

**CMS Board of Directors: July 13, 2018  
CONSENT CALENDAR: Items for Approval**

- Item 1: Minutes of May 18, 2018, BOD Meeting; Pages 1-9**
- Item 2: Minutes of May 9, 2018, CPMG Meeting; Pages 9-11**
- Item 3: Minutes of May 15, 2018, PDA Meeting; Pages 11-12**
- Item 4: Minutes of June 6, 2018, WICPIC Meeting; Pages 12-13**
- Item 5: Additions to Roster, Committee on Wellness: Pages 13**
- Item 6: Roster, Cost of Care Working Group: Pages 13-14**

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**Item 1: May 18, 2018, BOD Minutes: Page**

**MEMBERS PRESENT**

President	Robert Yakely, MD
Imm. Past President	Katie Lozano, MD
Districts 1 & 2	Richard Lamb, MD
Districts 3 & 4	Vacant
District 6	Brandi Ring, MD
District 7	Leto Quarles, MD
District 9	Curtis Hagedorn, MD
District 11	Cory Carroll, MD
District 12	Patrick Pevoto, MD
District 13	Brad Roberts, MD
District 14	Sofiya Diurba, RVU
CPMG	Kim Warner, MD

**MEMBERS ABSENT (EXCUSED)**

President-elect	Deb Parsons, MD
District 5	David Markenson, MD
District 8	Mark Johnson, MD
District 10	Rocky White, MD
RFS	Charles Tharp, MD

**GUESTS PRESENT**

Stephen Boucher, Kathy Linqvist-Kleisser, Dr. Lynn Parry, Dr. Brent Keeler, Judy Ladd, Andrea Chase, Sara Lipnick, Dr. Samet

**CMS STAFF**

Alfred Gilchrist, Susan Koontz, JD, Chet Seward, Dean Holzkamp, Marilyn Rissmiller, Kate Alfano,

**Agenda Item**

**Presenter**

I. CMS President Robert Yakely, MD, convened the meeting at Noon and made the following comments:

Clear Creek Valley Medical Society is changing its name to the Foothills Medical Society. This is an action item for the CMS board of directors based on CMS bylaws. The background material on this action item did not get into the board's package that you received on Friday May 4. Because the board has a standing rule that all action items have to be provided to the board two weeks in advance, he asked if there were any objections to acting on the CCVMS name change today? There were no objections. Subsequently, a motion to accept the change of name of CCVMS to the Foothills Medical Society was made, seconded and unanimously approved.

II. Fiscal Year 2017-2018 Operational Plan: Policy

A. Report of Subcommittee to review the HCR matrix (Action)

Dr. Yakely

1. Dr. Yakely turned the board's attention to the Report of the Subcommittee that reviewed the Health Care Reform Matrix and made the following comments:
  - a. I want to stress the importance of putting this report into a broader context;
  - b. Since the November 2017 meeting, we have been debating whether CMS should engage in comprehensive health care reform or focus on incremental reforms, neither of which has been clearly articulated in a way that is understandable to our members
  - c. Today, you are going to vote on more than just a Subcommittee Report. You are going to vote on a strategic direction.
  - d. The responsibility of a board is to determine "What we want" and it's the job of a Chief Executive to say, here is "How we can do it."
  - e. In this regard, I asked our executive staff team, that if the board approves the strategic direction encompassed in the Subcommittee's report, how will we be advised to proceed.
  - f. Alfred Gilchrist, CEO, was called on to make a brief presentation on how staff would recommend the board proceed.
2. In summary, Mr. Gilchrist made the following report:
  - a. The following issues will be addressed in the 2019 Legislature;
  - b. Each of them is significant to physicians and patients;
  - c. These are interrelated and easily exploitable by medicine's adversaries;
  - d. Staff recommends that CMS focus on these issues through the 2019 Legislature in through a proactive, patient-centered approach.
  - e. The issues are:
    - Medical Practices Act Sunset
    - Professional Review Sunset
    - Non-economic damage cap expansion or-or other vehicles to expand the value of a civil lawsuit
    - Cost containment: A major initiative of the state's largest and most effective business organization, the Metro-Denver Chamber of Commerce
    - Out-of-Network: influential legislators have vowed that the issue will be repaired next year, whether or not physicians, consumers and health plans can agree

- The opioid crisis: A new interim study was approved in 2018 ensuring another round of bills
- Scope of Practice: At least two non-physician health care professional groups will seek to expand their scope of practice
- Unknown Known: Every session brings at least one unexpected health care issue that may or may not align with physician values and policies.

