



Colorado Department  
of Public Health  
and Environment

# Family Planning Program Prevention Services Division

## Medical Policy Advisory Committee Meeting Agenda

**When:**

May 20, 2015, Wednesday, (9:00 – 11:30 am)

**Where:**

Colorado Department of Public Health and Environment (CDPHE)  
4300 Cherry Creek Drive South, Denver, Colorado – A2A Training Room, 2<sup>nd</sup> Floor

**Meeting Facilitator:**

Karen Artell, Colorado Department of Public Health and Environment (CDPHE)

**Team Leaders:**

Liz Romer, Children’s Adolescent Clinic and Kathy Brown, Broomfield City-County

**Participants:**

All Colorado Title X sub-recipient staff members are invited to attend.  
Lynda Saignaphone, Nick Roth, Karen Artell, Jody Camp, Kristina Green, Greta Klingler, Tara Thomas-Gale, Lauren Mitchell, Ingrid Silva, Liz Romer, Nettie Underwood, Linda Johnson, Andrea Jenkins, Allison Sanchez, Brandy Mitchell, Kim Bemis, Kelly Conroy, Darlyn Miller, Debbie Channel, Karen Muntzert, Deb Bell, Nikki Brezny, Vicki Tennant, Molly Lee, Tammy Hort, Carmen Mora, Stacy Herrera, Kelly Pollard, Jennie Wahrer, Kimberly Senn, Heather Goodchild, David Holmberg, Ashley Garcia, Celena Trujillo

**Meeting Topics**

**Presenter**

**Introductions**

Thank you for waiting through technical difficulties

All

**Colorado Health Information Technology (HIT) Overview – Electronic Health Records (EHR) and Public Health Settings**

Please see power point presentation handout for specifics

- Provided history of health and HIT policy
- Discussed difference between EHR and health information exchange (HIE) and benefits. HIE providers in Colorado are Colorado Regional Health Information Organization (CORHIO) and Quality Health Network (QHN)
- Kate Kiefert, State HIT Coordinator, Governor’s office is assisting with health information technology (HIT) and EHR adoption.
- Gave overview of HIT and Public Health
- FY 14-15 CDPHE secured funding for electronic health record (EHR) for Local Public Health Agency use to report directly to CDPHE
- Currently holding stake holder meetings. Starting in June will roll out a communication plan.
- Family planning is one of the programs that will be able to use EHR along with WWC, STI/HIV, etc.
- Using the EHR is voluntary. CDPHE will offer first to interested LPHAs that do not have an EHR. Others that may be interested are LPHAs that need a replacement EHR. CDPHE is aware that some LPHAs have an EHR that is working well or are connected to a hospital, community health center and/or school based clinics
- Differing types of services provided by LPHAs - clinical care for individual clients, regional, population information, and care coordination
- Will be 2015 Certified EHR Technology

