



## **MEETING SUMMARY FOR THE ACC Program Improvement Provider & Community Issues Sub-committee**

Colorado Department of Public Health and Environment  
4300 Cherry Creek South Drive, Rachel Carson Conference Room

April 14<sup>th</sup>, 2016

### **1. Announcements**

There were no announcements this month.

### **2. Approval of Minutes**

Minutes were motioned for approval. Minutes were approved.

### **3. Consumer Input/ Client Experience**

Elizabeth Forbes: One client experience issue I've noticed is that clients are having trouble getting generic prescriptions covered. Clients are being told that Medicaid is only covering the brand name.

Todd Lessley: Are clients discovering this at the pharmacy?

Elizabeth Forbes: I discovered because the pharmacy tried to run a claim for the generic and it was denied, but the pharmacist indicated that the brand name would be covered.

Kate Hayes: I actually got the opposite answer. I was told that only generics would be covered and that brand names would not be covered.

Shera Matthews: I was under that impression as well.

Michelle Miller: We can take that back and see if there have been recent changes to the formulary.

Todd Lessley: When were you made aware of the change or when did it occur?

Elizabeth Forbes: It's been a recent development.

Anita Rich: It concerns me that it's being communicated as "not covered."



## 4. PIAC Update

Todd Lessley: We formally presented our recommendations on the ER KPI to PIAC. The recommendations were approved by the PIAC. One voting member was opposed, but everybody else was in favor. The one person opposed was concerned that we were advocating for a non-standardized approach across the entire RCCO system and would therefore have multiple populations as opposed to a standardized population for the KPI. We also talked about linking clients to providers - in the context of ACC 2.0 - for the length of their enrollment. The concept of a lock-in was also discussed, as well as issues and concerns around the behavioral health payment mechanism. We talked about what the payment structure would look like for the new merged RCCO/BHO structure. There were no big conclusions from the discussion. It was more or less just a stakeholder discussion.

## 5. ACC 2.0

Matthew Lanphier: The ACC 2.0 team is unfortunately unavailable for this meeting due to staff constraints. They have, however, indicated that they are incorporating the feedback from the sub-committee into their policy documents for ACC 2.0 and they welcome any additional input until the draft request for proposal (RFP) is placed into clearance. The sub-committee is welcome to have those discussions and bring the feedback to PIAC as recommendations.

Mindy Klowden: Can we think about what areas of the concept paper haven't really been fleshed out enough and tackle those issues as a group? Things like health care neighborhoods, and the proposed health and well-being assessment?

Matthew Lanphier: Any other pieces that haven't been fleshed out?

Todd Lessley: I want to clarify. We heard previously that the Department did not want to have discussions about ACC 2.0 without someone from the team present. Will this be permissible now?

Matt: Yes, with the caveat that there won't be direction from the Department on the input we are looking for.

Ken Soda: My assessment is that they are trying to get the draft RFP out the door, and that we should potentially hold off on commenting until the Department has released that document.

Josh Ewing: The Covered Diagnosis List and the substance use disorder piece is something we would like clarity on before the draft RFP comes out.

Mindy Klowden: One of the pieces that is excluded currently is coverage for residential or inpatient stays. The statement was made previously that the



Department was looking into the evidence base for those pieces and I'm not really sure what that means.

Ken Soda: Maybe we should just wait until the RFP comes out because I don't know how much impact we'll have until it is released.

Alice Gibbs: I would caution the group a little bit. We've had draft RFP's in the past for the BHO program where the final RFP looked the same as the draft.

Todd Lessley: Can Matt take these concerns back to the Department? We want to know if there is truly an opportunity for the sub-committee to impact anything before the draft RFP is done. Also, is it up to us to brainstorm these topics, or is the Department willing to help in this regard?

Susan Diamond: Would there be any usefulness in providing a list of these concerns to the RFP team?

Todd Lessley: Draft RFP to final RFP – what is the timeline?

Sophie Thomas: Early November 2016 the draft RFP will be released. The final RFP will be released in May of 2017. And contracts will be awarded in September of 2017.

Tonya Bruno: We recognize that the Department is challenged by capacity. Would they be willing to provide the e-mail address to provide input for ACC 2.0?

Matt: We do have one, I will send out to the committee after the meeting.

## **6. Nurse Advice Line**

Michelle Miller: One of the programs I oversee at HCPF is the nurse advice line (NAL). I wasn't sure how much information you all wanted, so I wanted to give a brief overview of the NAL and then I brought a bunch of data we can go over as well. When I joined the Department as a nurse, I felt as though this program was very ignored, so I've worked very hard to update and modernize this program. This is for fee-for-service Medicaid clients (as well as managed fee-for-service, or the ACC). Managed care Medicaid has its own nurse advice line. It happens to be the same vendor, but it has a different number. Clients do not need to verify their Medicaid ID when they call the fee-for-service number, although we are trying to verify the ID on the back-end. The first way clients are getting the NAL number is on the back of their Medicaid card, and the second is through RCCO efforts. The advice line is open 365 days a year, 24/7. The vendor we use is Denver Health, which abides by leading industry standards. When a client calls in, there is immediate triage. If the call is urgent, they stop asking questions and the call goes straight to a nurse. We have an approximate number of upgrades and downgrades.



