

Region 5 Program Improvement Advisory Committee

Inaugural Meeting | October 24, 2018



Welcome & Introductions

Robert Bremer Vice President of Integration Colorado Access



Review Agenda & Housekeeping Items

Kelly Marshall
Director of Community & External Relations
Colorado Access



Ground Rules & General Housekeeping

Ground Rules:

- Quit Using Acronyms Please!
- Assume good intent

Housekeeping:

- No scheduled break please break on your own as needed.
- Accommodations form please fill out!
- Presentations will be distributed electronically after the meeting.
- Observing public:
 - Please sign in on the registration sheet
 - Comment and questions will be taken at the end of the meeting
 - Please help yourself to snacks and beverages





OUR MISSION



Partner with communities and empower people through access to quality, affordable care.



Programs and Lines of Business

- Regional Organization for Health First Colorado
 - Denver (Region 5)
 - Adams, Arapahoe, Douglas and Elbert Counties (Region 3)
- Child Health Plan Plus (CHP+)
 - State Managed Care Network (SMCN) CHP+
- Long Term Services and Supports/Single Entry Point
 - Medicaid Home and Community Based Services
- Medical Assistance Site (AMES and MAS)
- Tele-behavioral health (Access Care Services)



What Makes Us Unique

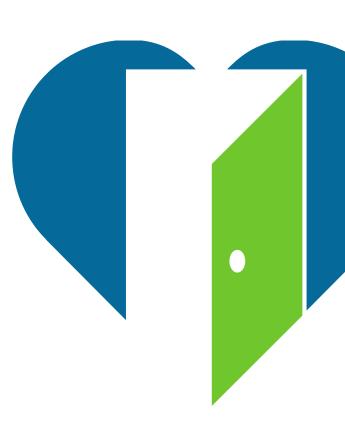
Integrated, whole-person approach

Helping eligible Coloradans enroll in state programs like Medicaid and CHP+.

Serving physical health, behavioral health, and long term service and support needs for Medicaid members in our regions.

Providing traditional health plan administration services like paying insurance claims and building provider networks.

Offering care coordination and navigation services for members.









- 560,000 unique members
 - Medicaid Physical and Behavioral Health: 492,000
 - CHP+ (kids and pregnant moms): 56,000
 - Medicaid Long term services and supports: 12,000
- 47% are under 20 years old
- Region 5 Medicaid Physical and Behavioral Health = 206,034 (City and County of Denver) (as of 10/1/18)
 - Denver Health Medicaid Choice = 77,941







394,178 new member packets have been mailed so far this year.

Marketing has received and serviced requests in 19 different languages.

The customer service team, who supports **questions** from departments including **members and providers**, answered **2,245 calls** last week alone.







Our care management staff actively engage with approximately 1,600 members a month in care coordination services.

There are **21 care coordinators** that help support **resource and referral needs for members.**

They also support incoming **calls** from our population health campaigns and are **support** to their fellow **care management** teams.



Snapshot - Telehealth



Access Care Services (ACS) launched in July 2017 and in 2018 has had nearly **600 collaborative** and telehealth consultations.

ACS works directly with members and is a resource for providers to drive improved integration for behavioral health services in the primary care setting.







The claims team processes nearly **190,000 claims** per month.

Of those, **1,100 claims are appealed** and reviewed every month.





Snapshot – Health & Wellness Programming

Population health and information technology teams at COA collaborate to use claims data to create clinical registries to match members with the right health programs- like the diabetes management program.

Health programs help members better manage their health by offering health & wellness information and support in text, email, or IVR calls.



