



COLORADO

Department of Health Care
Policy & Financing

MINUTES

State Medical Assistance & Services Advisory Council

303 E. 17th Ave., 7th floor conference rooms 7AB
Denver, CO 80203

April 22, 2015

6:00 P.M. – 7:45 P.M.

1. MEDICAL SERVICES BOARD COUNCIL MEMBERS

Kimberly Jackson
Steve Holloway
Jill Atkinson
Blair Wyles

Dan Scales
Peter R. McNally, DO
Ruth O'Brien
Blaine Olsen, MD

Judy Zerzan

2. 6:00 Call to Order

3. 6:02 Approval of the minutes from the March 25, 2015 meeting

4. 6:05 Legislative Updates

Presenter: David DeNovellis

Anesthesia, Emergency Medical Transportation, In-home Respite and some other areas are getting budget increases.

There is a bill to eliminate the Waitlist for Children with Autism Waiver. This bill increases the age limit from 0-5 years to 0-8 years and would allow a 3 year stay at the point of enrollment, if the child is enrolled before their eighth birthday. It also eliminates the waitlist, and allows the waiver roaming cap to fluctuate based on need and based on provider rate increases. The bill will require an annual program evaluation to measure the overall effectiveness of autism services. There are currently 320 children that are on the waitlist and will be helped by this bill.

Another bill, SB228, the Medicaid Provider Rate Review establishes a rate-review process department to set up a review cycle for every rate (fee-for-service) every 5 years (approximately 20% of all rates, every year). This bill sets up a 24 member advisory committee appointed by the Speaker, President and Minority Leaders of the General Assembly. The committee will be made up of representatives of specific provider groups and Medicaid clients, and will meet at least once per quarter. The committee will be appointed by the parties, and it will change every four years. It will compare state rates to benchmarks such as Medicare, usual and customary private rates, other states, etc. in order to improve outcomes and access. The Department will go through the normal budget process with OSPB, this bill will provide data to go along with the rate review process. The committee and the JBC will have the authority to add rates in a given year based on the majority vote.

There are also bills on intellectual and developmental disabilities, redesigning adult comprehensive waivers to combine into one program, and to create conflict free case management per CMS federal government.

Another bill deals with dual diagnoses of behavioral and health intellectual developmental disabilities. It would create a pilot program. The bill will direct the Department to set up multiple sites, working with the DHS crisis response system. The program would intake clients, address their needs, and then the pilot program site determines billing, etc. after the fact to find gaps in the process- in order to integrate behavioral and IDD programs.

5. 6:20 COMMIT Update, ICD-10, and Provider Re-Enrollment

Presenter: Parrish Steinbrecher

COMMIT PROJECT- Systems Interchange started in January 2014. Currently the project is almost halfway done, on schedule, and it will be completed by November 1st 2016. Currently we have the Medicaid Management Information System (MMIS) and new implementation will have 3 main vendors to replace this system- Main Claims payments system is going to be HP- called Interchange. Business intelligence data management system will be for decision support- called Truven. And finally the pharmacy benefits management system was awarded to Magellan.

There will be an entirely new system. The current system is cumbersome- it takes 9-14 months for a policy or program change to get completed. Now changes will probably take only a few days or weeks. Rates or services can be changed with relative ease with this new program. People on budgeting are making sure there is no overspending. The project is made up of three smaller projects. The business model is an ecosystem taking information in from state designated EHRs, Department of Public Health and Environment, Department of Human Services, and others, gathering data and metrics for valid population management. It will track things like trends, and cost increases. The system will be interoperable, with apps for providers, for real time data and feedback. The end goal is a better client experience.

Provider Re-enrollment- Providers are going to be re-enrolled and go through validation, which is required by the ACA. The ACA has a new set of screening requirements established in 2012 made to reduce fraud, waste, and abuse. CMS has divided provider types into three categories- low risk, moderate risk, and high risk. The screening will be more stringent with higher risk providers. The timeframe for re-enrollment will be from September 2015- March 2016. Enrollment will be done in waves by county. Providers will need to locate licensures, certificates, etc in order to re-enroll into the interchange. Background support will be available soon with implementation of the website. There is an application fee imposed by CMS for enrollment (with certain exemptions such as individual or institutional providers, or hardship). The cost is currently \$553, but could increase on Jan. 2016. Depending on provider type there will be a re-validation required every 3-5 years. Enrollment will be completely electronic- then sent to Xerox for updating current provider info and overall much simpler for our providers than our current enrollment system. Eventually all information will go into one system



instead of both. From now until September new providers will have to enroll in the current system, and then enroll again with the implementation of the interchange.

ICD-10- Scheduled for October 1st 2015 compliance date. Currently testing providers to make sure codes are going through, so far successful.

6. 7:00 Department Updates

Presenter: Judy Zerzan

HCPF has a new office space at 303 E. 17th Avenue (now in three buildings). We hope to eventually get into one building. Our council meetings have been moved to this new building. The doors of this building lock at 6pm. Judy's cell phone and her assistant's cell will be on the agenda in case someone gets locked out. We'll need to provide temporary badges in order to use the restroom.

ACC Rebid- HCPF has sent out a letter. We will be changing the RCCO/BHO structure. There will now be one entity over RCCOs and BHOs instead of two entities. BHOs are capitated, so the organization will need to be able to bear limited risk. The map of these new RCCO/BHO entities will match the current RCCO map which aligns in all but two counties, where we will ask providers which region it makes more sense for them to join. An aligned map and single organization will make services more efficient. Finally, bidders for this new combined entity will not need to bear risk or be a fully capitated plan.

Further decisions are going to include stakeholder feedback in the next few months or two, including questions from providers.

SIM is up and running- currently reforming committees, and signing contracts. Information will flow to the public shortly. May 14th SIM is hosting a workforce meeting to look broadly across physical and behavioral health in regards to workforce development. Different ways to improve the pipeline, such as incentives, training, etc. are being looked at.

Patient and Family engagement- The department has begun to launch efforts by forming an internal Committee of Champions to help guide our work in the direction as well as an external Patient/Family Advisory Board, which will be a resource for questions about experience with care, etc.

7. 7:15 Round Robin

- Excited about the SIM Grant. Changing the way we approach patient care. To be able to incorporate social work, case management, financial management into the community is very exciting.
- Crisis Stabilization Unit on the St. Anthony's North campus is open for business with 20 patients this month. The walk-in clinic has had 300 patients since December. There is also a mobile crisis unit dispatched into the community (through Adams, Jefferson and Boulder counties). This is meant to reduce costs of going through emergency rooms to get to a psychiatric facility.



- A budget request was put in at the legislature for additional funds for clinician loan repayment and primary care. Received 1.5 million starting January 1st. The Commission on Family Medicine worked on expanding the function of the program in Family Medicine residencies. They're looking to create a training to service program allowing residents to transition to a qualified clinical site. They will also implement a faculty well-payment program to recruit and incentivize. They were working with the Policy Academy of the National Governance Association on health professions workforce to supplement some of the development work.
- Working with both non-profit and for-profit local organizations to meet with the state to better serve the population of those with physical, intellectual and developmental disabilities in rural areas.

8. 7:45 Adjourn

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Board Coordinator at 303-866-6747 or hannah.tochtrop@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

