Improving and Bridging Systems Subcommittee
Minutes

Meeting Information			
Date	Thursday, March 1, 2018	**Time**	1:00 – 2:30 PM
Location	303 E 17th Avenue, 11th Floor, Room 11B	**Call-in Number**	1-877-820-7831 // 946029#
Committee Purpose	Serve as a laboratory for strategic innovations and guidance that bridge and integrate systems for Health First Colorado members, particularly those with complex needs and who require services and care coordination across systems.		
Meeting Purpose	Review and discuss four key areas of oversight for Medicare-Medicaid demonstration.		

Meeting Attendance	
Voting Members and Participants	**Invited Guests**
Terri Hurst, Ravenne Bye, Aubrey Hill, Carol Plock, Louisa Wren, Rahem Mulatu, Brooke Greenky, Gary Montrose, Ben Harris, Carol Ann Hendrikse*, Elizabeth Forbes*, Janet Rasmussen*, Andrea Kedley*, Carol Meredith*, Candy Wolfe*, Bryan Standley*, Vicki Sanchez*, Katie Jacobson*	Kathleen Homan

*Attended via phone.

Meeting Items					
Item No.	**Time**	**Owner**	**Description**	**Attachment**	**Action No.**
1	1:00 – 1:05	CP	**Roll call and February minutes approval**. Carol called the meeting to order at 1:05 PM. Roll call was taken. Given the lack of quorum, approval of February minutes was deferred to April.	1	1
2	1:05 – 2:00	KH/All	**Review Medicare-Medicaid demonstration key areas**. This agenda item was moved to the front of the agenda due to a scheduling conflict for Kathleen. Carol gave a recap of the sub-committee's February discussion. Following the closure of the Medicare-Medicaid demonstration, the demonstration's team had developed scopes of work that needed continued monitoring as members were integrated within the ACC. There were three primary areas: 1) coordination and integration of LTSS providers with the ACC; 2) educating providers on Medicare issues; and 3) improving the SCP tool. Regarding the first, Kathleen said reviewing best practices and protocols from the demonstration would be helpful, particularly around coordinating care coordination resources and sharing information. Kathleen suggested looking at specific relationships between LTSS providers and RCCOs to understand how they resolved overlapping roles and responsibilities and created inter-agency MOUs. Kathleen also noted that there were many changes coming to LTSS providers that may provide excellent opportunities	3	2

			to foster further systems coordination. In particular, the implementation of conflict-free case management at the Community Centered Boards (CCB) and Single Entry Points (SEP) was a key opportunity. This was legislation that enforced separation between service planning and care provision levels at CCBs and SEPs. For provider education, Kathleen said it was essential that the system understands both Medicare and Medicaid payment structures. It can become confusing quickly, particularly around benefits like durable medical equipment and oxygen and behavioral health services. The demonstration had worked hard to create disability competency care videos and would like these to be integrated within the new RAE structure. For the SCP tool, Kathleen said the tool was well intended but incredibly unwieldy. Kathleen was hoping the sub-committee could preserve its intent but assess where improvements could be made. Many RCCOs had already begun to tweak the tool to fit their care coordination practices in a better way. Ben said that it was going to be important to be mindful of the behavioral health component in each of these scopes of work. Kathleen added that behavioral health components of Medicare would be important, too. Gary said that developing quantitative and qualitative assessments for this coordination would also be key. HCPF had established metrics for this population, but LTSS providers were struggling to create their own measures for success and integrate those into the ACC's metrics. Ben said that many of the new metrics – wellness visits and behavioral health penetration – for ACC Phase II had the potential to be drilled down into special populations, like Medicare-Medicaid members. He affirmed Gary's comment that if we were going to foster greater collaboration with the LTSS system, we would need to develop metrics for that end of the equation. Ben and Carol suggested adding global evaluation language for all the scopes of work given that it would be important to assess the progress of each. Gary liked that approach and affirmed the document overall. Kathleen added that the LTSS system has tried to do quality reviews to assess performance. She suggested including LTSS and Office of Community Living staff in these conversations as well. Carol said that behavioral health access was particularly challenging for this population and that many local providers were struggling with this effort. Louisa said that some waivers were under current consideration for re-design, and she wondered how that work could be incorporated into the sub-committee's scope. Kathleen said it aligned		