Chris Wells,  
Public  
Health IT  
Director,  
CDPHE

<ul style="list-style-type: none"> <li>• Need to determine if any LPHAs may be eligible for Meaningful Use</li> <li>• Must ensure EHR is available for care management, clinical decision support, operations management and communication, clinical support, measurement, analysis, reports, administrative and financial. Ordering/resulting interfaces (Lab, Radiology, ePrescribing) (less priority than direct reporting to state registries). Direct reporting to state public health registries (<u>priorities</u>) <ul style="list-style-type: none"> <li>○ <u>Immunizations (CIIS)</u></li> <li>○ <u>CEDRS</u></li> <li>○ <u>iCare (required for Title X, family planning)</u></li> <li>○ <u>WIC (and other benefit eligibility programs)</u></li> <li>○ Women’s Wellness Connection <ul style="list-style-type: none"> <li>▪ Breast/Cervical Cancer Screening</li> </ul> </li> </ul> </li> <li>• Will be a hosted solution. With a hosted solution, the vendor handles all the technical details and delivers the applications, services, and support.</li> <li>• CDHS chose Cerner as their platform. CDPHE will onboard using this same platform. Quickest onboard would be Summer 2016</li> <li>• Subscription and fees will need to be negotiated.</li> <li>• CDPHE is sponsoring for those LPHAs needing an EHR solution.</li> <li>• Left over money may be used for connection to HIE.</li> <li>• Look for a survey coming out through CALPHO.</li> <li>• If you would like to be included in stakeholder meetings and email updates, email Kate Kiefert, <a href="mailto:kate.kiefert@state.co.us">kate.kiefert@state.co.us</a> Chris Wells, <a href="mailto:chris.wells@state.co.us">chris.wells@state.co.us</a> Jean Billingsley, <a href="mailto:jean.billingsley@state.co.us">jean.billingsley@state.co.us</a> and put LPHA EHR in the subject line of the email</li> </ul>	
<p>Federal Site Visit</p> <ul style="list-style-type: none"> <li>• March 23-27, 2015</li> <li>• Federal site visits are conducted every 3 years and include fiscal, clinical and administrative components at CDPHE and in the field (1-2 sub-recipients). Use checklists for the review.</li> <li>• Sub-recipient for this review was Weld County Department of Public Health and Environment. Weld staff did a great job and thank you!</li> <li>• CDPHE and Colorado have a great Family Planning Program.</li> <li>• We expect two findings for CDPHE. The findings were not for Weld. <ul style="list-style-type: none"> <li>○ Fiscal - CDPHE needs to collect and maintain proper documentation for all revenue and expenditures at both CDPHE and the sub-recipients.</li> <li>○ CDPHE needs to monitor their contracts as "sub-recipient" contracts, not vendors. This will be phased in</li> </ul> </li> <li>• Recommendations <ul style="list-style-type: none"> <li>○ The grantee operating budget needs to include program income or other sources of funds in the budget request</li> <li>○ Need prior approval if clinic sites are opened or closed</li> <li>○ Increase statewide CT screening to 75%</li> </ul> </li> <li>• Official letter will be here the end of May 2015</li> </ul>	Jody Camp
<p>Kristina’s new role</p> <ul style="list-style-type: none"> <li>• Starting in July Kristina will start doing administrative site visits.</li> </ul>	Kristina Green
<p>Discussion regarding unknowns in the iCare data base</p> <ul style="list-style-type: none"> <li>• Race</li> <li>• Ethnicity</li> <li>• Insurance</li> <li>• Contraceptive method – after</li> <li>• 20% unknowns for race and ethnicity.</li> </ul>	Jody Camp

<ul style="list-style-type: none"> <li>• 6% unknowns for insurance</li> <li>• Nick will investigate data upload unknowns and review extracts to shore up data</li> <li>• CDPHE will work with the Office of Minority Health around collecting race and ethnicity data. We'll report back to feds and sub-recipients.</li> <li>• We are not asking sub-recipients to do anything different at this point. We will get some coaching from the Office of Minority Health.</li> <li>• IT plans a facelift to iCare in 6 to 8 months and provision of a dashboard so sites know where they are as far as unknowns.</li> </ul>	
<p>HPV primary screening</p> <ul style="list-style-type: none"> <li>• Cobas HPV test approved in 2014</li> <li>• Detects DNA from 14 high risk HPV types, including 16 and 18</li> <li>• ASCCP published interim guidelines for use in 1/2015</li> <li>• No clinical guidelines are agreed upon yet</li> <li>• ACOG not on board</li> <li>• Will be debated at the June ASCCP conference</li> <li>• Stephanie Teal - "not ready for prime time".</li> <li>• CDPHE is not recommending primary HPV screening at this time</li> <li>• Stayed tuned for recommendations</li> </ul> <p>Chlamydia/Gonorrhea screening rates</p> <ul style="list-style-type: none"> <li>• 2014 Colorado statewide FP CT screening rate for woman 24 years old and younger was 61% which was up from 58% in 2013</li> <li>• FP statewide screening rate came up during the federal review - clinical reviewer thought screening should be 75% to 80%</li> <li>• Will not be a finding but will be a recommendation to increase CT screening rate</li> <li>• iCare Report will be used to track screening rates with an eye towards increasing CT screening rates in this group to 75%</li> </ul>	<p>Karen Artell</p>
<p>iCare Report</p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> quarter 2015 iCare Report clinical and demographic pie charts reviewed</li> <li>• Sue Moskosky, acting Director Office of Populations Affairs, discussed quality improvement during the May 8<sup>th</sup> FPNTC all day webinar</li> <li>• FP Programs should have a system for quality improvement, designed to review and strengthen quality services on ongoing basis</li> <li>• "Quality improvement as an intervention to change practice"</li> <li>• Office Of Population Affairs plans to submit or have submitted to the National Quality Forum (NQF) <a href="http://www.qualityforum.org/Home.aspx">http://www.qualityforum.org/Home.aspx</a> OPA Proposed Clinical Performance Measures for Contraceptive Services</li> <li>• NQF is non-profit membership organization that promotes patient protections and healthcare quality through measurement and public reporting</li> <li>• OPA Proposed Clinical Performance Measures for Contraceptive Services: Percentage of female clients aged 15-44 years who are at risk of unintended pregnancy who adopt or continue use of FDA-approved methods of contraception that are: <ul style="list-style-type: none"> <li>○ Most effective (male or female sterilization, implants, IUCs) or moderately effective (injectables, OCs, patch, ring, diaphragm)</li> <li>○ Long acting reversible contraception (implants, IUCs)</li> </ul> </li> <li>• The FPP started a quality improvement activity with iCare Reports in 2013</li> <li>• Sub-recipients can compare themselves to statewide results and can compare year to year for results in individual sub-recipients</li> <li>• The iCare Report pulls methods by tiers for women (moderately effective does not include diaphragms)</li> </ul>	<p>Karen Artell</p>