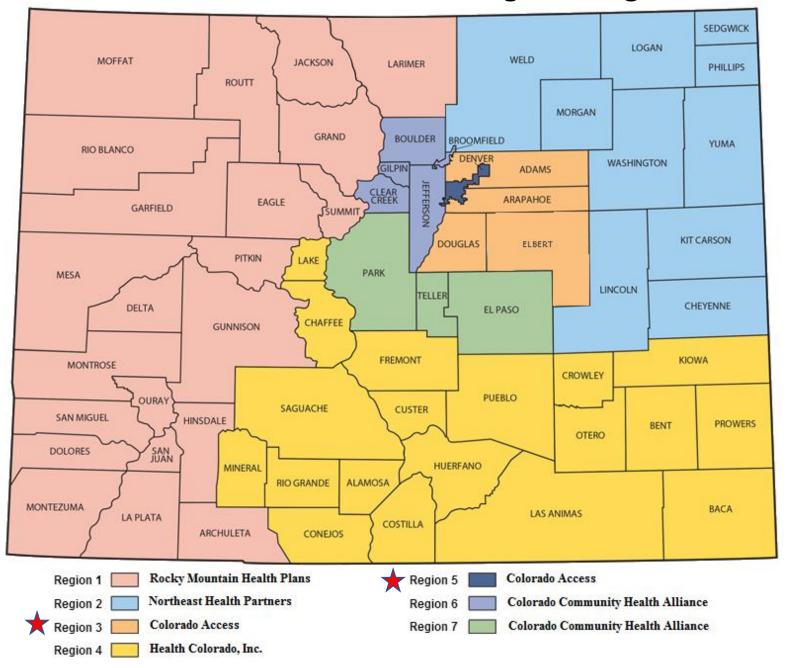


Cassidy Smith
Senior Program Director

Kelly Marshall
Director of Community & External Relations



Accountable Care Collaborative – 7 Regional Organizations



Accountable Care Collaborative Improve Health and Reduce Costs



Medical Home

Ensure Health First Colorado members have a focal point of care.



Health First Colorado members have complex needs and are served by multiple systems. Regional umbrella organizations help to coordinate across systems.



Health First Colorado members, providers and the system receive the data needed to make real-time decisions that improve care, increase coordination of services and improve overall efficiencies.

Moving toward more **coordinated**and **integrated care** that increasingly rewards improved health

Goals

• To improve member health & reduce costs

Objectives

- 1.Join physical and behavioral health under one accountable entity
- **2.Strengthen coordination of services** by advancing team-based care and health neighborhoods
- 3. Promote member choice and engagement
- 4. Pay providers for the **increased value** they deliver
- 5. Ensure greater accountability and transparency

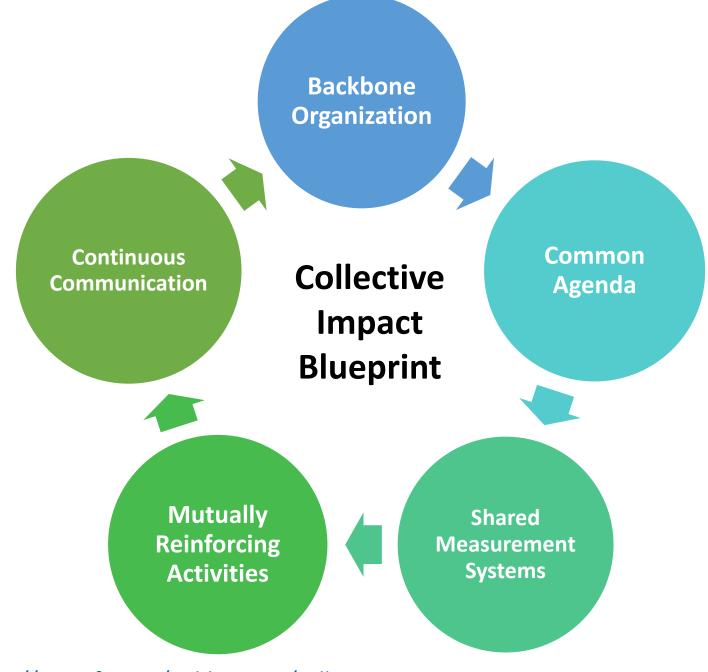
COA Regional Organization model



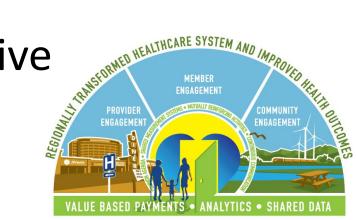
REGIONAL ACCOUNTABLE ENTITY

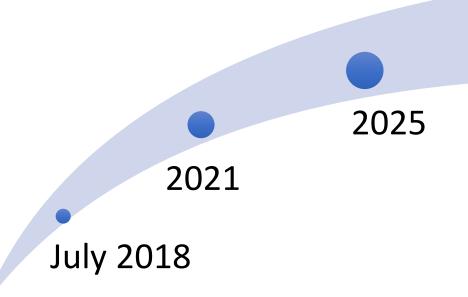


Data and Analytics



Accountable Care Collaborative Time Horizon











Kelly Marshall
Director of Community & External Relations







The State PIAC is made up of stakeholders who provide guidance and make recommendations to help improve health, access, cost and satisfaction of members and providers in the Accountable Care Collaborative.

