



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

October 28th, 2015
6:00 P.M. – 7:45 P.M.

MEDICAL ASSISTANCE & SERVICES ADVISORY COUNCIL MEMBERS

An Nguyen, (Chair)	Penny Grande	Janet Puglisi
Dan Scales (Vice Chair)	Steve Holloway	Sarah Schumann
Jill Atkinson	Kimberley Jackson	Kenneth Soda
J. Scott Ellis Heather Gitchell	Peter R. McNally Ruth O'Brien	Blair Wyles Judy Zerzan

1. 6:00 Call to Order

2. 6:02 Approval of the minutes from the September 23rd, 2015 meeting

3. 6:05 ACC 2.0

Kathryn Jantz, Laurel Karabatsos-

ACC was implemented in 2011. In the program we have seven “RCCOs,” each of which is responsible for a region of the state. There are five Behavioral Health Organization regions.

Our goals for the second phase of ACC include optimizing health care, having accountability for value, and focusing on the client experience at every level of care and life stage. The project is being developed around 3 primary principles. The first is that all

policies and programs are to be person and family centered. We are using the World Health Organization's definition of health, which is complete mental, physical and social well-being, and not just the absence of disease or infirmity. The second driving principle is accountability at every level. Our third principle is to be outcomes focused, and value based.

There are three outcomes we are focusing on for this project, which include improved health, improved value, and improved experience. For improved health we will be keeping track of health management, population health, and social health. For an improved value outcome, we are working to reduce the total cost, and be more conscious of the investments the program makes. This will be done by projecting fluctuations in cost to the program by evaluating the needs of specific populations and service types, as well as tracking where we may see fluctuations in Medicaid expenses without compromising the quality of care. The improved experience outcome will come from client engagement. Moving forward we plan to mandatorily enroll clients into ACC, since the first months in the program are formative in how a client manages their care. Clients will also be automatically linked to their RCCO and a primary care provider. The RCCO will conduct a basic screening to identify what services the provider will need to connect the patient with.

The Health Neighborhood of a client is made up of concentric circles. The inner circle is the health team which normally consists of the client, and their PMCP. The core health team needs team based care, they need to provide health care coordination, and they need to utilize non-traditional health care workers such as peer specialists, community navigators, etc. We will maintain the same definition for PCMPs in this phase, but expand the benefits. We are going to give the Regional Accountable Entities (RAEs) the ability to tell us what other providers should be part of a client's health team. The RAE is to provide support so that the practices can be the site of care coordination. There will also be financial opportunities for the members of the health team. We want to promote integrated care with Behavioral Health Practices and Physicians. To engage the Health Neighborhood, we are going to promote the use of Colorado Medical Society's Provider Compact, which outlines how the PCMP and specialists can collaborate on care of a patient.

RAEs will be responsible for unified administration, physical and behavioral health, onboarding clients, contracting, supporting and overseeing the network, bringing together community partners, and managing systems of care for special populations- especially populations that work with multiple state agencies. We went with the RCCO map for this ACC phase because it captures geographic differences in Colorado. The one change is that Elbert County changed to region 3. The regional lines won't be so hard anymore- clients will be enrolled in a RAE based on the provider they use.

The final level of accountability is within the Department. Health Care Policy and Financing will be responsible for administering the benefit package, enrollment into the RAEs cross program and cross agency alignment, and developing ACC's infrastructure.

Contact rccorpf@state.co.us for updates. For more information or to register for the stakeholder open forum go to the HCPF website. We will return to have a conversation around stakeholder engagement.

4. 6:55 Dental Health Year One Overview

Sarah Tilleman, Gail Reeder

The adult dental benefit was launched a year ago. Senate Bill 14 242 limited the benefit to \$1,000 per adult. All eligible Medicaid members get the benefit. There was additional funding for dentures, so they don't apply to the limit. Stakeholders spoke to the legislature and were able to secure 3 successes: that the State would retain policy-making authority, rate-setting authority, and ownership of the network.

To develop the Adult Dental Benefit we listened to community providers and balanced their desires with the Department budgetary constraints. According to feedback, we heard there were prior authorization requirements on services that needed documentation to be proved medically necessary. So DentaQuest offered post-treatment pre-payment review. This requires some of the same documentation of a PAR, but it trusts providers to know what is medically necessary. It can be done after services have been rendered, and is more efficient with a client's time. The adult community also asked us to add full-mouth services. The changes went into effect as of April 30th of this year.

There are two waivers in the DIDD section: DIDD comp. and the SLS waiver. DIDD did not change over to the Dental Administrative Service Organization, and they are working from a different bucket of money. We were concerned about the continuity of care for DIDD clients, because those providers did not originally have to be pre-registered to serve Medicaid clients, but thanks to the revalidation, they now do. We worked with CMS and determined that these clients get an enhanced fee schedule for adult dental, regardless of which Medicaid-enrolled providers they go to. This was a key in recruiting providers to the network.

The Office Reference Manual (ORM) is DentaQuest's Colorado Medicaid program billing program. It contains benefit tables sorted by code- children, adults and DIDD. There are new member benefit summaries, which are similar to the commercial plan layout. They have recently launched on the DentaQuest website.

The ASO Dental contract gets its own separate call centers for patients and providers. There is also a Provider Representative Team, and a Community Outreach Team, made up of specialists. The Dental ASO is contractually obligated to do network development around providers. We recently launched the sales-force member portal, which is still in development. It will be responsible for utilization review, which deals with patterns of waste, fraud and abuse as well as claims process and payments. The ASO will be responsible for quality improvement, eligibility data, encounter data transmission, and monthly and annual reports. Next year we will integrate the ASO into the interchange.

The targeted-rate increases this past July impacted the dental benefit, especially around extractions and minor restorations. We currently have about 1,500 active providers, and about 3,600 access points. The annual Dental Benefit report will be coming out shortly.

5. 7:15 New Member Packet Information and Department Updates

Judy Zerzan

The New Member Orientation Packet has been completed. We will hand it out to people when they join, and it will be updated annually.

The Concept Paper for ACC 2.0 discussions have begun. Sign up with Kathryn, or on the HCPF website.

SIM is very busy right now. The application process for practices has closed. SIM is going through a selection process to determine the first 100 practices. They are also working on payer and provider measurements.

The Governor's budget will be coming out November 2nd, along with Legislative Requests for Information (LRFIs). There are two that might be of particular interest. One is regarding provider rates compared to Medicare, other states, and commercial insurance. The second is for the ACC annual report with cost-savings.

eQHealth is our new UM vendor. Last month there were some issues with the call center, where people were waiting up to 20 minutes. That is in the process of being fixed.

6. 7:35 Round Robin

Optometry- We recently started a vision Benefits Collaborative

Ken Soda- I have been a family physician since 2001 in Colorado. I am currently the Chief Medical Office for RCCO number six in the Medicaid RCCO

Dan Scales- Our HIV Pre-exposure, prophylaxis protocol was signed off on this week. It is the first of its kind in the country.

An Nguyen- Smiles Dental Home Project using telehealth is being monitored. It will be interesting to see what elements of team-based practice and care-model implementation we get through this.

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.