



**COLORADO**

Department of Health Care  
Policy & Financing

## **MINUTES 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

February 19, 2015

### **1. Introductions**

#### **A. In-person Attendees**

Todd Lessley (Salud), Marceil Case (HCPF), Jessica Provost (ICHP), Brenda Vonstar, Matthew Lanphier (HCPF), Anita Rich (CCHAP), Carole Saylor, Josie Dostie (CCHA), Aubrey Hill (CCMU), Barb Martin (CDPHE), Nicole Konkoly (RMHP), Elizabeth Erickson (CCHA), Susan Mathieu (HCPF), Kelley Vivian (RCCO 7)

#### **B. Phone Attendees**

Charlie Lippolis (CPACK), Chelle Denman (Value Options), Erin Lantz (CPHN), Heather Logan (MCPN), Leslie Reeder, Kristen Trainor (CCHA), Judy Hamlin (PCHC), Shera Matthews (Doctor's Care)

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

Minutes were approved.

### **3. Consumer Input/Community Issues**

Marceil – Lots of clients have been calling and asking where they can get an appointment with Medicaid providers. We are trying to put together resources that our customer service staff can use when they receive those calls. We want to make sure clients and providers aren't getting bounced around to different areas of the Department before they are getting the answers they need.

Todd – do you know where the calls are coming from?

Marceil – Sometimes it comes to customer service, sometimes it's through the website. There are a variety of avenues.

Todd – Are they looking for primary care providers? Or Specialty?

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.  
[www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)



Marceil – It varies. Sometimes the calls and communications are coming through the Governor’s office.

Anita – If there are systemic things or recommendations we can make by categorizing these inquiries I think we would like to pay attention to these from a consumer point of view.

Marceil – It’s difficult to put a lot of these into buckets. Kelly Obrien is the manager at the customer contact center. They use Salesforce.com and they have the data on what the calls are coming in for. We can get that data.

Anita – We just want to make sure that if there are issues out there that we’re not aware of that we have some input on how these issues are addressed.

Marceil – What I can do is get a breakdown of issues and see if there is anything that this committee is not already aware of.

Todd – Although the client experience is not a charge of this committee, it’s important to address these issues. One other thought is once we identify issues on your end, we could also then solicit info from our broader RCCO community to meet some of these needs - developing a network for a warm handoff from people at the Department who receive these calls to the RCCOs.

Susan – We have a budget request for the call center for ten more people which will double our staff. We understand it’s an area that hasn’t caught up and that this will not alleviate all the problems, but it will help. We also want our call center to be able to answer the bulk of the questions for the clients.

Josie – What’s the timeline on that?

Marceil – It will have to be after the legislative session once the long bill is signed.

#### 4. PIAC Update

January’s PIAC discussed the RFP. The RFI documents totaled 4,000 pages. PIAC received a pretty comprehensive summary of the RFI responses. The Department described next steps which will be publishing an executive summary sometime in the spring of this year along with full text of all the RFI responses. RFP discussion at PIAC led to PIAC areas of focus.

Todd distributed document outlining areas of focus for the newly formed PIAC sub-committees. The document distinguishes between ACC programmatic areas of focus and the RFP areas of focus for each sub-committee. P&CI areas of focus are;

ACC Areas of Focus



- Attribution
- Transportation
- Network Capacity (Echo and eConsult)

## ACC RFP Areas of Focus

- Specialty access
- Referral protocol
- Provider supports for integration
- Workforce (i.e. non-traditional workers)

Kelley: What does non-traditional workers mean?

Marceil: Community Health Workers, Patient Navigators

Susan: We understand RCCOs are already using non-traditional workers and it may be arbitrary as to whether it's an RFP discussion, but we want to use these workers in a more systemic way and address these workers in the next iteration of the RFP.

Todd: Does non-traditional workers also include care coordination staff?

Susan: I do not think of it as a care coordinator, but there is probably some bleeding between the two.

Kelley: I think it runs the gamut. It's helpful to know that you're thinking about these models of care coordination to provide these services.

Marceil: There is a lot of support for this type of development, but there has also been a strong message from the RFI that there should not be a lot of mandates around how these services are provided.

Susan: When we started a lot of the focus was on the primary care, but as we evolve we're thinking about other things i.e. how to get specialists involved, how to involve the broader community, etc.

Todd: I want to make sure we have some direction and we are focused as a committee in terms of our discussion around the entire workforce.

Phone: We should also think of peer support and supports that can be very unique to communities. That's why people don't want mandates so they have the flexibility to provide supports for the patients.



Anita: We can't forget school, daycare providers, and after school providers.