<ul style="list-style-type: none"> <li>• Need to consider how to use measures (noted by Sue): <ul style="list-style-type: none"> <li>○ Bench marking</li> <li>○ Look at reasons for high and low performance</li> <li>○ Encourage providers to consider own performance and how they might improve</li> <li>○ Provide support to those with low performance</li> <li>○ Providers report semi-annually on steps take to improve performance</li> <li>○ Pay for performance</li> </ul> </li> <li>• Discussed forming a committee to evaluate FPP quality improvement activities. Email Karen if you are interested in serving on committee</li> </ul>	
<p>Explanation of survey going out to agencies</p> <ul style="list-style-type: none"> <li>• CDPHE FPP will send out a survey to help inform the CDPHE family planning program as we are working with agencies such as the Colorado Division of Insurance and Healthcare Policy and Financing/Medicaid.</li> <li>• Questions are included about insurance billing, confidentiality, issues related to unknowns in iCare, etc.</li> <li>• If your agency would like to ask your peers about anything in particular, contact Greta to add questions to the survey.</li> </ul>	Greta Klingler
<p>340B Prime Vendor Apexus - What to consider for a 340B audit?</p> <ul style="list-style-type: none"> <li>• Note that Title X Family Planning Program 340B re-certification is in process until June 10, 2015. All clinic sites must be re-certified in order to continue purchasing 340B products</li> <li>• Jody attended the 340B University at NFPRHA and highly encourages all to attend a 340B University</li> <li>• There is new scrutiny of the 340B program with implementation of the ACA. Duplicate discounts. Audits of 340B entities are increasing from 30 to 300 audits a year.</li> <li>• Not if, but when sites will be audited.</li> <li>• Top audit findings <ul style="list-style-type: none"> <li>○ Eligibility – giving 340B meds to a non-family planning client</li> <li>○ Duplicate discounts – correct Medicaid ID and NPI numbers must be entered on the 340B data base <a href="http://opanet.hrsa.gov/340B/Default">http://opanet.hrsa.gov/340B/Default</a></li> <li>○ Need P&amp;P manual – work with your pharmacy staff/consultant to develop a P&amp;P</li> </ul> </li> <li>• Who is a 340B patient – put in writing, date and on letterhead so there is no question among staff who a 340B patient is. Look at definition of patient – must have relationship with individual and maintain a medical record for individual</li> <li>• Don't use 340B meds for EPT or Plan B that is sold as over the counter</li> <li>• Azithromycin from the CDPHE STI-HIV Section is a 340B purchased medication and is provided free of charge to FP clinics for CT treatment and should not be billed to Medicaid</li> <li>• Clinics must know Federal duplicate discount policies and Colorado duplicate discount policies. Work with local Medicaid office to understand <b>Colorado state</b> process. Email Vincent Sherry at Health Care Policy and Finance: <ul style="list-style-type: none"> <li>Vincent P Sherry</li> <li>Colorado Drug Rebate Analyst, Pharmacy Section</li> <li>Colorado Health Care Policy and Financing</li> <li>1570 Grant Street</li> <li>Denver, Colorado 80203</li> <li>Phone - <a href="tel:303-866-5408">303-866-5408</a></li> <li>Fax - <a href="tel:303-866-3590">303-866-3590</a></li> <li>Email: <a href="mailto:vincent.sherry@state.co.us">vincent.sherry@state.co.us</a></li> </ul> </li> <li>• Audit procedure reviewed. Audit results are posted on the 340B web site. <a href="http://www.hrsa.gov/opa/">http://www.hrsa.gov/opa/</a></li> </ul>	Jody/Karen