The NAL gives a recommendation at the end of the call and then asks the client what they intend to do. We've found that 33% of clients are downgraded to a lower level of care. About 42% receive the same level of care as intended.

Anita Rich: So it doesn't count what the client actually does.

Michelle Miller: Exactly. Additionally, it's important to note that the nurse advice line cannot assist with: benefits or eligibility, appointments, referrals, transportation, medication refills, etc. When we underwent Medicaid expansion, 50% of our calls came from the customer service line. So there is some inappropriate use, which is why we are very strict about the messaging when it comes to the nurse advice line.

Josh Ewing: What are the contract expectations regarding average wait time?

Michelle: It's very strict. I don't know the exact number of what it is currently, but it's almost immediate. Trackable data includes; performance statistics, call disposition, client demographics, RCCO affiliation, referrals, and trends. I also have data on cost avoidance, return on investment, and a yearly report I can share with you all. I'll point out a couple numbers: there were 2481 referrals from the nurse advice line in the most recent month. These referrals were to: find a provider (website resource); the PEAK app; dental referrals; and provider referrals. We really try to track as much as we can.

Ken Soda: I'm really interested in the data you're generating because it has an impact on how we address our client needs in our RCCOs.

Michelle Miller: We're finalizing our last 6 months of data and we do want to make that public. My goal is to have a real return on investment analysis. We are trying to go back and dig into the claims data.

Anita Rich: What I hear from the providers is that they can't tell if their client called the NAL.

Michelle Miller: We are actually working on testing that now. The calls mean nothing if the physician can't help. We are working on getting the daily feeds to providers.

Anita Rich: It also doesn't connect with the pediatric number - PedsConnect. It might help to have a handoff between the two lines. It would be helpful to be able to track that communication.

Michelle Miller: This is also one of my goals. The problem is that the NAL is triage, not case management.



Anita Rich: I just don't understand why all the call lines don't come together.

Michelle Miller: We are looking at that but it's very hard to design that type of system, because we don't always have all the information we need.

Todd Lessley: Are you verifying Medicaid when you have the client on the line?

Michelle Miller: They are not verifying on the front end, but I'd have to look at how they're doing that on the back end.

Josh Ewing: Would it be possible that this is an opportunity for 2.0, that we have a warm handoff to a case manager at a RCCO rather than a PCMP?

Michelle Miller: Those discussions are happening now.

Todd Lessley: You talked about the workflow and the referrals you are doing now. Who else are you referring to? What about a patient who doesn't have a PCP?

Brenda VonStar: Are the nurses trained in triage?

Michelle Miller: Yes that's all they do.

Brenda VonStar: We should also track in 2.0 how many people are advised to go to their PCMP who then go to the ER.

Elizabeth Forbes: I've used the nurse advice line, and I tried calling my PCMP but the lines were down. I called the NAL and had to wait about ten minutes, but then the ball got rolling. I spoke with the nurse at length and his questions were very comprehensive. His ultimate recommendation was an ER.

Brenda VonStar: It would also be helpful to know peak hours.

Michelle Miller: Yeah we can look into that.

Todd Lessley: The reason why I think we were interested in the NAL--you mentioned that there's a perception that the Nurse Advice Line is sending people to the ER, and that's something we've been curious about. Do you know what percentage of calls are sent to the ER?

Michelle Miller: We can certainly provide that data to the group.

Josh Ewing: You mentioned the contact info for the NAL is on the back of the Medicaid card. How else are clients getting this information? That doesn't seem like a lot of calls for over a million Medicaid clients.



Michelle Miller: We also use our RCCOs. We don't have money to advertise, but we rely on our partners, and we understand it is not a lot of calls. We are trying to grow as we move ahead.

Ken Soda: I think this is a herculean task, and it will be great to see the data and see if we can get more data as the technology catches up.

## 7. NEMT

Molly Markert: Providers are being told they need a week for scheduling NEMT rides. They also have some concerns about the upstate areas and what we are going to do for the rural counties. I would like to re-convene the transportation workgroup, and I think we should propose that the contractually required survey be conducted.

Todd Lessley: As a reminder, our transportation workgroup was supposed to take a phased approach, looking first at the metro area issues and then looking at the rural issues. Secondly, it sounds like you want to get the group together again and deploy that contractually required survey. I did get a message from one of our staff. As of Monday, Total Transit is accepting verbal certificate of transportation forms.

Matthew Lanphier: They are working on standing certifications for the forms as well.

Nicole Konkoly: In region 1, there's confusion as to what is required by the counties for transportation. Some counties don't know what is allowable with regards to going across county lines, for instance, so there is an opportunity for clearing up some of that confusion.

Alice Gibbs: I have a final question about interChange. We don't know a ton about it, and we are starting to feel panicked about the billing side and what the ACC SDAC is going to look like. What is the timeline for training?

Tonya: I agree. We need companion guides in a timely manner for how to submit files.

Matt will add this topic to a future agenda.

**Next meeting 5/12/16.**

Colorado Department of Public Health and Environment  
4300 Cherry Creek South Drive, Room A2A



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