Phone: We also can't forget churches. Clients get a lot of supports from their churches.

Kelley: So the ACC areas of focus are the areas we want to address right now, and the RFP areas of focus are issues we want to use to help the Department frame the discussion around the RFP?

Susan: Yes we will want to solicit input from everybody regarding how we think about the next RFP and what sort of constraints our communities face so we know how to frame the RFP.

Aubrey: The licensing of CHWs and PNs need to be taking place elsewhere is what I'm hearing.

Susan: That's correct, and Barb can help us understand the licensing work that's being done with CDPHE and some of their partners.

Todd: I think we'll have to engage the non-traditional workforce if we want to have the impact that we want to have.

Brenda: What is the Department's position on the paramedic issue?

Marceil: We are interested in exploring options that result in the outcomes we want, but some of the legislative and regulatory issues are out of our hands. We can't unilaterally extend the scope of a license's practice capabilities.

Susan: And there are definitely some pilots we are working on. Kelley and RCCO 7 are working on one in particular that is interesting.

## 5. Clear Recommendations from Agenda

Anita solicited input from everybody regarding the recommendations list and asked everyone to suggest recommendations for removal from the list.

Recommendation #1: Will remain on agenda. Susan suggested that #1 had been addressed. The group discussed number 1 and the possible need for clarification regarding the process that needs to be undertaken by providers regarding the fax forms after they are returned by the RCCOs. Kelley explained the current processes and communications protocols. Also discussed the possibility of providing a FAQ sheet for providers regarding the fax sheets.

Recommendation #2: Removed from agenda.

Recommendation #3: Removed from agenda.



Recommendation #4: Will remain on agenda. P&CI workgroup is currently looking into transportation issues.

Recommendation #5: Removed from agenda.

Recommendation #6: Will remain on agenda.

Recommendation #7: Will remain on agenda. Charlie Lippolis explained that this recommendation should be reviewed. Oftentimes ED providers have no idea what's coming in the door and this recommendation would need a lot of discussion.

Recommendation #8: Will remain on agenda. It was suggested by a phone participant that the wording on #8 should be changed to "expand reimbursement of tele-health services." The group settled on changing it to "expand opportunities for reimbursement." It was also agreed that the language of #8 regarding "primary care" should be reviewed in a later meeting.

Recommendation #9: Will remain on agenda.

Recommendation #10: Will remain on agenda.

Recommendation #11: Will remain on agenda.

Recommendation #12: Removed from agenda.

Recommendation #13: Will remain on agenda.

Recommendation #14: Will remain on agenda.

Recommendation #15: Will remain on agenda. The sub-committee has a workgroup assigned to work on referral issues at the moment.

Recommendation #16: Will remain on agenda.

Recommendation #17: Will remain on agenda.

Recommendation #18: Will remain on agenda.

Recommendation #19: Will remain on agenda.

## 6. Process for P&CI Input

Matt Lanphier explained that the sub-committee's concerns have been heard with regard to bringing finished documents to members and asking for input. The Department will be instituting a new process whereby some documents will be brought to the sub-committee for discussion before they are finalized. In the



interest of avoiding unnecessary confusion, the Department would like to form small workgroups to discuss each document. This will avoid multiple drafts floating around. The workgroups will be voluntary.

## 7. Workgroup Reports

Transportation - Matt sent the RFP for total transit. We have a workgroup this afternoon, and we'll continue to keep the subcommittee up to date.

Anita: Are we looking at rural issues and areas outside the broker catchment area?

Todd: Yes we will be. We have previously focused on the broker area, but we will be discussing some rural issues today.

## 8. Voting Members Discussion

Anita: We are in need of two members. We will search out additional members and inform you of the decision next month if that's okay with everyone.  
Everyone agreed.

## 9. Attribution

Discussed attribution being a standing item.

Matt discussed the pediatric only practices being attributed adults. These adults were attributed before the practices were on the pediatric only list. The Department will manually dis-enroll these 2800 clients over the next two months.

Anita: A lot of these clients have been messing up the data for the practices they have been attributed to. Will this be fixed going forward?

Susan: We will not be correcting payment retroactively, but going forward these clients' data will not affect the pediatric only practices.

Anita: We should also be aware of the fact that some clients will need to be reattributed to the pediatric practice because they belong there.

Susan: We will be respecting client choice, so if the client chose that practice they will not be dis-enrolled.

Meeting was adjourned.

Next Meeting 3/19



**(ADA Notice)** Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Committee Coordinator at 303- 866-xxxx or [first.last@state.co.us](mailto:first.last@state.co.us) or the 504/ADA Coordinator [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one week prior to the meeting.

