



COLORADO

Department of Health Care
Policy & Financing

MINUTES
Nursing Facility Advisory Council
Department of Health Care Policy and Financing

303 E. 17th Ave.
7th Floor Conference Room 7B
Denver, CO 80203

July 15, 2015
3:15 p.m. – 4:45 p.m.

On the Phone -

Mary Koertke	Vivage
Scott Gries	Colavria Hospitality
Jackie Marcia	Ensign

ATTENDEES -

Luis Jaime	CO Access
Lonnie Hilzer	Continuum Health Management
Paul Landry	Life Care Center of America
John Brammeier	Vivage
Janet Snipes	Holly Heights
Sara Dent	St. Paul Health Center
Doug Farmer	CHCA
Janice Brenner	Leading Age CO
John Adams	Vibra Health Care
Jennifer Reinheimer	Myers & Stauffer
Trish Oiler	Manor Care
Joyce Humiston	C&G Health Care
Carol Glover	C&G Health Care
Josh Fant	CHCA

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STATE STAFF -

Jason Takaki	HCPF
Heather Fladmark	HCPF
Cathy Fielder	HCPF
Sam Murillo	HCPF
Van Wilson	HCPF
Joana Vasquez	HCPF
Randie Wilson	HCPF
Susan Love	HCPF
Kathy Snow	HCPF
Matt Haynes	HCPF
Brian Ray	HCPF
Whitney Ray	HCPF
Anthony Satariano	HCPF

I. Jason Takaki (HCPF) - Welcome and Introductions

Note: Meetings are recorded strictly for utility purposes, after the meeting is over, the minutes are transcribed and the recording is deleted.

- A. Hospital Back Up report from Colorado University will be presented at the next NFAC in August.
- B. **Introduction Heather Fladmark:** On the Supportive Living Options team, Heather Fladmark is HCPF’s new Hospital Back-Up Administrator. Heather started in June with HCPF and is working with HBU rule as the new Administrator. Her expertise comes from case management agency, Colorado Access as a Single Entry Point Senior Care Manager. Heather has experience with HBU intakes, hospital transition to nursing homes and continued stay reviews.
- C. Once HCPF has Stakeholder feedback and a plan, Heather will be assisting with the HBU implementation and HBU rules, as well as focusing on Colorado University’s main point of the broken HBU intake process.



II. Cathy Fielder (HCPF) - Provider Enrollment

- A. Provider enrollment is currently in the testing phase right now. HP is putting together a manual. Cathy will check in with Taren to see how this will work.

III. Anthony Satariano (HCPF) – Pay for Performance

- A. New 2015 pay for performance application is on the HCPF website and the Pay for performance report from PCG. Myers and Stauffer took over the P4P contract in July 2015.
- B. Reminder is for when we have a new NF Administrator, let Anthony know so they are sure to receive their score and P4P letter. This is important when a new Administrator comes into play so that Myers and Stauffer's list is updated and everyone receives their letter with 30 day rights to appeal.
- C. New State Utilizer Contractor is EQ Health Solutions and previously was Myers and Stauffer. Jennifer Reinheimer from Myers and Stauffer has assisted EQ Health to make this transition very smooth. EQ Health new representative, Michael will have a local office in Denver approximately August 2015.
- D. HCPF will post a link to EQ Health on the HCPF website. EQ Health is experienced in other states and has a strong care coordination piece HCPF is looking at with their quality assurance in the re-design.
- E. Pay for Performance sub-committee meetings will begin again in August 2015 and Anthony will be sending e-mail notifications.

IV. Matt Haynes (HCPF)- Provider Fee Update

- A. Start of new fiscal year and a new provider fee model. A slight delay due to finishing FRV's. Currently are finalizing the provider model from 2014 – 2015. Will provide a Q&A for the model and for Myers and Stauffer.
- B. Goal is to have new rates loaded before July 31, 2015. Most likely cannot do provider fee and supplemental payment transactions in July 2015. First would like to Q&A the model and then do the transactions.
- C. Discussed with the Provider Fee Advisory Council to aim for two transactions in August 2015. With feedback from providers, the



Provider HCPF group would not do a July transaction or adjustment and just do the transaction in August to avoid any errors. There will also be no provider fee withdrawal.

