



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

March 19, 2015

1. Introductions

A. In-person Attendees

Todd Lessley (Salud), Anita Rich (CCHAP), Jon Meredith (HCPF), Matthew Lanphier (HCPF), Jessica Provost (IHP), Elizabeth Forbes, Brenda Vonstar, Elizabeth Erickson (CCHA), Stephanie Brooks, Nicole Konkoly (RMHP), Barb Martin (CDPHE), Josie Dostie (CCHA), Erin Miller (HCPF), Manthan Bhat, Marceil Case (HCPF)

B. Phone Attendees

Barb Young, Casey King (KP), Colleen Casper, Chelle Denman (IHP), Ken Davis (Mountain Family), Jenn Dunn (CRHC), Jill Atkinson, Heather Logan (MCPN), Shera Matthews (Doctor's Care), Kelley Vivian, Molly Markert (Access), Hanna Schum (HCPF), Kristen Trainor (CCHA), Kevin JD Wilson (HCPF), Brooke Powers

2. Announcements

Marceil – The committee asked for data on how clients are having trouble with access to care. Marceil did check with the customer contact center, but it's very rare that a client calls and asks about access to care. We did get a rudimentary report from customer service which showed that clients who are tagged as a caller with an access issue are often also complaining about billing. There were 111 calls asking about locating a provider, which may be our best metric for what we're looking for. This was out of 1,428 calls. As a side note, we did get our budget approval for additional FTEs in our call center, so that will be happening.

Casey – Is it possible for the committee to recommend additional types of categories that the call center can use to collect and filter information?

Marceil – The major categories are not negotiable at this time, but we can filter by different key words if you guys can think of something that would be more appropriate.

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Casey – Can we suggest a CAHPS-like survey to try to get at the information we are looking for?

Marceil – I think there are many surveys already out there that gets at some of this information, we can certainly look at alternative funding sources.

Brenda – would it be possible to get the zip code of the patient calling in?

Marceil – It's possible, but the zip code in the system isn't always reliable.

Chelle – Would it be helpful to hear about outcomes or resolutions so we can have actionable information?

Marceil – Keep in mind that the call center is for the entire universe of Medicaid clients and isn't necessarily just about the ACC.

Matt – We can table this discussion for next month and have a more substantive discussion with someone from customer service. We want to be cognizant of time.

Everyone agreed.

3. Approval of Minutes

Minutes were approved.

4. PIAC Update

Todd - We received a shared savings update. The news is that FY 2013 there were no shared savings. The ACC needed an additional 7 million dollars to create a shared savings mechanism. The program then didn't generate the savings that they wanted. The minimum savings was 20 million to generate a shared savings, but there was about a third less than that, hence the shared savings. The committees will continue to work together to see where the program can improve. We received an update on the RFP, particularly about the maps for the future of the ACC, which we will talk about later today. Hanna talked about reattributing clients who have a stronger relationship with a provider other than they're attributed PCMP. One important note was the current enrolled number of 800,000 and it's important to note that there were not that many people in Medicaid when we started.

5. Consumer Input/Client Experience

Molly – Transportation continues to be a challenge and we have to keep that on the forefront of our agenda with regards to client experience.



Todd – That is one of our areas of focus and we will continue to partner with the Department in looking at this.

Ken Davis – We need to leverage technology and use the possibility of virtual type visits to overcome the barriers of transportation. We should look at ways we can support those types of innovations and interactions with our clients.

6. Voting Membership Discussion

Heather Logan and Shera will be added as voting members to the group. Anita named the voting members.

It was noted that Tom Hill (voting member) was no longer with the Colorado Hospital Association. Gail Finley on the phone will be replacing Tom Hill in the short term.

7. Workgroup Reports

Todd Lessley - Transportation continues to be a struggle from the client and provider perspective. We looked at the RFP for Total Transit. The goal was to make recommendations to the Department that weren't too lofty and didn't align with the contract requirements pertaining to Total Transit. We obtained a copy of the contract and we will be reviewing that to see what the deliverables are so we can make informed recommendations to PIAC.

A workgroup was also formed to look at the Attribution FAQ document and those suggestions/observations will be incorporated into the document before distribution. And the Department will bring the document back to the group before distribution.

Susan asked about the new process and whether the Department can do more to facilitate better communication and be transparent.

Ken Davis - Having a PCP does matter, and there should be communication geared towards clients which reflects the importance of having a medical home.

Elizabeth Forbes – Consumers would find more education from providers very helpful. Whether that's about benefits or just education in general would be an enormous help to them. Whether that's from providers or RCCOs I think it would be really helpful. Some are wondering about vision benefits, for instance. If a provider or someone can explain to them the dynamics of the benefits packages it might help tremendously. Even if we had a class for clients once a month it might be very helpful for clients.

Brenda – Maybe also a document for providers that they can distribute to clients outlining the advantages of having a PCP or a medical home.



