



COLORADO

Department of Health Care
Policy & Financing

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

November 12th, 2015

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

There was no consumer input issues this month.

4. PIAC Update

- a. Presentation of the CU Evaluation / Will present again at SNAC Lab, next Thursday (Date)
 - i. Provider and Consumer survey of Total Transit hasn't happened yet
 - ii. When will that happen? Marty will check on the status of the survey. Marty to ask Matt to add to next PCI agenda.
- b. Most of PIAC focused on ACC Phase II

5. ACC Phase II Discussion

- a. Lois Munslin: BHOs currently capitated, how will that structure work in 2.0?
 - i. Susan: FAQ under work and will be distributed
- b. Casey King: can a RAE be a managed care? Or non-risk bearing? How will this work?
- c. Anita: how will BHOs/RCCOs come together as one?
- d. Casey King: Will RAE need to contract with BHO? Will RAE need to pass payment through?

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- e. Anita Rich: will BHO get absorbed into the RAE? Wonders about level of infrastructure that will need to occur for this to be successful
- f. What will the payment structure look like? It will be helpful to clarify payment structure
- g. Molly Markert: Don't find a different way to do what we've always been doing; change to a wellness model
- h. Brenda VonStar: engaging specialist is difficult. How will provider know who is available and who is not? Is there a better system for providers to find a specialist that is available when needed? Need to update specialist list. Is there a better way in Phase II to engage specialists?
- i. Todd Lessley: what strategies will be put in place in 2.0 to better engage subspecialists? What strategies will be put in place to better engage the hospital network?
- j. Jennifer West: RCCO 7 service center reaches out to specialists/ PCMPs.
- k. Jill Atkinson: BHO are regulated by numerous State agencies...what happens to those structures; Regulation/documentation is very onerous, leading to increased costs and lower efficiency—will combining BHO/RCCO make this worse? Be smart about what really adds value for the patient
- l. Anita Rich: What's the purpose in combining BHO/medical?
 - ii. Jill A: Combining to get rid of fragmentation; but if structures don't change, combining may just be "mucking up" the system, if we don't do business differently
 - iii. Lois Munson (Senior Counseling Group): If mission is to have "meaningful lives," then we need to find a way to measure "giving back to the community" and meaningful life; we can't measure "give back" in the same way we measure expenses.
 - iv. Shera Matthews: Will credentialing, access to info improve under one system? Still have extreme problems with access to MH and specialty care. Cutting 1202 bump will affect access to care.
 - v. Jim: Can we use technology/telehealth, etc. to increase access? Will state help defray these costs?
 - vi. Susan Diamond: Needs to be compensation for tele-consults. Current reimbursement for this type of service is "slim to none"
 - vii. Susan Mathieu: besides money, how else can we better improve access to specialists?
 - 1. Susan Diamond: working with specialists to develop protocols for the PCMPs to refer to specialists provide appropriate patients through protocols; create feedback loops; reserve Medicaid slots with some sort of "insurance"



that the client will get to the specialists, cut down on client no-shows.

- m. Todd: Why doesn't PCMP definition include Physicians Assistants?
- n. Jenny (CDPHE): Work with Children's to "gap fill" from clinics around the state...triage is important, specialists need to weigh in on whether or not a patient should be referred to them; family support is also very important—which families can benefit from care coordination as issues with getting to specialists is not simply medical, but social as well.
- o. Lois M: There will always be a way to make more money than to see Medicaid patients, so money may not be the biggest issue...what is the emotional buy-in?
- p. Brenda V Starr: for patient, six months is a very long time for appt: time lag can make clients think that the care is "not that important," which lowers patient engagement
- q. Alice Gibbs (CCHN): CMS issued final rule around access to care monitoring plan, needs to be in place by July 2016...can this guidance/rule help with 2.0 and specialty access? State is now required monitor to access to specialty care, the data collected can help inform the issue to a greater extent (payment, access, issues, etc.)
- r. Todd: Rural/frontier Colorado have extreme access issues...need to also consider rural when we're talking about access
- s. Jenny (CDPHE): Review who all are doing "outreach clinics." Can 2.0 understand who is doing this (typically larger hospital systems) and better enhance these? Hospitals can better absorb the costs of specialty care in rural areas
- t. Josh (hospital association): Telehealth will play a big role in specialty care access; place an emphasis on telehealth on 2.0
- u. Anita: We never run a Plan, Do, Study, Act to prove what will or won't work with the recommendations. What data exist to support the proposed changes? (BHO+RCCO) Concept paper is missing data from the last five years. Concept Paper need the data to support the proposed changes
- v. Todd: Has the Department done an analysis of the costs of all this?
- w. Laura (Savio): "Implementation" is missing from this concept and is absolutely vital, major gap in level of detail. As a former Medicaid recipient, being "moved" to a PCMP was the most un-empowering thing she has ever been through
- x. Barbara Martin: Concept Paper addresses many of the issues we have all been talking about for years; real steps that were conceptualized to help



address issues. Statewide group led by Governor's Office to get a better understanding of the provider-base in the state.

Next meeting 12/10/15. PLEASE NOTE THE CHANGE FOR OUR NEXT MEETING. WE WILL NOW BE MEETING ON THE SECOND THURSDAY OF THE MONTH, AND THE ROOM WILL BE CHANGING.

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