



## A G E N D A

Medicare-Medicaid Program Ad Hoc Advisory Subcommittee  
 303 East 17<sup>th</sup> Ave., Denver CO 80203  
 Seventh Floor, Rooms 7AB

### Webinar and conference line information:

**1-877-820-7831, local # 720-279-0026, Participant Code 977000#**

<https://cohcpf.adobeconnect.com/r19f4hjsge9/>

**Thursday, July 5th, 2015**

**10:00 a.m. - 12:00 p.m.**

(The meeting may finish early, but adequate time has been scheduled if needed.)

*The mission of the Department of Health Care Policy and Financing is improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.*

### Meeting objectives:

1. To review and finalize previous meeting minutes.
2. To introduce the new MMP Ombudsman and discuss ongoing and future efforts
3. To provide updates on the Demonstration Project and the Accountable Care Collaborative (ACC) Program Improvement Advisory Committee (PIAC).

I. Opening Remarks	<ul style="list-style-type: none"> <li>• Welcome</li> <li>• Introductions</li> </ul>	Co-Chairs (10 minutes)
II. Review	<ul style="list-style-type: none"> <li>• Minutes (Comments/Corrections)</li> </ul>	Co-Chairs/All (5 minutes)
III. Discussions and Actions	<ul style="list-style-type: none"> <li>• Rebranding Presentation</li> <li>• Provider Revalidation</li> <li>• ACC: MMP Update</li> <li>• Ombudsman introduction and update</li> <li>• Regional Meetings</li> <li>• State-wide conference</li> </ul>	The Dept. (15m) The Dept. (10m) The Dept. (15m) Medicare-Medicaid Advocate (20m) The Dept. (5m) The Dept. (15m)
IV. Updates	<ul style="list-style-type: none"> <li>• ACC Program Improvement Advisory Committee (Public Comments and Discussion)</li> </ul>	Reporting Liaison/ Co-Chairs (10m)
V. Closing Remarks	<ul style="list-style-type: none"> <li>• Follow-up Information</li> <li>• Other</li> </ul>	Co-Chairs (10m)

Reasonable accommodations may be provided upon request for persons with disabilities. **Please contact Van Wilson at [Van.Wilson@state.co.us](mailto:Van.Wilson@state.co.us) or 303-866-6352 for assistance.**

## **Participants**

Julie Farrar	Jo English
Gary Montrose	Brenda Humblock
Lois Munson	Elizabeth Baskett
Mary K Kisseberth	Barry Martin
Christine Fallabel	Penny Cook
Elizabeth Forbes	Kristin Trainor
Donna Mills	Leah Barnes
Leslie Reader	Lori Roberts
Joe Farr	Christina Chavez
Anne Kokish	Mary Wheaton-Osborn
Amy Miller	Julie Bansch-Wickert
Matt Vedal	Debbie Fimple
Anne Jordan	Raina Paisley
Jenny Nate	Heather Brozek
Rochelle Larson	Jeff Riester
Marceil Case	

[All participants may not have signed in.]

Van Wilson, Medicare-Medicaid Program project manager, welcomed everyone and called the meeting to order at 10:00 a.m. Phone-in and in-person participants introduced themselves.

## **Review**

Julie Farrar asked the subcommittee to review the previous meeting minutes. Previous meeting's minutes were approved as written.

## **Discussion and Actions**

Van Wilson introduced Debbie Fimple from the Department who gave a short presentation on the Medicaid rebranding project. She explained that it will launch in May 2016. The rebrand is a chance to become more person-centered and improve negative perceptions after Medicaid expansion. It is funded by a grant from the Colorado Health Foundation.

Marceil Case and Christina Chavez presented about the provider revalidation project, one of the first steps of the larger COMMIT project. The department is implementing a federal requirement now that the new MMIS is capable to revalidate providers. Marceil explained that this is the end of paper applications for providers. They will be able to login electronically to revalidate and check PARs (prior authorization request). The Department has until May 2016 to come in to compliance with the federal regulations. Revalidation provides a process to assess a provider's risk for defrauding Medicare and Medicaid. All Colorado Medicaid providers will be treated as a new provider and must re-enroll.

Julie asked Van Wilson to give a program update. June 1<sup>st</sup> was the last month of phased-in enrollment, enrollment as of June 1<sup>st</sup> is 27,583. Enrollment is expected to remain relatively stable,

although there is more churn than anticipated. Julie Farrar voiced concerns about the various eligibility letters she has received, and speculated that expansion has overburdened county eligibility offices, causes errors in processing.

Van explained that in April the Department hosted a client “tele-town hall”. The Department dialed out to 26,276, and more than 3,000 participants remained on the line for more than five minutes. Van read the results of the poll questions and had a discussion about the responses.

Van noted that we recently completed client focus interviews, and explained that we will look at the results at our September subcommittee. The Department also completed RCCO site visits, which were very insightful. Overall the Department was very pleased with the evolution of the RCCOs through the MMP (Medicare-Medicaid Program). Elisabeth Arenales voiced a concern with the RCCO rebid process, and wondered how we can leverage existing and emerging infrastructure during the transition. Elisabeth Arenales requested that we discuss the rebid at an upcoming subcommittee meeting.

Van explained the MMP Key Performance Indicators. The Department has identified three measures: 30-day all cause readmissions, depression screening, and Potentially Preventable Admissions.

Julie Farrar introduced Julie Bansch-Wickert, the new Medicare-Medicaid Advocate, who presented about her new position funded by a separate, but related grant. She explained her position and the types of referrals that are appropriate for her. Her position goes live July 13<sup>th</sup>. She shared her contact information and encouraged RCCOs to work with her on complex cases. Julie can be reached at 303-722-0300, or by email at [jbanschwickert@disabilitylawco.org](mailto:jbanschwickert@disabilitylawco.org). Gary Montrose asked a question about “non-dual” Medicaid recipients and their access to Julie’s services. She responded that she has had the time, but reminded Gary about the Medicaid Managed Care Ombudsman who can address all ACC concerns.

Van Wilson spoke shortly about the MMP regional meetings, and invited the group to participate in meetings near them. He explained that we will look at the performance since implementation, and have a discussion around what is working and what is not. Van shared that the Department is planning a state-wide conference and asked the group for topic suggestions. Lora Roberts suggested we ask front-line workers to attend for only one day. Lois Munson suggested we look at the unintended consequences of policy. Many participants suggested best-practice sessions.

Julie asked Elisabeth Arenales to share her update from the PIAC (Program Improvement Advisory Council). Elisabeth stressed the importance of the MMP Subcommittee reviewing components of the ACC 2.0 RFP. She briefly shared about potential changes in ACC 2.0 and noted that the implications are very important for Medicare-Medicaid Enrollees. Elisabeth also requested that her update be scheduled at the beginning of the next meeting due to the importance of the RFP.

<b>ACTION ITEMS</b>	<b>RESPONSIBILITY</b>	<b>TIMEFRAME</b>
Share contact information for the Medicare-Medicaid Advocate	Department	ASAP