

Health Impact on Lives: Health and Quality Improvement Committee

Agenda

Meeting Information			
Date	Thursday, August 25, 2016	Time	3:00 – 4:30 PM
Location	303 E 17 th Avenue, 11 th Floor, Room 11C	Call-in Number	1-877-820-7831 // 946029#
Purpose	Review current early and periodic screening, diagnostic, and treatment (EPSDT) and well-child care (WCC) performance and discuss Healthy Communities and other Department strategies to improve performance.		

Meeting Attendance	
Voting Members and Participants	Invited Guests
Jason Brabson, Elizabeth Forbes, Johanna Gelderman, Gretchen Mills, Katie Mortenson, Russ Kennedy, Sophie Thomas, Amy Harder, Gina Robinson, Meg Taylor, Kiara Kuenzler, Krista Fuentes, Ben Harris, Elisabeth Arenales, Todd Lessley*, Carolyn Hendrick*, Kathy Bartilotta*, Abigail Worthen*, Anita Rich*, David Keller*, Diana Maier*	Gina Robinson, Jeff Helm

*Attended by phone.

Meeting Items					
Item No.	Time	Owner	Description	Attachment	Action No.
1	3:00 – 3:05	EA	Roll Call and July Minutes Approval: Elisabeth Arenales called the meeting to order at 3:02 PM. Minutes were approved shortly thereafter.	1	
2	3:05 – 3:15	EA/DK	PIAC Report Out: David Keller gave the PIAC report out. PIAC presentations included the following: <ul style="list-style-type: none"> • <u>ePCMP evaluation</u>: 3M presented on the analysis of ePCMP designation and performance outcomes. Designation was associated with worse performance on ER visits but better performance on total cost of care. Health Impact on Lives will take a closer look at the analyses' results in the fall. • <u>ER KPI payout recoupment</u>: The Department will be recouping some funds after a miscalculation in their KPI payments. Recoupment timing will be aligned with other impending payments so as to reduce the financial impact on RCCOs. Exact Department language is forthcoming. • <u>Criminal justice individuals</u>: RCCO and Department representatives presented on initiatives aimed at improving transitions for criminally involved individuals. Pilots are occurring in county jails and parole offices as well as within the eligibility system. • <u>Client engagement</u>: The Department tested a new mobile health initiative. The pilot was helpful at engaging some populations but not all. The Department will work with PIAC to improve the tool and member engagement. 		1



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			<ul style="list-style-type: none"> • <u>Health First Colorado rebrand</u>: The Department gave an update on rebrand efforts for Health First Colorado. Important changes include the invisibility of terms RCCO and RAE within member-facing materials. • <u>PIAC housekeeping</u>: PIAC also reviewed proposed subcommittee focus areas and approved Elisabeth Arenales as Health Impact on Lives co-chair. <p>Elisabeth added that PIAC also discussed the potential impact of a small financial incentive for the client engagement pilot on the income eligibility of member, the difference between the credentialing of providers within the criminal justice system and Medicaid, and the drop in Medicaid enrollment (~20K members) in July due to revised income standards. Kiara Kuenzler added that BHOs have seen a rebound in enrollment numbers in August.</p>		
3	3:15 – 3:30	GR/BH	<p>EPSDT and WCC Performance: Gina Robinson gave an overview of the benefit and its current performance:</p> <ul style="list-style-type: none"> • <u>Programmatic benefit</u>: The benefit’s goal is that all children have access to the State Health Plan benefits and 80% of all children receive at least one well-child visit each year. • <u>Current performance</u>: Colorado sits around 50%, but trends have been decreasing over time. • <u>Interventions and challenges</u>: The program offers outreach and case management to ensure members understand and access their benefits. In 2012, Colorado instituted a law requiring that all children have a medical home, increasing rates by 72%. The Department has also reached out to CHSAA and school districts to change the requirements around sport physicals, which currently do not count as well-child care. Other initiatives include information within the PEAK application, parent education, and Top 10 provider lists. Gina mentioned that some providers and RCCOs have pushed against the value of the benefit. <p>David mentioned that the drop in performance rates across the age cohort was validated by his clinical experience but wondered what contributed to the difference between RCCOs 2 and 4 versus RCCO 5. Marianne Lynne noted that while they have partnered with large providers in RCCOs 2 and 4, those regions are primarily rural and face significant issues related to access and transportation. David and Gina also noted that Medicaid does not have a strict timeframe requirement like most private plans.</p>	2	



