HEALTH FIRST COLORADO

REGION 5 PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)

OCTOBER 24, 2018 MEETING MINUTES

PIAC Members	Colorado Access Staff
Angi Wold, Addiction Research & Treatment Services (ARTS)	Rob Bremer, Vice President of Integration
Betsy Holman, Dentaquest	Kelly Marshall, Director of Community & External Relations
Damien Rosenberg, Personal Assistance Services of Colorado (PASCO)	Rene Gonzalez, Senior Community Engagement Liaison
Dede de Percin, Mile High Health Alliance	Molly Market, Senior Community Engagement Liaison
Greg Tung, University of Colorado School of Public Health	Cassidy Smith, Senior Program Director
Jacquie Stanton, Denver Public Schools, Family and Community Engagement	Marty Janssen, Senior Program Director
Joe Homlar, Adult and Child Welfare Services	Claudine McDonald, Director of Member Outreach & Inclusion
Judy Shlay, Denver Public Health	Nancy Viera, External Relations Coordinator
Kristi Klaverkamp (attending on behalf of AJ Diamontopoulos), DRCOG, Accountable Health Communities	
Sue Williamson, Colorado Children's Healthcare Access Program	

Agenda Item	Meeting Minutes
Introductions	Rob Bremer welcomed everyone to the inaugural meeting of the Region 5 PIAC. He spoke briefly about the role of the group and thanked everyone for their participation. The group went around the table and briefly introduced themselves (name, title, organization).
Review of Today's Agenda and General Housekeeping Items	Kelly Marshall reviewed the meeting's agenda, walked everyone through the meeting packet, and mentioned several general housekeeping items, such as filling out the accommodations form and avoiding using acronyms. (Slides 3-4)
Colorado Access presentation, part 1: • Who is Colorado Access?	Rob Bremer presented an overview of Colorado Access (COA), the contracts and programs under the auspices of Colorado Access, and the populations served. (Slides 5-14) *Q&A, Discussion Highlights:* • Q: Are the approximately 560,000 members that Colorado Access serves unique and statewide? Does the count include both physical and behavioral health?

	○ A: These are unique members across all lines of business, also known as contracts, operated by Colorado Access. In Region 5, of the approximately 206,000 Medicaid members in the region, approximately 78,000 members receive their physical healthcare through the Denver Health Choice plan, but Colorado Access still manages their behavioral health benefits. • Q: Do you know the percentage of the region 5 population who are actively accessing behavioral and oral health services? ○ A: Yes, we can look at the behavioral health claims since Colorado Access pays those and therefore has that data. Oral health claims, on the other hand, are paid through Dentaquest, the state's Medicaid oral health benefit contractor, so we don't have that data.
Colorado Access presentation, part 1 continued: • What is the Health First Colorado, Accountable Care Collaborative Phase II Program? (Slides 15-23)	Cassidy Smith from Colorado Access presented an overview of the State's Accountable Care Collaborative program Phase II Program (Slides 15-19) and answered questions. *Presentation Highlights:* The department of Health Care Policy and Financing (HCPF) is the state agency that administers Health First Colorado, Colorado's Medicaid program. Previously Medicaid physical and behavioral health benefits were administered by separate programs with separate regional contractors. Colorado Access is the only organization in the state that has a history of operating contracts in both Medicaid physical and behavioral health, and has done both in Denver for the last 7 years. The Accountable Care Collaborative Phase I Program was a pilot and emphasized getting members enrolled in a primary care medical home, providing care coordination services, and performing on a handful of quality measures across broad populations. The overall goal of the program is to improve care, health and reduce costs. Phase II builds upon the successes of Phase I, enrolls all Medicaid members statewide (currently 1 million), and combines behavioral and physical health into one contract run by the "Regional Organization" (sometimes also referred to as the Regional Accountable Entity or RAE). The state is divided into seven Regional Organizations and Colorado Access holds the contract in two of the seven regions. Under Phase II, the RAEs continue to support care coordination services, and are now also responsible for population health management of the entire membership, additional regional performance on quality measures, concerted efforts to build and strengthen health neighborhoods, and activities to address social determinants of health. Each Medicaid member is attributed or assigned to a specific primary care provider based on who they have been previously seeing, or if there is no previous relationship with a Medicaid provider, they are attributed to a provider close to their address on file. In Denver, members are auto-enrolled in Denver Choice, with the option to change providers within 90 days. This can be done online or members can call the enrollment broker. Kelly Marshall spoke briefly about Colorado Access' proposal to the state for Phase II and the overarching vision for the work to come. She indicated that much more is to come in

