



**COLORADO**

Department of Health Care  
Policy & Financing

## **MINUTES OF THE MEETING SUMMARY FOR THE ACC Program Improvement Provider & Community Issues Subcommittee**

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

September 8, 2016

### **1. Introductions**

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

Todd Lessley (Salud), Anita Rich (CCHAP), Amy Harder (CCCC), Greta Klingler (CDPHE), Alejandro Vera (HCPF), Jamie Haney (MCPN), Abby Worthen (CDPHE), Matt Lanphier (HCPF), Emily Berry (HCPF), Jason Brabson

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

Alyssa Rose, Ben Harris (HCPF), Beth Powers (ClinicNet), Rachel Hutson (CDPHE), Jill Atkinson (CRC), Heather Brozek, Kate Hayes (PPRM), Mindy Klowden (JCMH), Jenn Dunn (CRHC), Nicole Konkoly (RMHP), Molly Markert (COA), Jessica Provost (IHP), Josh Ewing (CHA), Jenny Layng (MFHC), Shannon Breitzman, Shera Matthews (Doctors Care), Wendy Nating (Tri-County), Lori Cohn (RMYC)

### **2. Announcements**

Many topics were discussed at the state PIAC meeting on Wednesday, August 17, including transportation, enhanced Primary Care Medical Providers (ePCMP), and the criminal justice involved (CJI) population. The P&CI subcommittee will address these topics as they relate to provider and community issues in future meetings.

### **3. Approval of Minutes**

Minutes were motioned for approval and were approved as written.

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

There were no consumer input topics discussed.



## 5. Criminal Justice Involved Populations

Alejandro Vera, from the Department, gave a presentation on criminal justice involved (CJI) populations and how policy changes may impact providers, community advocates, and consumers.

Alejandro Vera: The suspend function is a new benefits package that will be rolled out in the MMIS interChange on November 1. It is not a true suspend function, because being incarcerated prevents people from getting Medicaid. However, the Department is working with the Department of Corrections (DOC) and county jails to enroll inmates during intake. The system will immediately identify that they are incarcerated, and their Medicaid benefits will be suspended. Their Medicaid benefits can be renewed if the inmate incurs a hospital stay that is longer than 24 hours while in prison.

Anita Rich: Please clarify, what is "suspend"?

Alejandro Vera: Suspend refers to the period when the inmate is in jail, based on an independent update by the jail and prison systems. The Department relies on the DOC to accurately designate when someone's Medicaid benefits should be suspended based on incarceration.

Mindy Klowden: The terminology came about because Medicaid was "terminated" in the past. Legislation changed it to "suspend" to make it easier to reinstate.

Alejandro Vera: The goal was to prevent duplication and to make it easier to enroll. This function helps streamline the process. It involved a statewide work group, which included 11 sheriff's departments and provided a forum to discuss issues related to Medicaid and the jail-involved population. It aimed to connect county-level human services departments with jails. This workgroup is meant to act as a sounding board for different groups to identify problems. For example, there is a strong correlation between homeless persons and criminal-justice involved populations.

Anita Rich: How long does it take to suspend someone? For instance, when someone is in jail overnight after being arrested for vagrancy.

Alejandro Vera: Ideally, the jails and counties would be using PEAK Pro to enroll individuals in Medicaid. Short term, it is the hope that these counties and jails would enroll the client in Medicaid.

Anita Rich: How long does it take to get suspended/unsuspended upon booking/release?

Alejandro Vera: That is still being tested.



Amy Harder: They have to reenroll into Medicaid. When they do the application at the time of intake, they get denied (because they are incarcerated), but they do get a Medicaid ID number. They use that number to reenroll into Medicaid upon release.

Anita Rich: So if they're discharged, they need to reenroll. This clarification makes a big difference if folks gravitate toward you for care after being released from prison.

Amy Harder: In addition, jails are different than prisons. If someone is in jail for a short time, then their Medicaid status may show as active. It varies by county. Currently, jails are not consistently enrolling anyone upon intake.

Jamie Haney: If a person gets arrested and the person in the county jail doesn't report them, then the Medicaid enrollee won't be "disenrolled". During follow-up, we'd want to make sure they have Medicaid.

Molly Markert: At what point can a provider get paid, if Medicaid is suspended?

Alejandro Vera: The suspend function is for Medicaid benefits. During time in jail, all claims will be denied except for hospital stays that extend beyond 24 hours.

Jill Atkinson: How long does someone need to be in prison before someone sends in a notice to suspend Medicaid benefits? Is it retroactive?

Alejandro Vera: It should suspend retroactively. We want to make sure it's an accurate timeline on what's happening. There is an expectation that the DOC and counties will accurately timestamp that.

Jill Atkinson: A concern is that after being released, former inmates don't have psychotropic medications. From a provider perspective, they still don't have benefits. This is a strain on the system. Clearly, we don't want people to come off their meds.

Alejandro Vera: This is what the suspend function and reenrollment function aim to address.

Amy Harder: I met with the DOC nurse care manager in Region 7. We will talk more with the Department about how the application process can be more concise, and not reenrolling through the whole process again.