Mr. Gilchrist finalized his report by posing the question – Will medicine define the interrelated nature of these issues or will our adversaries create the definition.

Following an in-depth discussion, a motion was made seconded and unanimously passed to adopt the Subcommittee report.

Mr. Gilchrist confirmed with the board that the executive team should proceed with plans to proactively address the legislative issues listed above including an all-member survey.

## B. Central Line

Dr. Yakely

Dr. Yakely turned the board’s attention Central Line agenda items and made the following points:

- They are all action items;
  - As you know from reviewing page 3 in the board packet, all of the information detailing the first two Central Line action items is contained within Central Line;
  - The third Central Line action item is found in your agenda packet on pages 4 and 5.
  - For each of the first two policy proposals, there will be a 3 steps process as follows:
- Step 1: I will ask if there are extractions from the proposal’s details, that being: (1) Problem/Issue Statement; (2) Description of Policy Proposal; (3) Possible Impacts; (4) Supporting Materials; (5) CMS Staff Review; and (6) Member votes and comments.
  - If there are extractions, we will take them one at a time
  - If there are no extractions, I’ll move to Step 2
- Step 2: I will ask if there is any new information from staff.
- Step 3: I will recognize guests that wish to make comments. Guests that notify Alfred or me in advance of the meeting and specify the agenda item are entitled to three minutes before the board.
- Step 4: I will ask for a motion, and of course motions contemplate discussion, amendments, alternate motions and of course votes
- Dr. Yakely then proceeded with the first item.
  1. Central Line Policy proposals
    - i. Moving health care transformation forward (Action)

1. Dr. Yakely led the board through the four-step process;
2. A motion was made and seconded to accept the proposal.
3. Following discussion, the motion failed by a unanimous vote with one abstention.
4. Several board members discussed that CMS members receive a very clear message about the rationale for the vote to reject the proposal.

ii. Central Line proposal “Maintenance of Licensure” (Action)

1. Dr. Yakely led the board through the four-step process;
2. CMS Past-president Brent Keeler, MD, testified on the proposal and made the following points:
  - a. He strongly supported physicians taking CME as a part of their professional obligation;
  - b. Abandon the language of Maintenance of Licensure;
  - c. Expressed opposition to the language suggesting requirement for CME for those physicians not participating in MOC.
3. CMS Past-president Lynn Parry, MD, testified on behalf of Foothills Medical Society that the proposal is only to convene a subcommittee of experts and to report to the board at the July meeting; that such a subcommittee made sense given sunset review of the Medical Practice Act.
4. Following discussion, a motion was made, seconded and approved to convene a subcommittee to look into CME requirements for physicians that do not have a MOC requirement with a report to the board in July.

iii. Updating CMS marijuana policy work group (Action)

Brad Roberts, MD

1. Dr. Yakely recognized CMS board member Brad Roberts, MD, to make the report of the marijuana policy work group. Dr. Roberts made the following comments:
  - a. In January the board created this work group to study the proposed Central Line proposal to ensure that CMS considers all appropriate data and implications of updating policy on marijuana.
  - b. Volunteers for the work group were solicited from membership using a confidential application process to ensure a representative group of physicians with varied perspectives, expertise and experience. Experts from the Colorado Department of Public Health & Environment were also engaged.
  - c. A deliberative and collaborative meeting on was conducted on April 23 to craft the final recommendations.
2. There was a Q and A with Dr. Roberts that consisted of:
  - a. Should the policy at some point address truth in advertising?
  - b. Questions about development of clinical prescribing and dosing guidelines for medical marijuana.

