



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 fifteenth community meeting to discuss the RCCO RFP. The meeting took place at the Colorado Department of Health Care Policy and Financing on December 17th, 2014.

Colorado Capitol Complex, HCPF Offices
225 E. 16th Ave., 1st Floor Conference Room

December 17, 2014

1. Call to Order

Dave Myers called the meeting to order.

2. Roll Call

Dave Myers called the roll. There were sufficient members for a quorum.

A. Participants (Present and on Conference Call)

Anita Rich, Annette Fryman, Aubrey Hill, Brandi Nottingham, Brenda L. VonStar, Brooke Powers, Carol Bruce Fritz, Carol Plock, Chavanne Lamb, Chelsea Hanson, Christian Koltonski, Dave Myers, Dave Rastatter, Donald Moore, Donna Mills, Elizabeth Forbes, Jean Sisneros, Katie Jacobson, Katie Mortenson, Leah Jardine, Marty Janssen, Matt Lanphier, Morgan Honea, Pamela Doyle, Richard Spurlock, Ryan Westrom, Shera Matthews, Susan Mathieu, Todd Lesley, Tom Clay, Van Wilson.

3. Approval of Minutes

The previous month's minutes were reviewed. There was a motion to approve the minutes; the motion was seconded and sustained. There were no comments and the minutes were approved as submitted.



4. Update on the ACC Request for Information

- Susan Mathieu, manager of the Department's Payment and Delivery System Section, reported that the state received over 120 RFI responses.
- Susan Mathieu: Thanks to all of you that completed the RFI. There are a number of people at HCPF that are reviewing the responses and preparing summaries.
- Susan Mathieu: We hope to bring an update to you in January. We want to bring the summaries that are of most interest to the PIAC.
- Donald Moore: Will the submissions be public? If so, how will they be shared and when?
- Susan Mathieu: I don't have an answer right now. We will get back to you.
- Donald Moore: Will the responses be summarized in their entirety?
- Susan Mathieu. Previously we did share all of them.
- Susan Mathieu: There is an extension of the current RCCO contracts. This extension was recently approved and you all should have received confirmation. As a result, the timing of the RFP's release has been pushed back a year with a start date in the summer of 2017 (January-June transition period).
- Todd Lessley: Has the Department considered doing an additional RFI since the contracts have been extended another year?
- Susan Mathieu: While we aren't opposed to another RFI, I don't anticipate another request for information like this one. Nonetheless, it's possible that we may be soliciting input on more targeted questions or areas.
- Carol Plock: In our community when the notice of the extension came out it said decisions will have to be made in the beginning of 2015. It might be helpful to understand when decisions need to be made and why.
- Susan Mathieu: Kathryn Jantz and Kevin Dunlevy-Wilson, both of the ACC Strategy Unit, can walk us through the process with the PIAC when they come in January.

5. Subcommittee Updates

- The subcommittee chairs in attendance were called to provide the PIAC with updates. In cases where a committee chair was unable to attend, state staffers were called before the committee for the same purpose.



A. Quality Subcommittee

Dr. David Keller will be taking over the Chair position in January.

B. Provider and Community Relations Subcommittee

Met last month and discussed the referral requirement recommendations that PIAC approved.

Subcommittee representatives will continue to meet with the RCCOS and the Department on the referral requirement.

The recent change in the NEMT contract and the procurement of a new vendor was discussed.

A workgroup is being formed to discuss transportation.

C. ACC: MMP Committee

- Van Wilson from the Department gave an update on the ACC: MMP (Accountable Care Collaborative: Medicare-Medicaid Program). A PowerPoint was referenced throughout the presentation.
- There were 68,000 eligible individuals in 2012-2013.
- 32,000 of these clients were in Fee-for-Service (FFS). Through the demonstration they are being moved into the ACC.
- There is a wide degree of spending amongst the 32,000. There is small portion of the population that accounts for the majority of spending.
- Clients were enrolled starting in September. Around 7,000 clients were enrolled.
- Clients were not enrolled in November. Enrollment resumed in December. Around 4,500 clients will be enrolled monthly until March.
- Clients on a HCBS waiver receive a different package of services which will impact the RCCOs' approach.
- Clients can dis-enroll from ACC: MMP at any time.
- As of December 1st, a total of 18,000 clients have been enrolled.
- The Department is strategizing on member retention. The evaluation at the national level works off of an intent to treat model. Meaning, if they are eligible they are measured whether or not they are enrolled with the RCCO.