Forbes – that may be helpful, but I think clients get sick of reading things too.

Barb Martin - CDPHE is also doing a lot of work around the medical home initiative and we could bring this back to our group for discussion around client engagement and marketing.

Marceil – The Department also received a \$2 million grant for patient and family centeredness and we can bring this back to the team and see how we can build that into their efforts.

8. Attribution

Susan - We shared last month that we are moving 3,000 adults who were previously attributed to pediatric only practices into the unattributed buckets. In that same regard, we are also looking at opportunities where we can clean up that attribution process. We are looking at re-attributing clients who have a stronger relationship with a provider than the one they are currently attributed to. We would be noticing the clients as well as the providers. This process could be done on a regular basis perhaps quarterly or monthly.

Casey King – Some members being re-attributed makes sense, but what about the members who called HealthColorado to be attributed to a particular provider?

Susan - The methodology will still respect client choice and this will not be moving any clients who have chosen their PCMP through HealthColorado. We do however think there may be an opportunity for the RCCO to reach out to those clients and get them attributed to the correct PCMP.

Sharon – Can you explain how the system will determine if the client has a stronger relationship with a new PCMP?

Susan - The methodology will not change and will still be a 12 month look back based on E&M claims. The client will simply be shown to have a stronger relationship with a different PCMP than who they are attributed to during the look back period.

Ken Davis - Would this also apply to virtual visits for clients as we innovate in the future?

Susan – That's something we will definitely keep on the radar.

Brenda – What about a client who is doctor shopping who also has a contract with their PCMP?



Hanna – We do have a tie breaking methodology which would determine which PCMP the client would be attributed to.

Jill – We should keep this as an agenda item and see if the changes being made are having an effect and what effect they are having.

9. COMMIT Discussion

Jon Meredith – The COMMIT project a combination of three very large RFPs, one is interChange, one is the PBMS, and one is the BIDM. The InterChange has been awarded to HP, and the go live date is November 1, 2016. The PBMS award was protested and was thrown back into the bidding process. We are currently finishing that contract. Truven was awarded the BIDM. They have significant experience in the private sector, Medicare, and Medicaid.

The RFP was won by such a margin that we never even had a protest which was pretty big for government contracting. We expect the contract to be signed in April, beginning work on May 1 of this year. December 1 we will have a sandbox where we can get in and begin to play with data. The BIDM will go live on the same day as the MMIS. The BIDM will merge the SDAC into itself. We will have a vastly more robust system and we want to be the best data and analytics system in the country.

All MMIS data will be stored in the data warehouse we're building. It will have interfaces with many Colorado agencies. As far as SDAC data is concerned, the system will be much more agile. Attribution changes will be made in a matter of weeks as opposed to months once we decide to pull the trigger on things.

Shera – Will the timeliness of the data be improved with the new BIDM?

John – That's a policy decision that I can't necessarily answer. We will be able to have real time access to the data, whether or not we push that out will be a policy discussion.

Ken Davis – Will we be able to capture some social determinants of health or data based on past trauma to incorporate that into the analytics?

John – Absolutely. We are absolutely interested in that. We have in the requirements a much more robust ability to do analytics on those kinds of metrics.

10. Disability Competent Care Assessment Tool

Elizabeth Baskett - With the MMP, we've had discussion about network adequacy and we've been thinking about what we can do for providers to make them more



accessible. How can we provide more tools, more awareness for providers? One thing we've looked at is an accessibility tool. We formed a workgroup with our RCCOs and the disability community to look at the tools out there right now. California is the only other state to look at an accessibility tool. We've developed a Colorado specific tool, and we piloted the tool with several different clinics and we learned a lot from going out to the providers and working with them.

We've learned that the tool is long and takes a lot of time out of provider's schedule. We've made some tweaks, and we would like to work with our MMP providers to do the tool and offer support and resources to help our providers become more accessible. We will be working with the RCCOs on an implementation plan for the tool. The tool is not meant to be punitive or a requirement for all providers. We understand providers have a lot on their plates, and we will be focusing on providers who are open to the tool and want to become more accessible. We're also working on an inventory to determine where the providers are with regards to accessibility.

Anita – Could not you hook this assessment with the assessment from the AHRQ grant or other projects like SIM to align initiatives and having these assessments be done together?

Elizabeth – Those are really good ideas that we will definitely take into consideration.

Barb – Who fills out the assessment?

Elizabeth – I envision the RCCOs doing the assessments working with the office administrator.

Molly – You want to also include commercial real estate representatives. Discussed attribution being a standing item.

11. Map Discussion

PIAC has asked our committee to look at the current maps and provide recommendations for prioritizing criteria for the layout of the future regions. We will be forming a workgroup which Matt will schedule in the coming days. Please contact Matt with any questions.

Next Meeting 4/16/2015 8:00am-9:30am
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