3. A motion was made, seconded and unanimously passed to approve the subcommittee recommendations and to place them on Central Line for a final vote at the July board of directors meeting.

2. Central Line Performance review outcomes (Action)

Dr. Yakely

Dr. Yakely turned the board's attention to the Central Line Performance review outcomes:

- He recognized Alfred Gilchrist, CEO, for a brief presentation.
- Mr. Gilchrist displayed two slides to put all of the performance reviews into the context of time and the moment (the slides are available upon request).
- Dr. Yakely noted:
  - This agenda item is the product of the March performance review discussion on Central Line
  - The report and recommendations were posted on the board's Base Camp on April 24 with a request for input and none was submitted.
  - In addition, he noted that Sofiya Diurba, MSC board member, convened a group of medical students to get their input in Central Line; the suggestions from the students were presented to our executive staff and posted on the board's Base camp in the form of a memo from Ms. Diurba.
- Ms. Diurba made a presentation on the student recommendations.
- Dr. Yakely continued with the following remarks:
  - Dr. Parsons and I are very excited about these outcomes.
  - They will build on what we all consider to be a very successful model for member engagement.
  - He asked for questions about both reports and their recommendations.
- A motion was made, seconded and passed unanimously that the board finds the Central Line upgrades and marketing ideas as headed in the right direction and that staff proceed with implementation.
- Board member Cory Carroll, MD, asked for an implementation plan with timelines. Mr. Gilchrist stated that such a plan would be provided to the board in the near future.

### III. Fiscal Year 2017-2018 Operational Plan: Operations

#### A. Organizational Excellence

1. Standing Committee on Annual Operational Planning (Action) Alfred Gilchrist, CEO

Dr. Yakely turned the board attention to the items under Organizational Excellence and noted the following:

- The first item can be found on pages 11 and 12 in the agenda packet
- It involves the creation of a Standing Board Committee on Annual Operational Plan.
- We are all aware that the board approves a one-year operational plan every September.
- This proposal will put a Board Standing Committee in charge of working with staff to develop the Annual Operational Plan.

- The proposal as presented in the packet has two action items.
  - We determined that if the board approves the proposed Standing Committee, member terms would need to be staggered so there is no wholesale turnover in any given year, leaving us without historical perspective.
  - The first action item is creation of a Standing Board Committee on Annual Operational Plan
  - This includes creation of the Standing Committee and its responsibilities and duties.
  - A motion was made, seconded and unanimously adopted to create a Standing Committee on Annual Operational Plan.
- Dr. Yakely continued with the second aspect of the proposal --- the Membership of the Standing Committee --- and made the following points:
    - It is important to note at this point that the plan is to have the Standing Committee meet at noon before board meeting at the same time the Finance Committee is meeting.
    - If we proceed in this way, the new Standing Committee will need to be composed of members not on the Finance Committee.
    - He asked if this made sense to everyone.
    - A motion on this aspect of the proposal was made, second and unanimously passed to create the composition of the Standing Committee.
  - Following the motion, there was discussion about whether the Standing Committee would need to meet at every meeting and if alternate meeting times could be used.
    - There was a decision that the new committee would meet on an as needed basis.
  - The following board members volunteered to participate on the committee: Drs. Cory Carroll, Kim Warner, Patrick Peveto, Curtis Hagedorn and Brandi Ring.
  - Alfred Gilchrist noted that he would contact members not in attendance to determine their interest in serving.

The board took a 15-minute break.

IV. Dean, CO School of Public Health: Special Guest

Jonathon Samet, MD,

Following the 15 minute break, Dr. Yakely introduced the new Dean of the Colorado School of Public Health, Jonathon Samet, MD. CMS board member, Dr. Mark Johnson, had suggested that Dr. Samet be invited to address the board. Dr. Samet's remarks were accepted for information.

