



## MINUTES

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

**Tuesday, June 11, 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 written protocols and to review the feasibility of potential quality measures.
3. To update the Subcommittee on the Project, RCCO Provider Recruitment, and the Accountable Care Collaborative (ACC) Program Improvement Advisory Committee (PIAC).

I. Opening Remarks	Introduction - Upcoming Meeting Reminders - Learning Labs	Co-Chairs (10 minutes)
II. Review	Minutes (Comments/Corrections)	Co-Chairs/All (5 minutes)
III. Discussions and Actions	- Subcommittee Status and Term - Written Protocols - Feasibility of 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](mailto: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	Mary Kay Kisseberth
Adam Bean	Francesca Maes
Sheryl Bellinger	Barry Martin, MD
Teri Bolinger	Amy Miller (by phone)
Adam Brisnehan	Gary Montrose
Kyle Brown	Lois Munson
Pat Cook	Jenny Nate
Rob DeHerrera	Jim Rowan
Julie Farrar	Casey Ryan (by phone)
Brenda Heimbach	Barb Rydell
Tom Hill	Joanne Smiley
Marti Holmes	Ruthie Swanson (by phone)
Laurey Jaros (by phone)	Jose Torres
Leah Jardine	Matt Vedal
Ellen Jensby	Kelley Vivian
Drew Kasper	Patricia Yeager (by phone)

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

## **Review**

Sheryl mentioned that Nicole Miller resigned, and the Subcommittee has three openings for Medicare-Medicaid enrollees, particularly those 65 years old and older, their family members, or concerned citizens at large. Teri also asked RCCOs to consider if they had anyone in their regions who would be willing to serve.

Sheryl and Teri mentioned the schedule of Community Living Advisory Group and subcommittee meetings of interest. [All stakeholder meeting opportunities are available on the Department's web site on the [Boards and Committees](#) web page; the Community Living Advisory Group and its subcommittees may be accessed through the following link: <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251627784788>.]

Sheryl thanked Elisabeth Arenales for the June *Learning Lab* on the Accountable Care Collaborative Program. Sheryl also solicited input from the group for future *Learning Labs*, including July. Francesca Maes suggested more information about the ombudsmen. Barry Martin suggested Mark Levine, MD, Chief Medical Officer, Denver Region, Centers for Medicare & Medicaid Services (CMS).

Sheryl asked the Subcommittee to review the previous meeting minutes. Mary Kay Kisseberth moved to accept the minutes as presented; Lois Munson seconded the

motion, which passed unanimously.

### **Discussions and Actions**

Sheryl introduced revisions needed to the group's Charter and Operational Procedures as a result of recent changes:

- (1) References to the Demonstration's "Program Assistant."
- (2) The term of the advisory group and its Co-Chairs, currently set to expire in August.
- (3) The ACC's Program Improvement Advisory Committee's (PIAC's) formal position on the Demonstration's advisory group, ongoing communication relationship, and "Reporting Liaison" position.

The Demonstration's advisory group members discussed the importance and relevance of their work, their relationship to PIAC, the Reporting Liaison and other means of communication, the group's term of service, and their unique ability to advise the Department on issues related to Medicare-Medicaid enrollees. Members also questioned PIAC's decision, opportunities for the Demonstration's advisory group to be a committee, and potential risks to the ACC and to the Demonstration without a formal relationship between the two.

Teri mentioned that Marceil Case, the Department's ACC Manager, and Elizabeth Baskett, the Department's Medicaid Reform Unit Manager, meet with the PIAC Chair and Vice Chair on a monthly basis. PIAC and the Department would like to simplify and take a consistent approach in communicating with the three standing subcommittees [Payment Reform, Provider and Community Relations, and Quality and Health Improvement] and with the advisory groups, such as those representing Adults without Dependent Children and Medicare-Medicaid Enrollees in the Demonstration.

Teri reminded the group that the Department established the Demonstration's advisory group as a time-limited subcommittee of PIAC because the Demonstration is being built on the ACC's infrastructure; Demonstration enrollees will be ACC members. The group advises the Department on issues related to the Demonstration's development and implementation. The group was intended to function for several months beyond implementation, at which time it would disband and transition overarching issues to PIAC. The Department did not envision the group as a permanent standing subcommittee or independent committee.

Lois Munson moved that references to the Demonstration's "Program Assistant" responsibilities be changed to "the Department's" responsibilities; Joanne Smiley seconded the motion, which passed unanimously.

Members wanted to take more time to consider other changes to the Charter and Operational Procedures. Sheryl also mentioned the possibility of the Co-Chairs meeting with the PIAC Chair and Vice-Chair and with others before the next meeting. The group decided to table discussion and decisions until its July meeting.

Sheryl then introduced the group's discussion of draft protocols provided before the meeting:

- Beneficiary Rights and Protections Alliance (facilitated by Mary Kay Kisseberth)
- Care Coordination Addendum (facilitated by Gary Montrose and Patricia Yeager)
- Revised Protocols (with changes made since the December meeting)
  - Single-Entry Point Agencies and RCCOs
  - Community-Centered Boards and RCCOs (facilitated by Rob DeHerrera)
  - Behavioral Health Organizations and RCCOs
- New Protocol Drafts
  - Hospitals and RCCOs (facilitated by Tom Hill)
  - Home Health Agencies and RCCOs (facilitated by Sheryl Bellinger)

Advisory group members, RCCO representatives, and other meeting attendees commented on the drafts, requested clarification about “recommendations” versus “requirements,” discussed accountability mechanisms, requested assurance on data sharing among care coordination entities, and agreed upon the need for further consideration and communication with their broader constituencies before the next meeting.