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4	3:30 – 3:45	JH	<p>Healthy Communities (HC) Presentation: Jeff Helm gave an overview of the program. HC is the outreach component of the EPSDT and is offered to both CHP and Medicaid members. It offers educational materials – both printed and face to face – within the first 60 days of enrollment to new members regarding coverage and access of their benefits. It also tries to identify non-medical needs for the member, including housing, transportation, and food insecurity issues. 106 HC coordinators are staffed at 26 contracted sites (primarily local public health agencies) across the state. All sites try to be as locally-run as possible and actively work with providers to identify any member attendance and retention issues and to answer Medicaid reimbursement and benefit issues.</p>	3	
5	3:45 – 4:15	All	<p>Committee Discussion: The subcommittee discussed the overlap of EPSDT, HC, and the ACC.</p> <ul style="list-style-type: none"> • <u>HC and RCCO relationship:</u> Jeff noted that the relationship is different for every RCCO but variation will end with Phase 2 of the ACC. There is a large amount of overlap and duplication of services for certain portions of the Medicaid population, and there need to be better coordination between the two entities. • <u>Value of EPSDT benefit among members:</u> David wondered how HC was communicating the benefit of EPSDT to its new members, and Jeff noted that it depended on the caseload and geographic location. Both he and Gina commented that rural sites have better connections with their communities and can push for better understanding and utilization of the benefit. David still wondered why the variation in performance between rural and urban RCCOs. Jeff noted that members still have confusion regarding the proper periodicity of the benefit and often have other issues – housing, food, transportation, etc – that trump the access and utilization of the benefit. He also noted that the decline in performance is a national trend and that private plans used to pay for WCC as part of their plans. David commented that this was due a hard push by the American Academy of Pediatrics and, more importantly, a significant demand from parents. Gina and David also noted that there were common misconceptions among members re: the difference in comprehensiveness of sports physicals versus WCC. Sports physicals were purely physical exams whereas WCC was a physical exam as well as a comprehensive assessment of the patient's history, risks, and care plan. Elizabeth Forbes wondered whether there had been anything 		2



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			<p>done in regards to patient education. Gina noted that some initiatives had specifically targeted the teenage/adolescent demographic but had little success as teens often don't trust their providers. She also commented that while the reimbursement for WCC is higher than a sports physical (\$180 v \$35), the time allotment is longer, and practices could see more physicals and potentially earn more money.</p> <ul style="list-style-type: none"> • <u>RCCO Collaborations</u>: Jeff commented that there have been good collaborations between some HC sites and RCCOs as most HC sites don't have sufficient FTE to complete their work. Teller County has a good relationship with RCCO 7, and Kalisha Crossland talked about how the San Juan Basin Health Department used family health coordinator that is split across the RCCO and HC to do outreach on both ER and WCC utilization. Elisabeth asked if the subcommittee could facilitate more discussion around RCCO best practices as well as identify other ways to improve performance on this metric. Jeff and Gina mentioned that some RCCOs are incentivizing providers directly as well as identifying specific populations. 		
5	4:15 – 4:25	EA/BH	<p>Committee Housekeeping: Ben presented the revised subcommittee charter and requested that any feedback and comments on subcommittee topics be sent to him. Elisabeth also mentioned that the subcommittee had a few vacancies and was taking nominations.</p>	4	
6	4:25 – 4:30	EA	<p>Wrap Up: The subcommittee was adjourned at 4:29 PM.</p>		

Meeting Action Items

Date Added	Action No.	Owner	Description	Due Date	Date Closed
8/25/16	1	DK	Add ePCMP analysis to subcommittee agenda.	10/27/16	
8/25/16	2	BH	Schedule RCCO presentations on current EPSDT and HC initiatives.	9/22/16	

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