



**Provider and Community Issues:
Sub-committee Recommendations**

#	Recommendation	Department Response	Status
1	HCPF should amend the contract with the enrollment broker to require feedback to the originating party on information received by fax about the status of the fax request	HCPF has amended RCCO contracts to require that RCCOs and HealthColorado meet and problem solve issues with attribution and the fax enrollment form. Also, a process has been instituted whereby the fax forms unable to be processed by Health Colorado are returned to the RCCO each month with a reason for its return. RCCOs receive these forms monthly.	Complete/Removed
2	The Department should improve weekend and evening Medicaid transportation services and address system-wide transportation problems with Medicaid NEMT.	The Department is looking at the issue of NEMT and has convened the P&CI Transportation workgroup to recommend improvements to the PIAC	Will remain on agenda for future review
3	The Department should increase reimbursement to PCMPs for services provided in the office at times other than regularly scheduled office hours or days when office is normally closed and open CPT codes 99050 and 99051 to allow PCMPs to bill for these services.	The Department has instituted the recommended changes.	Complete/Removed
4	The Department should help bring hospital partners to ACC forums and meetings in which Emergency Department utilization is being discussed to solicit hospital collaboration and feedback with efforts designed to reduce inappropriate utilization	The Department is committed to working with the Colorado Hospital Association and other stakeholders to identify hospital partners to invite to ACC forums and meetings where ED utilization is being discussed. In addition to working with CHA representatives present at PIAC and subcommittee meetings, the Department will make targeted invitations to hospitals for meetings which focus on certain populations and/or certain areas of the state.	Will remain on agenda for future review
5	The Department should identify a universal method for a PCP to be informed immediately when their attributed client is seen at the ED. If the Department is going to use CORHIO as a method of notification, subscription charges should be cost effective for PCPs and the Department should explore covering this cost to make data accessible.	The Department has provided RCCOs with Admit, Discharge, Transfer (ADT) data on a monthly basis since April, 2015.	Will remain on agenda for future review
6	An estimated 75% of the Medicaid expansion population already has a Federally Qualified Health Center (FQHC) as a medical home. However due to lack of claims history these patients will be enrolled into the ACC as unattributed. The Department should allow PCMP's who are CICP providers to provide historical visit data to the SDAC and this data should be used in the PCMP attribution methodology.	The Department can't bring in CICP historical visit data into the SDAC from multiple providers. This would be too resource intensive. Further, attribution is only a 12 month look-back, so any visits which occurred before Medicaid expansion would not be counted.	Incomplete/Removed
7	The Department should allow the use of CHP+ history to attribute clients moving from CHP+ to Medicaid.	The Department has approved CHP+ attribution methodology - which has been implemented by at least one RCCO to date.	Will remain on agenda for future review
8	The Department should allow a client select a PCMP at the time of Medicaid enrollment and be immediately attributed to their preferred PCMP.	The Department has decided not to pursue this recommendation at this time. Systems capabilities do not currently exist to capture this information at the time of application. Updates to multiples systems (MMIS,CBMS) would be required. The timeline for such changes (over a year) need to be weighed against the timeline for the upcoming MMIS re-procurement - which may allow for an easier transition to an "attribution at application" model.	Inactive/ Will remain on agenda for future review
9	The Provider & Community Relations subcommittee recommends that the Clinical Referral process in the ACC should be state-wide, consistent, focused on improving health outcomes, and provider friendly	The Department is in the process of revisiting the referral protocol for review by the sub-committee.	Will remain on agenda for future review
10	The Department should continue efforts to recruit specialists and sub-specialists to HCPF and the ACC	The Department is committed to continuing its efforts to recruit and increase specialty capacity within the ACC. The Department has recently launched its own version of the ECHO program, and will soon be launching an e-consult program aimed towards these ends. The Department is open to additional recommendations on how to address this important issue.	Will remain on agenda for future review
11	PIAC should specifically recommend that Case Managers work with clients that miss appointments to determine why they miss appointments, share information and intervene to reduce problem.	The Department is exploring the status of this recommendation and the extent to which RCCOs are currently working towards these ends.	Will remain on agenda for future review
12	The Department should run the re-attribution "refresh" monthly as opposed to quarterly.	The Department has implemented this recommendation	Complete/Removed
13	The language in the RCCO and PCMP contracts around client dismissal should be consistent. HCPF should provide a template dismissal letter.	The Department is requesting clarification from P&CI regarding this recommendation	Will remain on agenda for future review



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14	The ability to become a PCMP should be based on functions, all providers that meet the ability to function as a PCMP should be eligible, not based on provider description. Some possibilities are Community Mental Health Centers, Public Health Agencies, Infectious Disease Specialists.	HCPF has agreed to maintain the current definition of PCMP, and has provided guidance to the RCCOs which may allow for non-traditional providers to be considered as PCMPs. RCCOs will make these judgements on a case by case basis.	Will remain on agenda for future review
15	The Department should provide clear guidance on when a Medicaid client in an institution (i.e. nursing home, residential treatment centers etc.) must have medical clearance from the ED after an incident (i.e. fall, fight, suicide attempt, injury etc.) at the institution. Current policies may include mandatory clearance from an ED as opposed to a cost effective alternative (i.e. urgent care or PCP).	The Department is currently exploring this recommendation.	Will remain on agenda for future review
16	The Department should allow reimbursement for services provided by a Primary Care Provider via telecommunication, email or other electronic forms of communication (i.e. telehealth).	The Department supports the movement towards effective telehealth reimbursement models and is actively exploring reimbursement for telehealth services.	Will remain on agenda for future review
17	The Department should not reimburse hospitals, emergency level rates for non-emergent ED visits.	The Department actively exploring outcomes driven and acuity based payment reform methodologies and is committed to working with our partners towards innovative solutions.	Will remain on agenda for future review
18	NEMT Recommendations: Patient survey, campus locations, fact sheet, adjusting call scripts, communications with dispatch, process for elevating complaints to HCPF, and immediate intercession with Total Transit contacts	Pending	Will remain on agenda for future review