



State Medical Assistance and Services Advisory Council

225 E. 16th Street
Denver, Colorado 80203
February 26, 2014
6:00pm – 7:45pm
MINUTES

ATTENDING:

Council Present: Rebecca Lefebvre (via phone), Theresa McCoy (via phone), Peter McNally, Ruth O'Brien, Nancy Stokes (via phone), Mark Thrun, Blair Wyles

Council Absent: Robert Bremer, Andrew Davis, J. Scott Ellis, An Nguyen, Blaine Olsen, Nancy Stokes, Louise Vail, Victoria Vowel

HCPF Representatives: Judy Zerzan, Patricia Connally

CDPHE Representative: Steve Holloway

HCPF Presenters: Colin Laughlin, Zach Lynkiewicz

Guests: Gerrie Frohne, Kelly Jepson, Emily Moncrief

Meeting called to order at 6:00 p.m. January Minutes were approved.

Legislative Update

Zack Lynkiewicz presented a legislative update. HCPF has three bills this session:

SB 14-67 Aligning State Medicaid Eligibility Categories with Federal Law. This legislation aligns our eligibility categories in state statutes to federal law will be signed by the Governor on February 27, 2014.

SB 14-143 Nursing Facility Provider Fee Clarification. This bill clarifies which pot of money the nursing facilities settlements can be paid from. The bill has passed its first Senate committee on February 26, 2014.

The Joint Budget Committee (JBC) is still drafting the department bill that continues our authority to transfer funds to the Department of Human Services (DHS) and allows us to overspend (for medical services) which is required by federal law.

Other bills of interest:

HB14-1045 Breast and Cervical Cancer Program (BCCP) Continuation. This bill will extend for five years the BCCP that is currently in place. The bill passed unanimously out of the Senate Health committee. HCPF supports the bill.

HB 14-1051 Developmental Disability Services Strategic Plan. This bill requires HCPF to develop a strategic plan to eliminate the wait list for Home and Community Based Services (HCBS) waivers by 2020. The bill passed the Senate Health Committee on February 26, 2014. HCPF supports the bill.

HB 14-1115 Medicaid Pilot Program. The bill established a pilot project to move 2000 Medicaid clients into private health plans through the exchange and the pilot was amended into a study. It passed the House Health Committee and is headed to appropriations because funding is needed to do the study. HCPF has not yet taken a position on the bill.

HB 14-1135 Restrict General Fund Medicaid Expansion. The bill restricts the use of general fund money to pay for Medicaid expansion. The bill failed in committee.

HCPF Budget. Governor Hickenlooper unveiled a budget proposal to spend new recreational marijuana tax revenue (around \$99 million next fiscal year). HCPF is requesting \$42.3 million for additional substance use initiatives. \$29 million would go for comprehensive substance use disorder benefits under Behavioral Health Organizations (BHO) and \$13 million to provide school based prevention/intervention of marijuana substance use disorder services in 230 schools.

Rules and Regulations

Suzanne Brennan and Judy Zerzan presented the department's SMART Health Regulatory Framework for the Future. The department strategy is to implement the triple aim which consists of improving the health of clients; improving the client experience and providing cost effective health care. Under this framework the department is integrating physical, mental, and dental health care and attaining to higher quality measurements.

Some of the rules and regulations currently in use are very old and no longer reflect how health care should be delivered. A lot of the rules and regulations have been in place for decades and are based on old paradigms and old knowledge around health care practices in general. Some rules and regulations conflict with each other and conflict with the direction received from state agencies and Centers for Medicare and Medicaid Services (CMS). Additionally, rules and regulations that are designed to ensure client safety infringe upon client choice, flexibility and autonomy and also hampers the provider's ability to meet client needs and the offer of options.

HCPF wants to review these laws, rules and regulations with input from the community at large, stakeholders, clients, providers and to formulate a strategy to get information from the groups that are impacted.

HCPF wants to take an approach that leverages the expertise of Colorado's health and health care leaders and create a task force of industry, client and state agency representatives who can create a new regulatory framework on which to build new laws, rules and regulations.

The task force would identify and prioritize areas of law that prevent Colorado from achieving its' health care goals. HCPF would like to engage the State Medical Assistance and Services Advisory Council and utilize the expertise on the council and seek their input on the role they will play. This will be a multi-year project because we want to create a comprehensive list of outdated rules and regulations and that will be a massive undertaking.

Waivers

Colin Laughlin presented on three HCBS waivers.

