the ACC PIAC, May 29 (only by phone). [Schedules of stakeholder meeting opportunities are available on the Department's web site on the [Boards and Committees](#) web page.]

Elisabeth Arenales confirmed her intention to conduct the June *Learning Lab* on the ACC's Program Improvement Advisory Committee. Elisabeth also suggested a future *Learning Lab* on public participation in the ACC and local engagement opportunities with the RCCOs.

Sheryl asked the Subcommittee to review the previous meeting minutes. Bob

Bongiovanni requested that his name be added since he participated in the April meeting. Mary Kay Kisseberth moved to accept the minutes with the correction; Sharon O'Hara seconded the motion, which passed unanimously.

Discussions and Actions

Sheryl introduced the revised enrollment letter as the meeting's first main discussion topic. Teri reviewed the contents of the Subcommittee's materials:

- The first enrollment letter prepared by the Center for Health Literacy previously reviewed by the Subcommittee.
- A table of Subcommittee recommendations and Department responses from Public Information, Customer Service, and Training.
- A second letter with changes included.
- A copy of a sample enrollment packet envelope.

[These materials may also be found on the Subcommittee's [web page](#) on the Department's website.]

Teri apologized for the delayed distribution of meeting materials and for the administrative delay in posting materials to the Subcommittee's web page.

Teri reminded the group that the letter under discussion is the letter to be mailed to Demonstration enrollees who have a primary care physician participating in the Accountable Care Collaborative (ACC). A second letter will be drafted for those whose primary care physicians are not participating in the ACC at the time of enrollment.

The Subcommittee discussed the revised letter. Subcommittee members noted improvements since they reviewed the original ACC enrollment letter and the Center for Health Literacy's first draft of the Demonstration's enrollment letter. [A summary of the Subcommittee's comments and suggestions may be found at the end of the minutes.]

The Subcommittee also discussed:

- Making information readily available in other languages.
- Consulting with the enrollment broker and complying with managed care rules.
- Keeping a sixth-grade reading level in all enrollment materials.
- Examining the rest of the enrollment packet contents before creating an FAQ [Frequently Asked Questions].
- Implementing a multi-pronged provider recruitment strategy.
- Considering an "emergency strategy" to temporarily halt the Demonstration until issues are fixed if unintended consequences occur after implementation.

The Subcommittee then continued its discussion from its meeting on April 9 about the Demonstration's proposed quality measures.

Teri first acknowledged Francesca Maes for previously mentioning the implications screening for substance use disorders can have on an individual's disability status. The Subcommittee reviewed and discussed the summary of key points and Social Security Administration guidelines [which may be found at the end of the minutes].

The Subcommittee then discussed the document that the Department's Quality and Health Improvement unit had prepared based on questions at the meeting on April 9. [This document may be found on the Subcommittee's [web page](#) on the Department's website.]

Subcommittee members stressed selecting measures that are:

- Actually measurable.
- Minimal in number and necessary.
- Timely and reliable.
- Related to Colorado's specific Demonstration model and its impact on enrollees.
- Representative of Medicare-Medicaid enrollees as compared to other groups.
- Reflective of consumer input and general satisfaction.

Teri reminded the group that quality measures would be finalized as part of the MOU [Memorandum of Understanding] process with CMS. She mentioned that CMS would look for measures it can obtain easily from available data. She suggested being as proactive and prepared as possible before then.

The Subcommittee requested that QHI continue its work and asked the Department to present the feasibility of likely state-specific Demonstration measures in a simple format at the June meeting. The Subcommittee indicated it would then decide if a small dedicated workgroup is needed. The Subcommittee's goal is reaching consensus on quality measures by July.

Updates

Sheryl then called for updates. Starting in June, the RCCOs will change the format of their monthly reports to a brief written summary. As discussed at the stakeholder meeting on April 30 and earlier in the Subcommittee meeting, everyone is currently focused on different approaches to provider recruitment.

Elisabeth Arenales provided the ACC Program Improvement Advisory Committee (PIAC) update. PIAC had requested the Demonstration Subcommittee to address broader data issues for the ACC; however, the Subcommittee currently has limited capacity to deal with topics not specifically related to implementing the Demonstration.

Elisabeth, the Subcommittee Co-Chairs, and the Department will work through the issue with PIAC. Marceil Case stated that it may be appropriate for the ACC's Quality and Health Improvement Subcommittee to absorb part of PIAC's broader data assignment.

Due to limited time, Teri provided a very brief project update. Consistent with comments at the stakeholder meeting on April 30, the Department and CMS continue conversations about shared savings methodology and financing the Demonstration, particularly its first year. These conversations have led the Department to increase its implementation funding request and delay submission to late May. This is being done since CMS is unable to contribute to an enhanced per-member per-month (PMPM) fee. Adding infrastructure support for the RCCOs more closely mirrors other states' Demonstration budgets. After submission, the information will be available to the public through the federal government's grant web site.

Elisabeth asked if gainsharing efforts among the Department, the RCCOs, and providers, scheduled to begin in state fiscal year 2013-2014, includes the Demonstration. Teri said that reinvestment of the Demonstration's savings had been mentioned in the proposal to CMS and discussed in previous stakeholder meetings. Broad conversations will be held to discuss potential uses for savings after the Demonstration has been implemented and has actually begun to generate savings.

Teri mentioned that the Subcommittee was scheduled to review the written protocols between community-based providers and the RCCOs at its June meeting along with the Beneficiary Rights and Protections Alliance protocol.