2. Annual Meeting Performance review (2<sup>nd</sup> discussion)

Dr. Yakely

Dr. Yakely turned the board's attention to the Annual Meeting performance review and made the following points:

- This discussion in January was cut short due to time over runs in other areas.
- We decided to schedule this discussion once again because the board needs to think through future options and have them ready if we learn over the next two Annual Meetings that attendance remains stalled at current numbers.
- The board was asked to review the past and projected budget and demographic found in the board packet.

- Let's "get out of the box and share creative ideas for alternative uses of the Annual Meeting expenditures that engage physicians and medical students in-person."
- To get us thinking out-of-the-box, our staff has some starter ideas and they are displayed on the screen.
- The floor was open for discussion and there was an extensive discussion.
- Ideas for alternatives to the Annual Meeting that engage physicians and students included:
  - Smaller more focused groups;
  - Bring retired physicians together on occasion;
  - Ensure that medical students have access to practicing physicians;
  - Sponsor a public policy course;
  - More involved regional meetings; and
  - Meetings that focus on a major topic of interest to many physicians, such as the Dreamland (opioid crisis) meeting recently held in Denver.
- The discussion turned to whether a 2019 Annual Meeting contract had been signed. Because the contract had not been signed, board members engaged in a robust discussion on whether the CEO should sign a contract for 2019. Following discussion, a motion was made, seconded and passed with one vote in opposition to suspend the 2019 Annual Meeting to: (1) Conduct an assessment with membership on their preferences for alternatives to the Annual Meeting; (2) Assure adequate resources for the extraordinary challenges faced by medicine in the 2019 legislature.

### 3. Medical Society Leadership Skills Series: Performance review (Discussion 1) Chet Seward

Dr. Yakely turned the board's attention the performance review of the Medical Society Leadership Skill Series by making the following points:

- The board and the House of Delegates (HOD) intended in 2015 that CMS develop a comprehensive leadership development initiative that creates a pipeline of new and up-and-coming leaders for CMS.
- The board and the HOD felt this was necessary because the HOD was being eliminated.
- While all of the Performance Reviews are important, developing a pipeline of leaders is a vital function of the board of directors.
- Several board members at the November 2017 strategic planning retreat noted that the issue of developing leaders was critical.
- How well do you think we are doing in our efforts to intentionally develop a leadership pipeline?
- The questions on the screen are designed to get you thinking.
- The floor was open for discussion and the following points were made:
  - The leadership skills series attendance numbers were noted
  - It is difficult to get physicians to attend on a recurring basis
  - Components could be a help to identify future leaders
  - We should be more strategic and up front about what we are doing and why.
  - We need to be more clear with potential participants – specifically noting what participants receive from the program and what is required to participate including time commitments

- .Perhaps marketing the program has been to diffuse. It really needs to be selective because the program is targeted toward current and emerging leaders. More physician-to-physician outreach is necessary in order to highlight that this is a CMS leadership program to benefit individual members and enhance their participation and service to CMS.

#### 4. Consent Calendar

Dr. Yakely

- iv. Approval of minutes from 3-16-18 meeting (Action)
- v. Council-Committee reports (Action)

- Dr. Yakely turned the board’s attention to the Consent Calendar and noted that it includes minutes from the March meeting and council and committee reports.
- A motion was made, seconded and unanimously passed to accept the consent calendar as presented.

#### 5. Finance Committee report

David Markenson, MD

- 1. Financial summary and statements: Feb.-Mar. 2018 (Action)

- Dr. Yakely turned the board’s attention to the to the Finance Committee report and noted that in the scheduled absence of Finance Chair, David Markenson, MD, that Finance Committee member Patrick Peveto, MD, would make the Finance Committee report.

The Board unanimously approved CMS financial statements through March 2018. Dr. Peveto reported that CMS is reporting a negative gross variance of \$106,128 against budget through March 2018. It is hoped that a combination of market stabilization for the investment portfolio, normalization of the front-loaded dues budget over time, and dues collection through September will overcome this deficit by the end of the fiscal year.

