



# State Medical Assistance and Services Advisory Council

225 E. 16<sup>th</sup> Street  
Denver, Colorado 80203

March 27, 2013  
6:00pm – 7:45pm

## MINUTES

### ATTENDING:

**Council Present:** Robert Bremer, Andrew Davis, Scott Ellis (via phone), Rebecca Lefebvre, Dennis Lewis, Theresa McCoy, Blaine Olsen, Peter McNally, Nancy Stokes, Mark Thrun, Louise Vail, Victoria Vowel

**Council Absent:** Blaine Olsen

**HCPF Representatives:** Judy Zerzan, Patricia Connally

**CDPHE Representative:** Steve Holloway

**HCPF Presenters:** Kathryn Jantz, Laurel Karabatsos, Jennifer Woodward

**Guests:** William Bormann, Gerrie Frohne

Meeting called to order at 6:02 p.m.

February minutes were approved

### Legislative Update

Judy Zerzan presented an update of HCPF's legislative agenda.

**HB13-1068** On-site Inspections of Medicaid Providers. The bill allowing unannounced site visits passed out of Senate HHS unanimously and is being sent to the Senate consent calendar for final approval.

**SB13-044** Incentive Payments in Prepaid Inpatient Health Plan Agreements. Technical fix for Rocky Mountain Health Plan. The bill was signed into law by the Governor.

**HB13-1199** Correction to Nursing Facilities statute. The bill clarifying the definition of a Continuing Care Retirement Communities (CCRC) without affecting any facilities that are currently considered a CCRC and aligning the reporting requirements of nursing facilities with the Department's current practice. The bill was signed into law by the Governor.

**Senate 13-200** Medicaid Expansion. The bill passed out of Senate HHS on a vote of 5-2 and will be heard next in Senate Appropriations committee.

**Senate 13-8** Elimination of the Waiting Period for Children's Basic Health Plan. Child is currently eligible for children's basic health plan benefits if not on a comparable health plan. The bill eliminates the three month waiting period. The bill passed successfully out of both chambers and is awaiting the Governor's signature.

Long Bill budget items are currently being discussed.

The Adult Dental Benefit bill is under negotiation. The Joint Budget Committee decided not to include the Adults Dental Benefit request and it is now a separate bill and will be introduced around the first of April.

**Specialist/Medical Neighborhood Ideas** Laurel Karabatsos, Deputy Medicaid Director led the council in a brainstorming session on how to integrate specialists into the Accountable Care Collaborative (ACC) model and how to find more specialists and figure out how to do better consultations than current fee for service model.

Suggestions were:

- (1) Cut out things that make Medicaid unattractive
  - a. Payment concerns
  - b. Difficult clients
  - c. Inappropriate referrals (without PCP involvement)
  - d. High no show rate
  - e. Unnecessary or duplicative visits
- (2) Medical Homes Next Steps-Medical Neighborhoods
  - a. Care coordination
  - b. Communication link with patient and hospitals
  - c. Payment reform (rethink how to pay for referrals)
  - d. Ability to share data
- (3) Specialists
  - a. Make process more satisfying to specialists (incentives)
  - b. Curb access issues (simplify referral process)
  - c. Develop broader network provider base
  - d. Consultation model that will multiply capacity for referrals
  - e. Develop a virtual network provider base
    - i. Telemedicine
    - ii. Project Echo
    - iii. Electronic referral system
    - iv. Common systems platform
  - f. Liability and risk around sharing data
- (4) Encourage stakeholder outreach
  - a. RCCOs do outreach
  - b. Get providers to commit to talk and flesh out concerns
  - c. Make providers aware of RCCOs
  - d. Educate sub-specialist groups about health care reform in Colorado

**Public Health Agencies & RCCO Collaborations** Presentation by Jennifer Woodward, a Preventive Medicine Intern from University of Colorado interning at HCPF. HCPF plans to submit a proposal for a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid (CMS) to increase collaboration between Local Public Health Agencies (LPHA) and Regional Care Collaborative Organizations (RCCO) within the ACC. Under the SPA the RCCOs would receive federally-matched state and local funds based on their collaboration.

The primary purpose of the SPA is to educate the collaborators of each other's function and purpose and to capitalize on each other's areas of expertise. This also includes (1) Medicaid expansion: notifying and educating clients as to their eligibility; (2) getting clients enrolled and linking them to providers and educating them and (3) leveraging the expertises of the LPHA and RCCOs.

### **Round Robin**

There are drug shortages within Colorado. Wholesalers are not producing drugs that are not profitable to make. In the long run this is a danger to the public and requires action. Options are needed to bring attention and remedy the matter. Dr. Zerzan will mention the concern in a media. interview.

Office of Health Equity created in CDPHE from the Office of Health Disparities and was signed into law by the Governor.

Division of Insurance put out a statement on sexual orientation and gender identity advising that health plans cannot discriminate based on gender identity, thus providing recourse for those that have not received the care they are entitled to.

Oral health modernization has not come up for hearing.

CDPHE has contracted to questions surrounding the supply and demand of health care addressed. Supply side, increasing the number of clinical people to train the next generation of those interested in serving underserved populations and on the demand side how to engage clinicians to work with the underserved population.

Colorado Health Foundation has funded a Child Psychiatric consultation program for two years and the program will be piloted in Denver and Pueblo. Training will be provided to pediatricians (workshops, coaching, mini fellowships and consultations).

A bill was introduced that would require Mental Health professionals to report those who may be a danger to themselves and others to the appropriate authorities. Mental health community sees this as increasing the stigma associated with mental health issues.

Home health reforming delivery system. Homebound requirement vs. pay.

Hospice leaders going out of business because CMS is demanding payment back. If on hospice care too long they need to be on a different plan and is raising ethical questions about end of life care. Palliative care-into hospice is helpful. Support is needed for Hospice.

Governor State of Health Report to be released in April.

Quality mini grants – 16 applications received and will be announced next month.

The meeting adjourned.