COLORADO
Department of Health Care Policy & Financing

MINUTES OF THE MEETING OF THE ACC PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)

These are the meeting minutes from the fourteenth community meeting to discuss the RCCO RFP. The meeting took place at the Colorado Department of Health Care Policy and Financing on November 19th, 2014.

Colorado Capitol Complex, HCPF Offices
303 East 17th Avenue, 7th Floor Conference Room

November 19, 2014

1. Call to Order

Aubrey Hill called the meeting of the PIAC to order.

2. Roll Call

The committee chair called the roll. There were sufficient members for a quorum.

A. Participants (Present and on Conference Call)

Adam Bean, Allison Neswood, Anita Rich, Annette Fryman, Aubrey Hill, Bethany Pray, Brenda L. VonStar, Brooke Powers, Carol Bruce Fritz, Carol Plock, Chavanne Lamb, Christian Koltonski, Dave Rastatter, Donald Moore, Donna Mills, Elizabeth Forbes, Felicia Fognani, Jean Sisneros, Kathryn Jantz, Kevin Dunlevy-Wilson, Katie Jacobson, Leah Jardine, Leroy Lucero, Lila Cummings, Lori Roberts, Matt Lanphier, Michelle Miller, Pamela Doyle, Roberta Capp, Richard Spurlock, Russ Kennedy, Shera Matthews, Sherry Repinsky, Susan Mathieu, Todd Lesley, Tom Hill, Van Wilson.

3. Announcements

Responses to the Request for Information (RFI) related to the next iteration of the ACC Program are due next Monday, November 24, at 3pm MST. Those with questions should contact RCCORFP@state.co.us as soon as possible. Responses to

frequently-asked questions are also available on the RFP webpage.

4. Approval of Minutes

Approval of the previous month's minutes was moved. The motion was seconded. There were no comments and the minutes were approved as submitted.

5. PIAC Subcommittee Updates

- Subcommittee chairs present were called to provide the PIAC with updates. In cases where a chair was unable to attend, state staffers were called before the committee.

A. Payment Refom Subcommittee

The Payment Reform Committee hasn't met in a couple months. November and December meetings have been canceled; meetings are planned to resume in January-February of 2015.

B. Quality Subcommittee

The Quality Subcommittee offered no major updates requiring PIAC action.

Leah Jardine from the Department noted that the last Quality Meeting focused on the ACC evaluation that is going to be done by Dr. Richard Lindrooth at University of Colorado-Denver. The slide deck and "one-pager" on the evaluation was sent to the PIAC.

C. Provider and Community Relations Subcommittee

Todd Lessley: P&CR met after last month's PIAC meeting and then a smaller workgroup met twice since to go over the broader referral process. There was concern at last month's meeting that the referral protocols had been interpreted too narrowly.

- The P&CR Committee developed the following four recommendations:

o Recommendation 1: The RCCOs/Department must combine common elements of all referral protocols to a single protocol that is standardized across all RCCOs.

o Recommendation 2: The RCCOs/Department must clearly identify a strategy to improve access to Medicaid specialty providers in each region to

ensure that any referral protocol improves access and does not create administrative barriers to care.

o Recommendation 3: The RCCOs/Department must clearly identify a standard referral protocol evaluation mechanism and indicate how effectiveness will be measured over time.

o Recommendation #4: Moving forward, the RCCOs/Department must include PCMPs who are impacted by any/all referral protocols in the aforementioned 3 recommendations.

- There was a general concern that if protocols are too specific it would be hard to easily get info/referrals to specialists (and for them to get info to RCCOs/PCMPs).
- Leroy Lucero asked if the committee had considered the cultural relevance for each region. Todd Lessley said that they had and are comfortable waiting for feedback.
- Anita Rich pointed out that some RCCOs have already instituted or are working on referral protocols.
- Carol Plock asked if anyone had looked across the protocols to see if some requirement in one region would create a burden in another.
- Lori Roberts responded that RCCOs have met in the past to put together definitions and communication tools and that the RCCOs agreed on terminology, format and templates that would be used across the state. This was done through the medical management and RCCO leadership groups.
- Todd Lessley discussed how the Step 2 and Step 3 documents were very different and Susan Mathieu explained that the three step referral process focused on creating coordination in step 2, but step 3 seemed to have created more divergent processes. The Department is open to thinking about ways to streamline thing.
- Adam Bean (RCCO 6): When RCCOs were given the assignment regarding referrals, it was for a protocol, not so much a referral process (i.e. addressing issues with gatekeeping, paperwork, etc.). It was more a communication plan. However, it is diverging from the original document and RCCOs are doing more to address adequacy and access. For example, surveying specialists to address why they do not take Medicaid members.
- Richard Spurlock: Should we include PCMPs in the communication plan or just get their input on a plan? Todd Lessley said that ideally we would be doing both, especially since these protocols might change their workloads (i.e. add to it).

- Brenda VonStar emphasized that access to care is a major issue to providers and we still need to address how we are going to improve access to specialists.
- Aubrey Hill suggested that to streamline some of the referral work, P&CR should meet with the RCCO leaders to go over P&CRs current recommendation of the recommendations and Leroy Lucero reiterated that.
- Anita Rich and Leroy Lucero pointed out that it seems like the referral protocol work was brought to PIAC after it had already been worked on by the RCCOs.
- Susan Mathieu said that the ACC team would work to make sure that things were brought to the PIAC earlier.
- Donna Mills (RCCO 4) pointed out that DAWG (Deliverable Actions Work Group) might be a good place to bring the four recommendations.
- Adam Bean also noted that while it had been said that RCCOs are already implementing referral protocols, "implemented" was being used loosely – some work has been done, but RCCOs are still trying to determine why referrals are an issue before coming up with further solutions.
- Todd Lessley volunteered to represent P&CR at DAWG and or RCCO Operations meetings to discuss the four recommendations. He also emphasized that both groups need to determine the goal of this project: are we trying to standardize data or determine why it is hard to see specialists?
- Dave Rastatter noted, as someone who is out in the field that negotiations with specialty care don't happen to the exclusion of all other payers. Need to look at standardizing things on a multi-payer platform.
- Aubrey Hill motioned for PCR receiving support from PIAC, Carol Plock seconded. The PIAC unanimously approved support of the recommendations.