#### V. Board Memo Update: Extractions

Dr. Yakely

Dr. Yakely asked for extractions from the Board Memo Update. Alfred Gilchrist, CMS, CEO, called the board’s attention to the critical nature of Governor Hickenlooper’s fifth and final appointment to the Colorado Supreme Court. Mr. Gilchrist noted that: (1) Colorado Civil Justice League (CCJL) assessment that the direction of the court is truly up for grabs, so the selection to replace perhaps the court’s most centrist and respected member will be crucial; (2) CCJL also reports that Colorado recently fell to its lowest-ever rating (36<sup>th</sup>) in the U.S. Chamber of Commerce State Lawsuit Climate rankings, indicating that national corporate counsel are taking note as they compare Colorado’s business climate to surrounding states (Nebraska #7, Wyoming #8, Utah #12, Kansas #18, Arizona #25); and (3) Should the court swing to a more activist body, Colorado’s relatively stable liability climate will be threatened.

#### V. Executive Office Reports

##### A. President

Dr. Yakely

Dr. Yakely announced that board members and spouses and friends are invited to his home immediately after the July board meeting for dinner and a social.

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| B. President-elect (No Report Presented)          | Deb Parsons, MD  |
| C. Immediate Past President (No Report Presented) | Katie Lozano, MD |
| D. Chief Executive Officer                        | Alfred Gilchrist |

Mr. Gilchrist thanked the board for their service.

#### VII. Other Business

- A. Next meeting July 13, 2018, CMS Headquarters, Denver, CO with dinner following at Dr. Yakely's Home

#### VIII. Adjournment

#### IX. Executive Session (No Executive Session held)

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### **Item 2: May 9, 2018, CPMG Section of the Colorado Medical Society Minutes:**

- I. Members Attending:
  - a. Kim Warner, MD, Chair
  - b. Christopher Fellenz, MD
  - c. Shannon Jantz, MD
  - d. Eleanor Jensen, DO
  - e. Nora Reznickova, MD
  - f. Alison Sanberg, MD
  - g.

It was noted that Dr. Oscar Sanchez was attending a physician wellness conference in Vail.

- II. Minutes of the February 2, 2018 meeting were approved as submitted

III. **Hearing the CPMG Voice:** Alfred Gilchrist led a discussion about engagement opportunities to ensure that the voice of CPMG-CMS members is heard during the development of the CMS annual operational plan. Governing Council members seemed to agree that CMS surveys are most beneficial and that there should be coordination with the Governing Counsel during survey development.

#### **IV. Public Policy**

- a. Dr. Warner discussed the preliminary outcomes of the 2018 legislative session. It was noted that Drs. Jantz and Jensen had already started an SB 22 educational program for CPMG. They discussed their educational approach.

- b. **SB 22, Clinical Practice Measure for Safer Opioid Prescribing, marketing plan:** The draft marketing plan was discussed, specifically possible roles for CPMG. Discussion included: (1) Physician outreach; (2) Availability of CPMG physicians for a speaker's bureau or assist with on-line CMS; (3) The need for patient education videos geared to treatment of pain.

Following discussion, the Governing Council asked Alfred Gilchrist to reach out to the provider education committee of the Colorado Consortium for Prescription Drug Abuse Prevention to offer assistance from the CPMG section.

- c. **The 2019 legislative landscape:** It was noted during this discussion that due to the importance a significant number of issues of importance to medicine, the 2019 legislative session would be particularly challenging. This preliminary issue list includes: (1) MPA Sunset; (2) Professional Review Sunset; (3) Metro-Denver Chamber Cost Initiative; (4) CTLA Non-economic damage cap increase; and (5) Opioids. The Governing Council will continue to follow these issues.
- d. **Legislative Meet and Greets:** This topic has been discussed at previous meetings were discussed in greater detail, including format; issues to discuss from the 2019 legislative landscape; physicians to invite based on subject matter knowledge.
- e. **PMG National DC Fly-In:** Dr. Warner announced that PNG National is sponsoring their first ever DC Fly-in for April 10-12, 2019. State PMG physicians will be convened to make congressional visits. Dr. Warner promoted attendance.