<ul style="list-style-type: none"> <li>For questions about the 340B program: Apexus PVP contact info: Phone: (888) 340-BPVP (340-2787) Email: ApexusAnswers@340bpvp.com See web site <a href="https://www.340bpvp.com/controller.html">https://www.340bpvp.com/controller.html</a></li> <li>Sample 340B policy manual developed by Apexus for family planning. The sample was emailed out for this meeting and is attached to meeting minutes. You can fill in your agency's information in the template</li> <li>Staff can sign up for email updates both with HRSA and Apexus (340B University information).</li> </ul>	
<p>CFPI and future funding</p> <ul style="list-style-type: none"> <li>HB 1194 failed; did have strong bipartisan support in both chambers. The bill was effectively killed by Senate leadership.</li> <li>Thank you to everyone for stepping up and assisting with related activities such as testifying at the Capitol, fact checking, answering emails, etc.</li> <li>CFPI funding ends June 30, 2015. CDPHE is looking at other avenues for funding LARCs and the FPP. Greta noted it could behoove us not to have private funds in our state coffers as we explore other options for funding.</li> <li>Liletta cost is \$50.00 and will remain at that cost. Development was funded by the anonymous donor. <ul style="list-style-type: none"> <li>Insertion training will be provided at June conference. Providers can attend the training without attending the conference. Training will be 1 to 2 hours on June 12, 1:30 to 3:30 pm; attendees can leave whenever they are comfortable – they do not need to stay for the entire training.</li> <li>Stephanie Teal, Liz Romer and Brandy Mitchell will provide training</li> <li>Liz Romer offered Liletta coaching and advice to agency staff</li> </ul> </li> <li>CFPI has been a success and thank you to all for making it a success. Greta was also thanked for all her efforts. There were many media requests and coverage of CFPI has been amazing. Colorado received a NFPRHA award for the CFPI work. Larry Wolk attended the NFPRHA meeting and has been very supportive of our work. Governor Hickenlooper recorded a video for the NFPRHA meeting. We'll show the video at the June conference.</li> </ul>	Greta Klingler
<p>June Conference Update</p> <ul style="list-style-type: none"> <li>June 10 -12 in Breckenridge</li> <li>Wednesday evening at 5 pm CDPHE FPP will host an end of CFPI program reception.</li> <li>Working out agenda now and it will be sent out ahead of the conference.</li> </ul>	Greta Klingler
<p>MedPac co-chair volunteers and nominations</p> <ul style="list-style-type: none"> <li>MedPac and co-chair written information distributed to attendees</li> <li>MedPac co-chairs serve for staggered two year terms</li> <li>We did not vote for a new co-chair in May 2014 – as a result Liz Romer with Children's has served for a 3 year term</li> <li>Thank you, Liz!</li> <li>Kathy Brown with Broomfield has agreed to serve an extra year until May 2016 to help get us back on track. Thank you, Kathy! We will vote for Kathy's co-chair position in May 2016</li> <li>Lauren Mitchell with Tri-County Health Department and Brandy Mitchell with Denver Health volunteered to be co-chair and Linda Johnson nominated Heather Goodchild with Boulder Valley for the co-chair position</li> <li>CDPHE will send out a survey monkey this afternoon for co-chair voting. Voting will end COB on Friday May 22.</li> <li>We'll let everyone know the results</li> </ul>	Karen
<p>Open Forum</p> <ul style="list-style-type: none"> <li>Linda Johnson handed in her resignation at Boulder Valley Women's Center and will graduate on Friday, May 21 with a Doctorate in Nursing Practice. Congratulations, Linda! She will present at</li> </ul>	All

the June FP/WWC conference on sub-dermal implant adherence. Linda is interested in precepting NPs and is working with Colorado School of Nursing. Heather Goodchild will be clinical director.

- Greta noted that Jody has been nominated to be chair elect of State Title X grantee managers.
- Tara Thomas-Gale felt that program staff received a warm reception on Capitol Hill after the NFPRHA meeting. Ken Buck's staff sent handwritten thank you notes to those who visited his office.
- Discussed insurance issues – clients with insurance coming to Title X clinics. Greta noted there will be a panel at the conference with information presented about billing out of network. Jody noted that some insurance companies have declined to contract with LPHAs. Individuals with religious affiliated insurance are coming to Title X clinics. National Woman's Law center is collecting this type of information. Web site <http://www.nwlc.org/>
- Kelly Conroy noted that Jeffco has had Medicaid take money back because client has private insurance at the time of the visit that was not billed for the visit. Confidentiality is an issue. CDPHE will work with Colorado Department of Insurance. Kaiser currently not covering implant and ring. There may be better contraceptive method insurance coverage with recently published ACA clarification for 3<sup>rd</sup> party payers [http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/aca\\_implementation\\_faqs26.pdf](http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/aca_implementation_faqs26.pdf)

**Next Meeting:** Tentative Wednesday, August 26, 2015 (note date change)