Sheryl thanked everyone for their participation and closed the meeting.

[The meeting ended at 3:15 p.m.]

ACTION ITEMS	RESPONSIBILITY	TIMEFRAME
Prepare simple format showing feasibility of potential state-specific Demonstration quality measures	The Department	June Advisory Subcommittee meeting
Review written protocols	All	June Advisory Subcommittee meeting
Use Subcommittee comments to finalize enrollment letter	The Department, Maximus	June
Finalize Learning Lab for July	Co-Chairs	By mid-June
Continue to map an enrollee's experience on the first day of the Demonstration	The Department	Over the coming months

Note: The Advisory Subcommittee had no current recommendations for the Program Improvement Advisory Committee (PIAC).

COMMENTS AND SUGGESTIONS FOR REVISED ENROLLMENT LETTER:	COMMENTS AND SUGGESTIONS FROM:
Include language to encourage people to read through all the materials in the enrollment packet before making a decision to opt out.	Mary Kay Kisseberth
Add "Why do I want to be in this program?" to questions as an incentive; include simple, clear answer, "You want to be in this program so that your doctors and the RCCO can better coordinate your services."	Sharon O'Hara
Consider rephrasing the sentence "You may call within 30 days or at any time in the future" if the timeframe really is important.	Sean Bryan, Elaina Hockaday
Eliminate "within a few weeks" and add "After <enrollment date>, your RCCO will contact you to explain how the new program can help you."	Mary Kay Kisseberth, Barry Martin, Elaina Hockaday, Tom Hill
Change language to "The call is free. You may call at any time."	Laurey Jaros
Change language in answer to question #3 to say that "you will be a member as of <enrollment date>."	Rob DeHerrera
Include "What about my specialists?" or "What about my other providers?" in the letter or the FAQ.	Barry Martin
<ul style="list-style-type: none"> • Do not encourage or discourage individuals from enrolling. • Explain all available options simply, clearly, and objectively. • Include contact information for benefits options counseling. • Include options if an individual opts out or wants back in later. 	Bob Bongiovanni, Jose Torres, Grant Jackson, Casey Ryan
Eliminate Department name and seal from second page of letter.	Laurey Jaros
Address concern that letter is from the Department but envelope is from the enrollment broker.	Laurey Jaros

COMMENTS AND SUGGESTIONS FOR REVISED ENROLLMENT LETTER:	COMMENTS AND SUGGESTIONS FROM:
Add "Colorado" to closing to read, "Sincerely, The Colorado Department of Health Care Policy and Financing."	Mary Kay Kisseberth
Examine possibility of updating languages on back of enrollment packet envelope.	Barry Martin, Elaina Hockaday

DRAFT

**Response to Concern Raised at Advisory Subcommittee Meeting
Disability Status and Substance Use Disorder
April 9, 2013**

Concern: If a person on disability provides any evidence that s/he has a substance use disorder, s/he could lose disability status.

Response: Several key points are related to this issue.

- (1) A **disability resulting from an addiction**, no matter how severe, will not qualify a person for Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI).
- (2) A person with an addiction and a **disability unrelated to the addiction** is still eligible for SSDI and/or SSI if the unrelated disability or other limitation meets the disability standard independent of the addiction.
- (3) If a person is disabled and the Social Security Administration (SSA) has **medical evidence of an addiction**, the SSA must determine whether the addiction is a contributing factor that is material to the determination of disability.
- (4) If the SSA determines that **a person would no longer meet a disability standard** if the person were to stop using drugs and alcohol, then the person would be ineligible for SSDI and/or SSI.
- (5) If the SSA determines that **a person would continue to meet a disability standard** if the person were to stop using drugs and alcohol, then the person would remain eligible for SSDI and/or SSI.

* * * * *

For the actual regulations, please see the links and language below taken from the official website for the U.S. Social Security Administration:

Section 223. [42U.S.C.423] http://www.ssa.gov/OP_Home/ssact/title02/0223.htm#act-223-d-2-c

“An individual shall not be considered to be disabled for purposes of this title if alcoholism or drug addiction would (but for this subparagraph) be a contributing factor material to the Commissioner’s determination that the individual is disabled.”

Section 404.1535. http://www.ssa.gov/OP_Home/cfr20/404/404-1535.htm

Section 416.935. http://www.ssa.gov/OP_Home/cfr20/416/416-0935.htm

“How we will determine whether your drug addiction or alcoholism is a contributing factor material to the determination of disability.

(a) *General.* If we find that you are disabled and have medical evidence of your drug addiction or alcoholism, we must determine whether your drug addiction or alcoholism is a contributing factor material to the determination of disability, unless we find that you are eligible for benefits because of your age or blindness.

(b) *Process we will follow when we have medical evidence of your drug addiction or alcoholism.*

(1) The key factor we will examine in determining whether drug addiction or alcoholism is a contributing factor material to the determination of disability is whether we would still find you disabled if you stopped using drugs or alcohol.

(2) In making this determination, we will evaluate which of your current physical and mental limitations, upon which we based our current disability determination, would remain if you stopped using drugs or alcohol and then determine whether any or all of your remaining limitations would be disabling.

(i) If we determine that your remaining limitations would not be disabling, we will find that your drug addiction or alcoholism is a contributing factor material to the determination of disability.

(ii) If we determine that your remaining limitations are disabling, you are disabled independent of your drug addiction or alcoholism and we will find that your drug addiction or alcoholism is not a contributing factor material to the determination of disability.”