## V. Metro-Denver Chamber Cost Control Initiative

Alfred Gilchrist discussed the Metro-Denver Chamber's cost control initiative. The following points were made:

1. KP is involved in the Metro-Denver Chamber Cost initiative
2. Dr. Jandel Allen-Davis should be consulted
3. A quick run through of the cost control proposals was intended but was not possible because between setting this agenda and tonight, 95 cost control recommendations were submitted and there is no way to conduct an exercise of this magnitude in 15 minutes.
4. Why and how the chamber's initiative started and how it is proceeding was explained.
5. Given all that we face as discussed earlier in the agenda, we can see the chamber's initiative as an opportunity or a threat and how the medical profession responds will determine this.
6. CMS is already taking the point of view that the initiative is an opportunity for the medical profession.
7. The convening by CMS of physician-led organization to educate physician leaders and to prepare was explained.
8. Dr. Warner moted that CPMG would be sending three physicians to the convening including the CPMG board chair.
9. This topic was accepted for information.

**VI. CMS Annual Meeting Alternatives:** A “lightning round” discussion was conducted by Dr. Warner with the goal of creating ideas for alternatives to the Annual Meeting and its expenditures that engage physicians in-person. It was noted that Dr. Warner would use any Section Governing Counsel ideas at the May 18 CMS board of directors meeting.

The following points and ideas were made during discussion:

- a. Female physicians between 35 and 50 can’t take the time for more meetings
- b. Very difficult to find issues that resonate across all practice types and specialties
- c. Alternatives to the Annual Meeting
  - i. Wellness conferences
  - ii. Financial conferences for residents-medical students (how to pay off debt; start a practice; evaluate employment; etc.)
  - iii. Combine medical organizations into a larger learning engagement
  - iv. Multiple events instead of one
  - v. Medical student meetings with practicing physicians
  - vi. Sit down dinners in various parts of the state

There was no other business and the meeting was adjourned with appreciation for all who participated.

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**Item 3: May 15, 2018, PDA Minutes: Page**

Present: John Hughes, MD; Scott Bainbridge, MD; Jonathan Clapp, MD; Tom Denberg, MD; David Downs, MD; Gary Ghiselli, MD; Tom Kurt, MD; Elizabeth Lowdermilk, MD; David Markenson, MD; Kathryn Mueller, MD; Erik Natkin, DO; Lynn Parry, MD; Debra Parsons, MD; John Sacha, MD; Jens-Peter Witt, MD; Robert Yakely, MD; Staff: Chet Seward; Terry Boucher; Alfred Gilchrist; Susan Koontz; Suzanne Hamilton; Guests: Emily Carrol; Daniel Blaney-Koen; Joel Aprio; Sen. Jack Tate; Rep. Brittany Pettersen; Rep. Chris Kennedy

I. Welcome and introductions: Introductions were made. Dr. Hughes welcomed the group back and thanked everyone for their advocacy efforts over the past five months. He then introduced Sen. Jack Tate, Rep. Brittany Pettersen and Rep. Chris Kennedy – some of the lead legislators that helped to marshal SB18-022 through the legislative process. The legislators made a few comments and encouraged physicians to remain actively engaged in efforts to reverse the opioid crisis.

II. AMA-CMS-Manatt Opioid Strategy Project – Dr. Hughes noted once again that the American Medical Association (AMA) is also keenly interested in efforts to combat the opioid epidemic and has commissioned work by Manatt Health to study legislative and regulatory policies in Colorado and Pennsylvania that are and are not working to help serve patients and the public. He turned to Daniel Blaney-Koen and the rest of the team from the AMA and Manatt Health who engaged the committee in a series of questions to help set up research. A wide-ranging discussion covering access and workforce issues, MAT, treatment plan requirements, inability to use opioid alternatives; prior authorization issues; and lack of patient education. The AMA/Manatt team thanked committee

members for their detailed feedback. A progress report on their research will be offered during future meetings.