Subcommittees:

- Improving and Bridging Systems
- 2. Health Impact on Lives: Health Improvement
- 3. Provider and Community Issues





Regional PIACs - Purpose

To engage stakeholders and provide guidance on how to improve health, access, cost, and satisfaction of Members and providers in the Program.

(Base Contract Section 16.9.2, pg. 109-110)







At a minimum, the following stakeholder representatives:

- Members
- Members' families and/or caregivers
- PCMPs
- Behavioral health providers
- Health Neighborhood provider types (specialists, hospitals, LTSS, oral health, nursing facilities)
- Other individuals who can represent advocacy and Community organizations, local public health, and child welfare interests



(Base Contract Section 16.9.2, pg. 109-110)





- 1. Review the Contractor's deliverables
- Discuss program policy changes and provide feedback
- Provide representatives for the statewide PIAC
- 4. Review the Contractor's and Program's performance data
- 5. Review Member materials and provide feedback



Colorado Access Specific Deliverables

Colorado Access would like to collaborate with our Regional PIACs to help develop these deliverables.

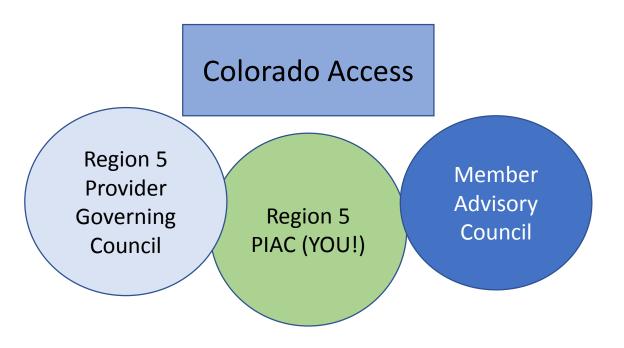
Comprehensive Community Engagement Plans

The Contractor shall conduct a **comprehensive community needs assessment in Region 3/5**, and develop a **comprehensive community engagement plan**. The community needs assessment shall include data and evidence regarding social determinants of health that is collected via collaboration with neighborhood partners including hospital-based community needs assessments, public health and human services data sets, and research. The Contractor shall identify health disparities in terms of specific communities and populations within the region, collaboratively prioritized and addressed, and impacts measured.

Stakeholder Engagement Structures

Colorado Department of Health Care
Policy & Financing
("The Department")

State Program
Improvement
Advisory
Committee
(PIAC)







Member Advisory Council

The purpose of the Member Advisory Council is to ensure that members, their family members, and caregivers have a voice in the projects and programs at Colorado Access which impact all members. Our council members represent a variety of communities and provide valuable insight into how Colorado Access may best serve its members.

Member Advisory Council Charter (approved 2/20/18)





MAC One Year Anniversary in August 2018



Region 5 Governing Council



- 1. Children's Hospital (Interim Vice Chair)
- 2. CU Medicine
- 3. Every Child Pediatrics
- 4. Kaiser
- 5. UCHealth
- 6. Colorado Coalition for the Homeless
- 7. Denver Health (Interim Chair)
- 8. Mental Health Center of Denver







- 1. Committee executive leadership elect a chair and vice chair.
- 2. Elect two representatives from this committee to sit on the Region 5 Governing Council
- 3. Approve an official Committee Charter





Discussion Questions

 How do we meet the state's requirements for this committee in a meaningful way?

 What are your areas of interest and hopes for this committee?









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- Discuss program policy changes and provide feedback
- Provide representatives for the statewide PIAC
- Review the Contractor's and Program's performance data
- 5. Review Member materials and provide feedback *MEMBER ADVISORY COUNCIL*
- Comprehensive Community Needs Assessment and Engagement Plan