The group also discussed the express intent of the protocols as they relate to the Demonstration, CMS, the readiness assessment, and implementation. Training, cross-training, training capacity, and the development of outreach and training materials were stressed by advisory group members as being critically important to the Demonstration's success.

The group acknowledged the protocols would continue to evolve and be improved over time. Teri will solicit feedback and revisions before the next meeting. Sheryl requested that the advisory group be prepared to consider the protocols for recommendation at the July meeting.

Teri also mentioned that a draft of the hospice/RCCO protocol would be ready for review at the August meeting and that a draft of the skilled nursing facility/RCCO protocol would be presented later.

Moving to the next topic, Sheryl asked Teri to introduce the feasibility grid of potential choices for state-specific Demonstration measures [attached to the minutes]. The Department's Quality and Health Improvement unit prepared the grid in response to the advisory group's request in May. After Teri's explanation, the advisory group discussed the array of choices.

Members questioned the need for a dedicated workgroup, the subjectivity of measure choices, timing of measure implementation, the importance of client experience, the absence of measures related to the disability community and long-term services and supports, the opportunity to add measures in later Demonstration years, and data sources for the measures. The advisory group expressed concern that things not measured in the Demonstration, however important they might be, would not be done.

Teri agreed to poll group members on their preferences in the category presented and to tabulate the results for discussion at the July meeting

### **Updates**

Short on time, the group quickly heard updates. The advisory group requested addition of "Total Number of Practices Contracted" representing "Total Number of Providers" to the RCCO Provider Recruitment report for July. The group would like to know if a sufficient number of providers are contracted to serve the expected number of enrollees in each region.

An advisory group member asked about the status of the CMS implementation funding request and the memorandum of understanding (MOU). Teri advised that CMS had not yet asked any questions about the submission, but the Department anticipates knowing more by the end of June. An official award is expected by mid-July.

Elisabeth stressed the importance of the PIAC update and requested that it be moved up on next month's agenda.

Sheryl thanked everyone for their participation and closed the meeting.

**[The meeting ended at 3:23 p.m.]**

ACTION ITEMS	RESPONSIBILITY	TIMEFRAME
Email link to Community Living Advisory Group and its subcommittee meeting schedule	The Department	By the end of the week
Facilitate a meeting opportunity between the RCCOs and the disability community to discuss the Care Coordination Addendum	The Department	Before the end of June
Solicit revisions and feedback on written protocols	The Department	By the end of June
Poll the Demonstration's Advisory Group on the category of State-Specific Demonstration Measures [attached to the minutes]	The Department	Before the July 9 meeting
Finalize Learning Lab for July	The Department/Co-Chairs	By the end of June
Update the Advisory Group as the Department learns more about its CMS funding request	The Department	Upon notification
Continue to map an enrollee's experience on the first day of the Demonstration and update the project timeline	The Department	Over the coming months based on information from CMS and ongoing project efforts

STATE-SPECIFIC DEMONSTRATION MEASURES (AT LEAST 3, NO MORE THAN 5)	ACTUALLY MEASURABLE	CURRENTLY CAPTURED	RELIABLE	AVAILABLE TIMELY	REPRESENTATIVE OF DEMONSTRATION ENROLLEES COMPARED TO OTHER GROUPS	RELATED TO CO DEMONSTRATION	REFLECTIVE OF CONSUMER INPUT	REFLECTIVE OF HEALTH SATISFACTION
1. Client experience								
2. Care for older adults: percentage of adults 66 years and older who had each of the following during the measurement year: advance care planning, medication review, functional status assessment, and pain screening		BUT COULD BE DONE						
3. Flu immunization: percentage of enrollees who received a flu immunization during flu season		WHEN REQUESTED						
4. Diabetes: Hemoglobin A1c testing less than 8.0% (controlled)								
5. Adult weight screening and follow up: (1) percentage of enrollees with a calculated body mass index (BMI) within the last 6 months or during the current visit documented in the medical record and (2) follow-up plan is documented if BMI is outside normal parameters		PART B IS NEW BUT COULD BE DONE						
6. Control of blood pressure: percentage of members 18-85 years of age who have a diagnosis of hypertension and whose blood pressure was adequately controlled (less than 140/90) during the measurement year		WHEN REQUESTED						
7. Pneumonia vaccination: percentage of enrollees 65 years old and older who have ever received the pneumonia vaccine		WHEN REQUESTED						
8. Adherence to antipsychotics for individuals with schizophrenia: percentage of enrollees with schizophrenia or schizoaffective disorder who are prescribed an antipsychotic medication and who take that medication regularly enough to be effective (defined as a proportion of days covered (PDC) of at least 0.8 during the measurement period of 12 consecutive months)		BUT COULD BE DONE WITH MEDICARE PART D DATA						