D. ACC Medicare-Medicaid Program Committee

- Van Wilson from the Department's Program Innovation Section offered an update on the ACC: MMP (Accountable Care Collaborative: Medicare-Medicaid Program).
- The ACC: MMP got approval from CMS this past summer and began enrollment 9/1/2014 for fully eligible members.
- Van Wilson and other members from the Department just finished up about a dozen regional conferences regarding the ACC: MMP.
- This program involves work at the local level (providing services), state level (Medicaid – LTSS, etc.) and federal level (Medicare – Acute Care).

- Previously there had been no real effort to align benefits for members that were eligible for both Medicare and Medicaid.
- Colorado is one of the first 15 states to do so and CO is the only state that is running the program under a managed fee for service model (all other states, except for Washington & Connecticut) are using managed care models.
- Colorado is also uniquely positioned because it is the first state to have an integrated Medicare & Medicaid data set.
- Cost savings and evaluation (which will be done by CMS) won't be known for another year or two as the Department gathers data.
- There are monthly caps on how many ACC: MMP members are enrolled each month. 7500 new members are enrolled each month (beginning 9/2014) and members are about equally distributed among RCCOs.
- Enrollment will continue over the next four months and will stop in March, estimating nearly 32k total enrollees.
- Van Wilson noted that while opt outs and disenrollment from the ACC: MMP program were below the national average, they numbers were still higher than the Department would have liked. Opt out rate was around 8% and disenrollment was around 10%.
- Opt outs happen prior to enrollment in the program (members are enrolled passively but receive a notice that they will be enrolled 30 days prior) and disenrollment occurs when a member calls Connect 4 Health Colorado after the effective date.
- There is an ACC: MMP subcommittee that will meet bimonthly beginning in 2015 to address issues that arise as the program rolls out.

6. PIAC Discussion and Voting

- The Program Improvement Advisory Committee opened discussion and motions on several of its internal functions.

A. Subcommittee Changes

- Subcommittees will draft charters in January 2015, charges were addressed today.
- Aubrey reviewed the document that the Department provided listing the charges for the four 2015 subcommittees.

- Leah noted that the charges had only been briefly discussed prior and could be adjusted
- Payment reform: no need for changes.
- Improving and bridging systems: no need for changes.
- Changes will be made to the charges one pager and will be shared with the PIAC at the next meeting and a vote will occur.

B. Subcommittee Categories of Representation

- Categories: co-chair (PIAC member), one other PIAC member, provider, consumer, consumer advocate, behavioral health representative, topical expert (7 core members).
- The PIAC discussed whether or not a RCCO representative should have a seat. The majority of those present (save one respectfully disagreeing) felt that it was not appropriate to have a required RCCO spot. They can attend and comment during subcommittee meetings.
- The group reviewed last month's meeting minutes regarding voting members: 11 members. Also, subcommittees have the ability to create other requirements for the remaining 4 voting member spots.
- Susan Mathieu offered to make subject matter expert connections on behalf of the Department.

C. Committee Chair Term Limits

- Susan Mathieu brought up a concern: continuity of leadership during this time. Currently the by-laws state that PIAC co-chairs cannot serve more than two consecutive 1-year terms. There was a motion to change the by-laws to state that a PIAC co-chair cannot serve more than two consecutive 2-year terms.
- All voting members were in favor (and it was confirmed that there was a quorum).

7. Legislative Request for Information (LRFI)

- Susan Mathieu, Manager of the Department's Delivery System and Payment Section, shared that the ACC annual report had been submitted to the Joint Budget Committee and was posted on the website (Leah sent out the link previously).

- Findings from the annual report included that the ACC resulted in approximately $100 million ($98 - $102 million) gross savings and about $30 ($29 - $32) million in net savings in the previous fiscal year.
- Susan Mathieu also noted that the Department is beginning to look at KPIs a bit differently, including: looking at ED admissions, hospital re-admissions, and looking at HCI performance indicators for adults, children, persons with disabilities (adults and children) and comparing stats among ACC-enrolled versus those not enrolled at 0-6 months and 6+ months.
- She also noted an interesting trend: for those enrolled in the ACC, there was a spike in utilization for first 6 months, then declined to less than those not enrolled. Longer in, lower utilization on those three KPIs.
- Well-Child Check visits still haven't hit 60% in any RCCO. The Department is worried that visits aren't being properly captured and is working to investigate this.
- Other things that the ACC team is working on: examining differences in KPIs for attributed versus non attributed members.

8. Public Comment and Future Agenda Items

Susan Mathieu and Kathryn Jantz again mentioned that public responses to the Request for Information (RFI) related to the ACC Program are due next Monday.

9. Adjourn and Next Meeting

With no further items on the agenda, the PIAC was adjourned. The next scheduled meeting of the ACC Program Improvement Advisory Committee is at 10:00 a.m. on Wednesday, December 17, 2014 in the 1st floor conference room at 225 E. 16th Avenue, Denver, CO.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the PIAC Committee Coordinator at 303-866-3582 or Leah.Jardine@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.