- Opt out rates are just under 20%, which is under the national average but still high.
- The Department has been across the state presenting the program.
- Annette Fryman: Have most enrollees been able to maintain their provider?
- Van Wilson: Yes, clients can maintain any doctor that they want. Benefits stay the same and clients can keep their doctor.
- It is important to understand where the 32,000 ACC: MMP clients fit in the grand scheme of the Medicaid world.
- The first demonstration year is 16 months and began in September. So much of that was enrollment. Jan 1, 2015 begins the three year clock to start to make strategic improvements.
- The clients we serve cut across every sector of Medicaid.
- The ACC: MMP will be an opportunity to test cutting edge strategies in how we can improve the ACC.
- The three pillars of the program are the Service Coordination Plan (tool RCCOs use to assess clients), the protocols (formal agreements that RCCOs have entered into with providers along the continuum), and a single statewide ombudsman (addresses appeals and grievances). New York is the only state to align the administrative grievances and appeals process.
- The Department has been developing a disability competence tool. Technical assistance was received from the Lewin Group. This is a tool that is designed to assess physical accessibility, cultural competence, and disability competent care.
- The tool is being piloted in five practices. It's a longer tool that will need to be refined as it is scaled up.
- There are national shared savings metrics that every state must use. There are an additional three state specific measures.
- By and large the goal is to connect primary care and specialty care to the home and community based services world. The linkages do not currently exist.
- Todd Lessley: You mentioned 16 shared saving metrics. Can you elaborate more?
- Van Wilson: There is a retrospective performance incentive that the State will receive. More information is available in the MOU. The savings will not be funneled to the RCCOs or PCMPs.



- Dave Myers: I would suggest at a different meeting to bring forward the Demonstration KPIs so the group can see what the deliverables are.
- Carol Plock: Is it public what the RCCO PMPM is?
- Van Wilson: We are referring to it as administrative service funding. Federal authority does not allow for a PMPM.
- Elizabeth Baskett: The administrative funding to the RCCOs is based on the proportion of clients they will have. It is approximately \$17 PMPM. We are still in the process of developing the KPIs.
- Carol Plock: PCMPs don't receive a PMPM?
- Elizabeth Baskett: They get the same \$3 PMPM they do now. The coordination is really happening at the RCCO level. The RCCOs can pass down the money to PCMPs that are able to do the service coordination.
- Morgan Honea. Is this the first time you have access to Medicare claims?
- Elizabeth Baskett: Yes
- Dave Myers: Will the Medicare data be flowing to the PCMPs.
- Van Wilson: Yes through the SDAC.
- Dave Myers: Is there any discussion about real time data?
- Elizabeth Baskett: On the Medicaid side we are doing some work to get real time data. We understand that you need real time data and we are working on it.
- Dave Myers: I would ask for consideration to funnel down the payment to the PCMPs that are charged with keeping clients out of the ER but without real time data this is a very difficult task.

6. Data Anomalies in the LRFI

- One of the things that came up in the data is the trends in the population with disabilities. Performance was worse for clients in the ACC than clients not in the ACC. We are reviewing in house to see if some of that is a function of the population we enroll in the ACC. We are not enrolling clients who are in an institution. We are soliciting feedback to see if the utilization makes sense. I am curious from an anecdotal perspective what your thoughts are?



- Donald Moore: I don't know if I have a good answer but I know from my FQHC's KPIs we do very poorly on the ER KPI and very well on readmission and total cost of care. I think all that says is that the readmission factor has more impact on total cost of care than ER factor. The point I'm trying to make is that it would seem that to get the biggest bang for your buck managing readmission for any population generates better returns than focusing on ER utilization.
- Carol Plock: In our other intensive care coordination programs we have seen that once you start working with clients you see an increase because they have a better idea of what services are available and appropriate. This could be a complicated issue not a simple one.
- Susan Mathieu. We are interested in looking at duration analysis. So this year we did unenrolled, enrolled 6 months and one year plus.
- Dave Myers: I have staff that are closer to the case management and could tell you what their observations are. I'd be happy to put them in touch with you.
- Susan Mathieu: That would be great. The data often can tell you what is happening but not why.
- Comment: Disabled is such a broad category. I hope any analysis of the category will break out the groups.
- Shera Matthews: Is that the only anomaly that really stands out?
- Susan Mathieu: There are a couple that are interesting, such as utilization based on client duration in the ACC.
- Morgan Honea: What is HCPF's strategy for creating a control group as you move more and more people into the ACC?
- Susan Mathieu: We are meeting internally tomorrow to start some of those conversations. We are open to ideas on how to think about that. We hope to be honing in on something in the next couple of months.

7. Public Comment and Future Agenda Items

- Dave Myers: Am I correct that in January the new members of PIAC will be seated?
- Leah Jardine: Yes.
- Dave Myers: I want to thank you all for your contribution over the past three years. It has been so interesting to take it from the beginning to where we are now. We are shifting to making system level changes and changing health care.
- Leah Jardine: The composition of the PIAC will look similar. We are losing Annette Fryman. RCCOs 7, 1, and 2 have openings. Besides that everyone is sticking with it. I am creating a document of 2015 PIAC members that I will share.
- Dave Myers: In our strategic planning we said we want to meet every month because the RFP was coming real fast. Does the PIAC want to continue this accelerated meeting schedule that it set for itself?
- Morgan Honea: The big question for me is how this intersects with SIM and Collective Impact.



- Dave Myers: Could we on the January agenda talk about the intersection of PIAC and SIM?
- Anita Rich: There is also the TCPI grant.
- Dave Myers: Maybe at the January meeting could we have discussion of the major initiatives within the Department and the intersection of PIAC.

8. Adjourn and Next Meeting

With no further items on the agenda, the meeting of the PIAC was adjourned. The next scheduled meeting of the ACC Program Improvement Advisory Committee is at 10:00 a.m. on Wednesday, January 18, 2015 in the 1st floor conference room of 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.