Anita Rich: What about kids who are incarcerated or in halfway houses, institutionalized, etc.? How to include family eligibility into this process? How does the Department of Youth Corrections work?

Alejandro Vera: The suspend function will apply to all youth.

Jason Brabson: Will Medicaid be suspended upon arrest or incarceration?



Alejandro Vera: Medicaid will be suspended upon incarceration, after the person is formally charged. The statewide working group is focused on Medicaid enrollment programs and creating a toolkit for sheriffs, as well as monitoring and tracking success. Initiatives need to demonstrate cost savings while accounting for standardization and interoperability challenges.

CMS recently released Community Corrections guidance around freedom of movement, and as of June 1, 2016 in Colorado, people in halfway houses are eligible for Medicaid. We're not sure how this will play out for folks in work release programs, because there is no precedent.

This does work the same for adolescents. The CMS guidance applies to any individuals as long as the facility meets the definition for freedom of movement.

There are numerous other projects in this realm. For example, when a judicial district makes a referral for medically necessary treatment, we need to make sure that it aligns with what Medicaid deems medically necessary, or that it is something that Medicaid pays for. We do not want members to incur health care bills, because they were court ordered. This includes behavioral health care. Some districts have private/grant funding which may compensate services that Medicaid does not cover. The goal is for the courts to align with what is covered.

Mindy Klowden: In the Behavioral Health Organizations (BHO), we have a 7-day requirement for patients with Medicaid. If someone is released after being incarcerated, it is challenging to get them in within 7 days, because recently released inmates have other concerns, such as housing and employment. How can we shape and meet the needs of the population better?

The subcommittee plans to follow up on this discussion with a focus on behavioral health at the next P&CI meeting in October.

## 6. PCMP Recoupment

Jill Atkinson: To clarify, the Department is going to adjust the incentive payment for Q3 to reflect the overpayment for Q1. If there is not enough money in the "pot," will this affect the enhanced rate?

Matt Lanphier: Yes, because all payments are made at the same time.

Jill Atkinson: Will this be clearly spelled out?

Matt Lanphier: Those aren't normally spelled out clearly. But you can reach out to me directly and I can provide you with the exact dollar amounts ([matthew.lanphier@state.co.us](mailto:matthew.lanphier@state.co.us)).



Amy Harder: Some RCCOs send out an itemized spreadsheet.

Matt Lanphier: That information will be shared out with the RCCOs today, in the form of payments by practice. For federal audit purposes, payments will be recouped from the PCMPs. For practices working with multiple RCCOs, there isn't a different spreadsheet for each RCCO. One spreadsheet will be sent out to all RCCOs that outlines the different payments. Information has been shared out with providers in the At A Glance, Provider Bulletin, SDAC, and through the RCCOs. SDAC data changed in late spring/early summer to reflect this.

## 7. Transportation Workgroup Update

Emily Berry: The NEMT Transportation Workgroup held a meeting on August 30<sup>th</sup>. At this meeting, Elizabeth Reekers-Medina, the NEMT Contract Manager at the Department, led the discussion on the following agenda items:

- Out of State Travel: all RCCOs requested data from the Department on this
- Data Requests: Elizabeth requested that organizations provide their data "wish-lists." Data outside of the Veyo brokered area is limited and may not be available. Elizabeth will provide a status update on the Provider audit/Client survey at the next meeting.
- On-Demand NEMT: The Department is exploring options, but does not have an implementation timeline.
- HB 16-1097: New permit for NEMT and NMT providers, to roll out in November or December 2016.
- General Discussion: Members or providers can call Veyo to file a complaint. The direct number for community and provider issues is 720-282-4448.

It has been recognized that many of these topics are not relevant for regions without Veyo, and this will be considered as the workgroup continues to meet.

The workgroup will continue to meet quarterly to discuss transportation issues as they relate to Health First Colorado members, and to develop recommendations to bring back to the P&CI Subcommittee and PIAC.

## 8. Subcommittee Housekeeping

The updated charter was redistributed and will be approved at a future meeting.

Subcommittee focus areas were brought up at the August PIAC. The P&CI subcommittee's areas of focus are:

- Attribution
- Transportation
- Specialty Care



- COMMIT
- Behavioral Health Integration (SIM, CPC+, TCPI)
- Ongoing monitoring of revalidation and network capacity issues

Emily Berry: PIAC leadership tasked the subcommittees with deciding whether the focus areas should be seen as guidelines or fixed topics.

Todd Lessley: The system is changing so quickly. My recommendation is to treat these as guidelines. PIAC is delegating areas of concern and other topics as they come up.

Amy Harder: There may be redundancy, but a lot of these topics have a different lens. They affect systems differently. We are not going to have the same thing come up at each subcommittee.

Todd Lessley: We don't want to have the same conversation, but there are programs and initiatives that are relevant to multiple subcommittees.

A standing goal of the subcommittees is to discuss relevant information and to bring recommendations back to the PIAC.

**Next meeting: 10/13/16, 8:05am – 9:30am**

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