



MINUTES OF THE MEETING OF THE HEALTH IMPACT ON LIVES: HEALTH IMPROVEMENT SUBCOMMITTEE

225 East 16th Avenue 1st Floor Conference Room

March 25, 2015

1. Call to Order

Brooke Bodart called the meeting to order. David Keller is out of town.

2. Roll Call

A. Members Present

Bodart, Brooke; Jaime, Meadow; Kennedy, Russ; Miller, Erin; Forbes, Elizabeth; Harding, Camille; Horton, Rene; Lamb, Chavanne; Sevilla, Xavier; Bontrager, Jeff; Taylor, Meg; Koltonski, Christian; Mathieu, Susan; DeShay, Rachel

B. Members on the Phone

Stremel, Sharon; Lessley, Todd; Rich, Anita; Vivian, Kelley; Hudson, Jackie; Reeder, Lesley, Obrien, George

3. General Announcements

Date and location of the next Health Improvement meeting: The next meeting is scheduled to be held Wednesday April 22, 2015 beginning at 3:00 p.m. at 303 East 17th Avenue, Denver, CO 80203, Conference Room TBD

4. Approval of Minutes

A motion was made to approve the minutes from Feb 25, 2015. Motion was seconded and the minutes were approved.

5. Discussion

A. Review of Committee Charter

Question was posed if there were any more additions and/or questions in relation to the Charter draft. It was noted that the suggestions that RCCO 1 have been incorporated into the Charter. Todd Lessley pointed out that his name was incorrectly spelled in the document. Rachel noted the need to change this



information. After update and edit, Rachel will send the document to Erin Miller to be brought before PIAC 4/15/2015.

B. PIAC Meeting Report-out

Todd Lessley and Anita Rich provided updates from the prior week's PIAC meeting. They shared that an announcement was made at the PIAC meeting, 3/18/2015, that there would be no shared savings this year. There was discussion about the feedback received from the RFI that the Department should consider aligning the RCCOs and BHOs. Kevin Dunlevy-Wilson presented the coverage maps for BHOs, CCBs, and RCCOs. The topic of what is the most important aspect to consider when making new maps was had and it was suggested that folks take the information back to their communities to mull over.

Next, Hanna Schum presented to the PIAC about general issues with attributions and the Department's proposed changes to this process. At this time, Susan Mathieu gave a brief synopsis of Hanna's presentation and gave some updates on the attribution methodology corrections: A change in the MMIS system allows to see how a client was attributed to a practice (system assigned or chosen by client). Since then, 2900 adults have been removed from pediatric practices and it was found that in a pool of 65,000 clients, 12,000-13000 attributions were found to be client selected and thus will not be changed. A question was posed about the desired ability for input on attributions at the provider level. The ability for practices to request a panel analysis was brought up. Susan shared that while there has not yet been a process put in place to make changes once the analysis is run, it has been very helpful for providers to get an idea of who may be attributed to them that they did not know of, as well as if other relationships with providers exist, possibly explaining discrepancies in the perspectives of the Department and provider.

C. CAHPS Presentation- Russ Kennedy

Russ began his presentation by talking about Consumer Assessment of Healthcare Providers and Systems (CAHPS) history—developed in the mid-1990s, adopted in Colorado in 1998. About 25 states report CAHPS data to the AHRQ CAHPS database. The performance highlights are categorized into four major types of analyses performed on this CAHPS data: National Committee for Quality Assurance (NCQA) Comparisons; Trend Analysis; Plan Comparisons; Priority Assignments. Russ then provided an annual timeline for the survey process. September to December is when the sampling plans for each population and final survey questionnaire is determined. January to April is when the final sample frames are chosen and two rounds of survey mailings and reminder postcards are sent. April to May phone calls are placed to those who have not responded to the mailing and June to September data is being validated and analyzed and then the draft report is submitted, followed



by the final report submission. (See slide deck for visual timeline representation and more information)

Anita asked about if there was a standard or process for deciding who answers the children's survey, considering children 15 years or older are able to seek medical attention without a parent or guardian's permission. On the Behavioral Health side, surveys exist for adolescents to fill out. Russ noted the importance of this point, but is not currently aware of any efforts to standardize who answers the children's CAHPS survey. Xavier questioned how the CAHPS reports are being used by the Department. Russ pointed out that they are posted on the website, but more could be done in perhaps suggesting interventions based on report trends.

Russ shared that those that score less than 50% on either the composite or global CHP+ CAHP survey, are required to make a corrective action plan. Erin asked about possible over-sampling due to differences in response rates. Russ explained that there are eligibility requirements for those who receive the surveys. A client must be enrolled in Medicaid or CHP+ five (5) consecutive months in a 6 month period and attributed to a RCCO. Jeff added that the survey does not capture where services are being sought by clients but has heard that this may be a requirement for other programs. Russ and Camille explained that CMS ran their own survey nationally. Colorado was the first state to get in Medicaid/Medicare sample frame (usable data) but have not heard back anything and was given no timeline.

Chavanne asked what constitutes a complete survey. Russ stated that any survey filled out at all is counted as a complete survey. Xavier asked if the Department has explored providing this online or through email. Russ pointed out that this has been discussed and it has been found that the amount or minutes a client has available on their phone can be an issue. Jeff shared that the Colorado Health Institute developed a chart pack of CAHPS data that may be of interest to the subcommittee. Brooke then asked Camille to give an overview of the Colorado Opportunity Project. A fact sheet was requested and it was stated that there will be more discussion about this project in the near future.

6. Wrap-up

- **Decisions:** Updated/edited version of Charter will be sent to PIAC for approval
- **Action Items:** Get social mobility fact sheet to share
- **Next Meeting Topic(s):** Client engagement was suggested



7. Adjourn

The meeting was adjourned at 4:05 pm.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Rachel DeShay at 303-866-5313 or rachel.deshay@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