V. Jason Takaki (HCPF)- HBU Facility Site Visits

- A. Heather Fladmark and Jason have begun to do some HBU site visits. HCPF provides the governor every month an update. We would like to report to the governor more nursing facility stories about weaning residents off vents with the idea to try and get a placement in the governor's office. Please provide stories to Jason.
- B. We are contemplating expanding HBU facilities and work groups, as well as more HBU providers. There is no HBU facility on Colorado's western slope. We want to understand what makes an HBU facility financially viable.
- C. **Comment:** Is there recognition of the technology being used vs. the life safety code in the HBU facilities?
- D. **Jason:** HCPF will address this issue and ask for participation and feedback to find a resolution that is appropriate for everyone.

VI. Randie Wilson (HCPF) – FRV Update

- A. Rates are being finalized with Myers and Stauffer. Randie or Jason will be sending an e-mail to all the nursing facility providers about starting the work group. We will talk about effective age. Let Randie know about any other issues to discuss in this group.
- B. Randie is working on the FRV appraisal guide and it should be ready within two months for review and edits. After that, will post it to the website and include it in the next RFP.
- C. For anyone who deals with hospice providers and billing, for all hospice providers, it's easier to wait to bill once the rates are loaded, rather than re-build the claims. The e-mail went to all hospice providers stating to hold off on the July 1, 2015 billing, so no adjustments to claims are made.
- D. No IR's have been received by HCPF.



VII. Sam Murillo (HCPF)- Colorado Choice Transitions Update

- A. Dear Administrator Letter will be going out soon by mail and by CDPHE portal regarding Colorado Choice Transitions. The letter will help clarify the referral process to your ADRC region and who is the correct person of contact. The letter refers to an informative reminder of improvement in regards to Minimum Data Section reporting.
- B. To date, CCT has made about 100 transitions out of nursing homes. HCPF appreciates support from nursing homes and meeting CCT's philosophical tenants. The interagency agreement with DOLA has been very helpful bringing health care and housing closer together.
- C. **Comment:** Do you keep data on transitions that are successful, or if residents are re-hospitalized, etc.?
- D. **Sam:** The Department should receive a report if there is re-hospitalization looking at prevention and maintenance. If the CCT Program Manager is not able to see this data in our utilization system, communication is taken further with the Single Entry Point Case Manager. We are hoping to influence a strong process around good care coordination.

Action Item:

- On September 17, 2015 in Denver there will be a fall conference on CCT with the Colorado Health Care Association. Doug Farmer of CHCA will send Jason a roster of the fall CHCA events.

VIII. Jennifer Reinheimer (Myers and Stauffer)- Q&A

- A. Myers and Stauffer has completed all the cost report workshops. Five sets of handouts went out to all the participants. July 1, 2014 rates have been issued to HCPF. Let Jennifer know any feedback of how this can be improved for next year. All agreed that fall would be a better time to do Myers and Stauffer rollout training sessions in the future.

IX. Van Wilson (HCPF) – ACC/Medicare-Medicaid Update

- A. How are things going with your RCCO?
- B. **Comment:** We have met with them, but we have not received lists of who they are serving. They were helpful in answering questions about behavioral health needs. Still need meetings about transition and mutual



- clients. Would like more clarification on what is their role in a nursing facility.
- C. **Van:** The idea is that each RCCO would have a relationship with their client before they even enter into a nursing home, and so there is a way to for them to have the continuity of care even after an acute episode. RCCO's can help facilitate with your discharge planners supportive and successful discharges back into the community.
- D. They primarily can help with non-waiver clients.
- E. **Comment:** It is still an issue of notification of which RCCO is assigned where.
- F. **Van:** We are receiving new admission discharge transfer data from Colorado Regional Health Information Organization (CORHIO) of new data that will be understood soon. CORHIO is sending this data to RCCO's. Before the data was claims based. Identification of clients is being identified through this data as of a month ago that is available online.