The Children's Habilitative Residential Program (CHRP) waiver is up for renewal. The waiver serves children in foster care with a developmental disability that requires high levels of care to remain in the community. HCPF seeks to renew the waiver with two changes (1) remove the Specialized Habilitation Group Center and (2) the Behavioral Plan Specialist.

These services were never used so they are being taken out. It is believed that one reason they were not used is because there was a duplication of services with other waivers.

The Brain Injury waiver is being amended to remove certain exclusions that do not fit with current standards of care and to align policy with practice. This will require removal of the 30 calendar days per year cap on the respite care service and removal of service limits within the Transitional Living Program. The program will become less restrictive and allow for more than the current one year transitional living services since it has been shown that it is more like 2 1/2 to three years process. The transition time will be based on evaluation of the person's recovery.

The Spinal Cord Injury waiver (which is a pilot program for alternative therapies) is being amended to add waiting list procedures, update cost projections and update the Life Safety Code survey process.

HCPF Updates

Judy Zerzan presented on departmental updates.

The JBC provided a 3% across the board increase for providers. The requested .05 targeted rate increase has yet to be approved. We shared with the JBC the results of HCPF's stakeholder process and the resultant feedback. HCPF emailed 1200 people/organizations and received letters of support and 18 specific proposals. Of the 18 proposals only 2 met our requirements which were: providing value to clients, improving health, being operationally feasible and able to be implemented by the 1st of July. A lot of the ideas that were proposed would require system changes and would not be able to be implemented by July 1st. Those ideas will be retained and could possibly be implemented in a future budget cycle.

The two accepted proposals: (1) added more code to list of codes that we wanted to increase specifically: digital mammography and (2) specialized occupational therapy/physical therapy assessments for people with disabilities (i.e. wheelchairs). Figure setting for the department is in early March and that is when the budget will be made final.

The prescription drug monitoring program run by Department of Regulatory Agencies (DORA) will allow the department access to its data and will help us manage clients, know who is at risk for overdose, allow us to provide early intervention, and it will decrease the amount of opiates available for misuse. Any prescription for an opiate controlled substance when filled from a pharmacy is entered into a database that is only open to prescribers and those prescribers are encouraged to search the database for prior usage before they prescribe.

Other changes would be to allow medical assistants and nurses to utilize the database and for the vendor to make system changes that would allow for easier utilization. HCPF is able to pull up providers that are high prescribers of opiates from our claims data.

The Adult Dental benefit will launch on April 1, 2014.

We are actively recruiting providers. We have had 100 new providers (of all types) sign up over the past few weeks. Very few providers have disenrolled from Medicaid.

We have funds that will allow work on Project Echo and electronic consultations to begin. The funds have to be utilized by July 1st. There are a number of systems for electronic consultation and we are getting connected with contractors on integrating our systems.

Denver Health and Hospital Authority (DHHA) is using telemedicine for HIV and in conjunction with the Colorado Department of Corrections prison population in Canon City. Other areas in which they use telemedicine with native American tribes dealing with tuberculosis treatment and in the oncology field.

Colorado opportunity project is an early childhood intervention program that seeks to put children on a trajectory out of poverty and into better health. The Brookings Institute will be coming out to talk to the Colorado Education Commissioner, Colorado Department of Public Health Environment, Colorado Department of Human Services and HCPF on how to best spend money on each life stage and encouraging independence, health, maximal functionality, recognizing strengths.

Implementation of ICD 10 – requires system changes to be made and we have a team reviewing code lists in order to make the system changes. October 1, 2014 is the implementation date. ICD 9 is the current diagnostic system and moving to ICD 10 is not a one to one correlation but a one to many or a few to a lot correlation, so there is a lot more detail than the current ICD 9. Most of our policies have relatively few ICD 9 codes in them. This move to ICD 10 will be huge for providers to switch to the new system. While there is a lot of specificity in ICD 10 there are still unspecified codes and our most common is 799.9 which is unspecified signs and systems. We have had some discussion with providers as to whether to have unspecified codes. We currently allow everything but we are in the early stages of conversation with providers on not allowing certain codes so we can get the full use and benefit of data.

Round Robin

Wyles: Final ruling from CMS on SB12-078 care coordination rule. Currently dealing with multiple agencies and it has caused them to spend several hours answering questions to multiple agencies and it has been quite burdensome and even more so since they do it every 30 days. Parent is becoming doctor and care coordinator.

Rules on distinguishing parent versus provider is having a negative impact on clients because families are having to follow rules based on home care agency and told to follow rules as parent CNA that don't fall under the state rules.

The meeting adjourned