	future PIAC meetings about the Access model and strategies that are in development to meet the contract deliverables and to achieve the State's vision. (Slides 20-23) *Q&A, Discussion Highlights:* • Attribution: ○ Q: Are members prohibited from going to another provider to whom they are not attributed? ○ A: No, members can go to any provider that is accepting Medicaid. ○ Q: If someone is misattributed and 90 days are past, how long is the wait to change providers? ○ A: Open enrollment starts on an individual's birthday. • Denver Health Choice: ○ Q: Was the separate Denver Health Choice plan in operation prior to the Accountable Care Collaboration Phase II Program? ○ A: Yes, it is a managed care program that previously existed. ○ Q: Why only 78,000? What about the other 128,000? ○ A: There is a cap of no more than 90,000 and this is a product of negotiations between Denver Health and the State. ○ Q: What about the other direction? If someone comes to Denver Health for services, can they be enrolled in Denver Health Choice for services? ○ A: Yes, members can choose. ○ Q: For individuals attributed to Denver Health, are they attributed to Denver Health behavioral health providers as well or can they see another behavioral health provider in the larger network? ○ A: As long as they are in the Colorado Access network, they can see any behavioral health provider contracted by Colorado Access. ○ Q: Is Region 5 the only region with this type of managed care plan operating (Denver choice)? ○ A: Region 1 Rocky has some sort of program like this with around 6 counties on the western slope. • Member communications: ○ Q: What do members like to read, and how do they like to get information (e.g. email, flyers, etc.)? How is this reviewed? What can we do better to reach the members? ○ A: Colorado Access has a Member Advisory Council where member materials are reviewed. ○ Excitement was expressed about the PIAC being a part of the review process of what can be done to improve member materials amongst other important factors to improve member experience.

Getting to know one another	Molly Markert introduced the next section of the agenda as an opportunity to get to know one another better. She divided everyone into groups of 3 (2 PIAC members and one 1 COA staff person per group). Everyone was given 10 minutes to talk to one another and answer the following questions: • *What is your "day job", your strengths and your perspectives?* • *What is something you care deeply about?* Everyone then re-grouped and introduced one other to the entire group.
Colorado Access presentation, part 2: • What is this committee and its role? • What other leadership structures exist within the program and how do they interact with this committee? (Slides 25-35)	Kelly Marshall spoke about the State PIAC and the genesis of the Regional PIAC expectation from the State. She introduced the contractual requirements around the Regional PIAC structure, composition, and scope of work. She shared an additional contractual requirement for a Comprehensive Community Needs Assessment and Engagement Plan and how Colorado Access would propose this committee help design and execute. Kelly proposed that this committee could play an important role in helping Colorado Access to develop this plan, collaborating with other efforts to study the need, create a plan, and execute. Kelly then presented other Colorado Access stakeholder engagement structures that will have some interface with the Region 3 PIAC moving forward – the Region 3 Provider Governing Council and the Member Advisory Council. She concluded her presentation by outlining three decision items for the next meeting in December that would help to get the PIAC up and running: 1) electing co-chairs, 2) developing a committee charter, and 3) electing 2 representatives to participate on the Region 5 Governing Council.
Initial committee discussion regarding committee scope of work: • What are committee members' hopes for this committee? • How do we meet the state's requirements for this committee in a meaningful way?	Kelly Marshall opened the discussion asking the committee how to make the requirements meaningful to both the official partners of the Regional PIAC as well as to Colorado Access – what would that look like? <u>*Q&A, Discussion Highlights:*</u> • The contract language about our work is vague. We have a lot of leeway to work with, and is exciting. We'll have to take the work in chunks, starting with pieces we can take on. • Q: Is this committee a good forum for bringing issues like attribution, what is the process for resolving? ○ A: We can figure out a process and streamline this to the forum for providers and communicate to our practice transformation team. ○ There is definite confusion. The State is asking for providers to go RAE, and the RAE says to go to state. What would be appropriate forum? • There was enthusiasm expressed for working on the Comprehensive Community Needs Assessment and Engagement Plan ○ Q: Have you considered using a vendor to develop this for you? ○ A: Colorado Access has staff that can help with the research and data, but we also don't want to reinvent the wheel. We'd like to explore ways to leverage existing efforts through the mechanisms of public health and hospital community health needs assessments.

Action Items	• Send committee membership roster to all Committee partners. – *Responsible Party: Colorado Access*