Action Item:

- Van will follow up with the RCCO's about how they can use the admission discharge transfer data and identifying shared clients.
- G. **Comment:** Are the RCCOs notified when they have a mutual client that has been hospitalized?
- H. They should be, but HCPF needs to verify how this is working operationally.
- I. CORHIO is receiving admission transfer discharge data that is being put into daily lists, HCPF needs to verify how these lists are being utilized.
- J. **Comment:** As a Single Entry Point and a RCCO from case management agency, Colorado Access we've had one meeting so far with the RCCO management team. As long as clients continued enrollment in the RCCO and they want to be discharged from the nursing facility, the conversation is then how we are going to target this? We have talked about would this role for the SEP case manager or the ongoing case manager. Their task would be to contact to the facility and then coordinate the discharge planning into the community. We are starting those conversations. Each nursing facility knows there care case manager. If there already is a case



manager then why introduce so many new people into the care and discharge planning?

- K. **Comment:** Is there communication between the transition coordinators and the RCCO's?
- L. We are talking about this plan with getting the discharge, the admissions, and crisis interventions.
- M. **Comment:** With the people seeing the successful discharges into the community, what about the people going to the hospital, or people on dialysis, and the need for nursing facilities to be able to successfully navigate these areas to concentrate on?
- N. With the RCCO's if they continue with the Medicaid contract, they will be stratified based on re-stratification of specific diagnosis's that requires more intensive case management.
- O. **Van:** What this comes down to is the relationships and roles and responsibilities within the Medicaid-Medicare system. Our fee for service delivery system is continuously evolving for provider operations. A case management agency like CO Access is easier to talk too as they delineate those rules and regulations with the SEP and the RCCO. The role and responsibilities are still evolving and developing. Currently we have seven RCCOS and thousands of providers. The value that is being created through these new partnerships through RCCOs is slower. In the Western slope they are focusing on a community care team model around communities with five of the largest population enrollee centers. The RCCOS can bring a lot of value with primary, specialty and behavioral health care.
- P. **Comment:** CHCA was at a meeting where two RCCO Pueblo Reps with fifteen facilities represented and another meeting in Grand Junction with twenty nursing facilities represented and they all knew who their RCCO was. The conversations were very productive. If a RCCO can make a productive relationship with a provider this would help spread the word in the communities.



Action Item:

- Currently HCPF is having twelve regional Medicare-Medicaid program meetings. Van will e-mail these meetings to Jason to pass on to NFAC. The meetings are intended to bring together the community health neighborhoods from acute hospital services, HCBS providers, SEPs, and CCBs. The feedback in this community forum is incredibly helpful. HCPF has had two so far in Greeley and Glenwood Springs. There is also going to be a statewide conference October 29th and 30th representing the cross section of continuum of care, dual eligible, Medicare-Medicaid enrollees, and all other types of Medicaid providers. HCPF wants NFAC there as we will be doing a lot of learning and collaborative activities within the Single Entry Point division. Would it be helpful to bring in the RCCO representatives again?

Q. **Comment:** I think we are past that in this room.

R. **Van: Please e-mail Van at, van.wilson@state.co.us** with any sticky points in your region or with any questions. HCPF wants to help you facilitate these partnerships better and define these roles and responsibilities with your RCCO. HCPF wants the RCCO roles to work well and requests NFAC's help to do this.

VIII. Public Comment

- A. As far as the re-validations that are coming up for Medicaid Providers, will this be based upon NF's NPI numbers? We have seen problems with our respite provider ID numbers. Was there any mention how they are going to link our respite provider number and our regular provider number? We are also wondering about our respite provider applications, because some of our providers do not use a respite provider number routinely and the number has come back inactive.
- B. **Jason:** Please e-mail Jason this concern for Taren Cunningham, HCPF expert with re-validation and Medicaid Provider enrollment systems.