			with the work around the SCP tool and that both conversations would be reflexive as they centered on service planning and assessment tools. Gary added that there was also overlap with the TEFT grant tool. Ben said he heard three major changes to the LTSS provider coordination scope of work: 1) developing best practices and guiding principles for LTSS providers and RAEs; 2) aligning the SCP with other initiatives' tools; and 3) creating a more holistic view of success, in particular qualitative and quantitative metrics from both HCPF and LTSS providers. Carol Meredith cautioned that there was huge diversity among LTSS providers and a one-size-fits-all strategy for each component wouldn't work for everyone. Carol said it would be important to rely on the subject-matter experts for input. Kathleen said that it would be important to keep these conversations at a high level and no go too far into the weeds. However, any input would be valuable. Carol asked if the sub-committee agreed with the revisions and the direction the work was going. The sub-committee agreed. Carol said they would present a revised document in May for further discussion and action.		
3	2:00-2:10	CP	**February PIAC Report Out**. Carol gave the report out from February's PIAC meeting. The meeting centered on the transition to ACC Phase II, in particular the transition of the PIAC. The members, the data and analytics portal, and the emphasis on care coordination will all remain the same. However, the KPIs, mandatory enrollment, the six behavioral health visits, and attribution were the most significant changes. HCPF reported that 3-15% of members could change their region based on changes in attribution. The PIAC members identified potential cash flow changes to the CMHCs, impact to rural providers, data vendor changes, LTSS and community based provider changes as areas of needed focus. The PIAC also identified focus areas for the new PIAC: behavioral health integration, practice support and transformation, population health and care coordination, and member experience. HCPF anticipated the transition to the new PIAC will be finished by September 2018. Terri asked whether this sub-committee will go away. Ben said that it was unknown, but that it was anticipated that the scopes of work will remain, and if needed, would be transferred to a new sub-committee.		
4	2:10-2:15	BH	**Sub-committee follow-up: six-month work plan**. Carol briefed the sub-committee that certain materials were not ready for our criminal justice conversation. As a result, Carol and Ben swapped the topics for March and	2	

			April. They planned to continue forward with the sub-committee's work plan after that, with Criminal Justice being the main topic on the April meeting.		
5	2:15 – 2:25	CP	**Sub-committee recruitment: discuss recruitment strategies**. Carol unveiled a proposed membership strategy for the sub-committee. The voting membership would consist of eight core members who attend all remaining meetings. Those eight would be supplemented with six subject-matter experts (SMEs) – three for criminal justice and three for Medicare-Medicaid – who would only be required to attend when their specific topics were discussed. This would give the sub-committee a total of 14 voting members, 11 of whom would attend on a monthly basis (with a quorum being 6). Ben added that the eight core members were committed to the sub-committee's core question of how does the ACC align and work with other systems while the SMEs were more consultants devoted to the sub-committee's core question in their particular subject area. The sub-committee agreed and affirmed the approach. Ben will draft a proposed roster of voting members that would be approved at the April meeting. Carol asked where Harriet, Terri, and Gary should go on that roster. Terri and Gary both requested to be subject-matter experts for criminal justice and Medicare-Medicaid, respectively. Carol suggested moving Harriet to one of the core member slots. She also nominated Abigail Tucker to a criminal justice SME spot and requested that the Medicare-Medicaid subcommittee think about filling the remaining two slots for Medicare-Medicaid SMEs. Ben asked if Bryan or Candy were interested in filling a criminal justice SME slot. Bryan affirmed their interest but said they would need to gauge the time commitment.	4	3
6	2:25 – 2:30	BH	**Committee Housekeeping and Wrap Up**. Carol adjourned the meeting at 2:28PM.		

Meeting Action Items					
Date Added	**Action No.**	**Owner**	**Description**	**Due Date**	**Date Closed**
3/1/2018	1	CP/All	Approve February minutes in April.	4/5/2018	
3/1/2018	2	KH/VW	Revise SOW document.	6/7/2018	
3/1/2018	3	CP/BH	Recruit proposed new sub-committee voting members.	4/5/2018	
3/1/2018	4	BH	Draft voting member roster.	4/5/2018	

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