III. SB22 physician education campaign – Dr. Hughes reported that once the Governor signs SB22 the law will become effective immediately and therefore it is critical to inform and educate physicians about the impacts of the bill on their practice. Alfred Gilchrist reviewed a proposed SB22 marketing and education plan. Leaders from the Colorado Pain Society volunteered to make presentations on appropriate pain management. The committee discussed the plan, including how it can be a platform to educate members on the ramifications of SB22, as well as promoting other efforts to assure access to compassionate, evidence-based care for patients who suffer from acute and chronic pain.

A motion was made, seconded and carried to recommend to the CMS board of directors that CMS actively support the SB22 marketing/education plan.

IV. Other business – Dr. Hughes reported that the committee will continue to discuss the Colorado Pain Society consensus statement. No other new business was raised.

VI. Next meeting – The next meeting of the committee is scheduled for July.

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**Item 4: June 6, 2018, WCPIC Minutes: Page**

Members Attending: Joe Ramos, MD, JD; Rob Kawasaki, MD; Tom Denberg, MD.

CMS Staff: Marilyn Rissmiller, CMS Senior Director of Health Care Financing; Terry R. Boucher, WCPIC Consultant

Guest: Christy Culkin, Manager, DOWC Medical Services

- I. The meeting was called to order. It was established that a quorum of WCPIC committee members was not present.
- II. Christy Culkin, Manager, DOWC Medical Services Division was in attendance to discuss the recommended changes to Rule 16 and Rule 18. These rules will have a hearing in August and become effective in January 2019. One of the major changes in Rule 16 deals with prior authorization. Many physicians send in patient records, but don't indicate that they are requesting prior authorization for treatment. The new rule will require a cover sheet indicating that the physician is requesting prior authorization. Another change is that the rule will allow a clinical pharmacist to review medication request for prior authorization. Mrs. Culkin then discussed the Rule 18 – Medical Fee Schedule. She went over the changes in conversion factors – many which have been increased. She also explained that Exhibit 7, which would restructure the E&M Guidelines, was being abandoned for this year until a focus group could work on it this summer and fall.
- III. Dr. Denberg, Pinnacol Medical Director, discussed two new innovations that Pinnacol is implementing. Pinnacol is implementing a Provider Portal User Guide. Physicians will be able to review claim status and payments from Pinnacol through this portal. Physicians will

not have to be SelectNet members to use the portal. Dr. Denberg also discussed a new opioid policy that Pinnacol is implementing. Pinnacol will require prior authorization for reimbursement for new opioid prescriptions in excess of a 14-day supply. Separate and additional prior authorization will be required for opioids beyond a 30-day limit. WCPIC members had several questions regarding the policy and wanted to review the details of it. Mr. Boucher stated that he would email out the information after the meeting.

- IV. Mr. Boucher and Marilyn Rissmiller presented a copy of the agenda items for the DOWC Stakeholders meeting for May. Mr. Boucher stated that the agenda was mainly focused reviewing the proposed changes to Rule 16 and Rule 18. He stated that Ms. Rissmiller and he would be attending the hearing in August if the committee had suggestions for change to either rule.
- V. Old Business/New Business – there was no Old or New Business to be brought before the Committee.
- VI. The next WCPIC meeting will be held on Wednesday, July 11, 2018 at 7:30AM in the CMS Conference Room.

The meeting was adjourned at 8:30 AM.

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#### **Item 5: Additions to Physician Wellness Committee**

Martina Shulte, MD - Chair  
William Neff, MD

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#### **Item 6: Roster for Cost of Care Work Group:**

Dave Downs, MD  
Andy Fine, MD  
Jason Kelly, MD  
David Mohlman, MD  
Alan Kimura, MD  
Michael Moore, MD  
Elizabeth Lowdermilk, MD  
Heidi Marlin, MD  
Mike Pramenko, MD  
Kim Warner, MD  
William Neff, MD  
Jeff Donner, MD  
Claire Murphy, MD  
Matthew Mahlberg, MD  
Jamie Surovik, MD  
Tamaan Osbourne-Roberts, MD  
Kelly Baldessari

John Milewski  
Shawn Wotowey