



PIAC Members		Colorado Access Staff	
x	Addison McGill, HealthOne Behavioral Services	X	Cassidy Smith, Senior Program Director, Region 5
x	Allison Sedlacek, Parent of Health First Colorado Member	X	Julia Mecklenburg, Community Engagement Liaison
x	Brian Park, Health First Colorado		Kellen Roth, Director of Member Affairs
x	Carol Meredith, The Arc Arapahoe & Douglas	X	Kelly Marshall, Director of Community and External Relations
x	Carol Tumaylle, Colorado Department of Human Services, Office of Refugee Services	X	Krista Beckwith, Senior Director of Health Programs
x	Bipin Kumar, Himalaya Family Clinic	X	Marty Janssen, Senior Program Director, Region 3
	Dana Held, Health First Colorado	X	Molly Markert, Senior Community Engagement Liaison
x	Daniel Darting, Signal Behavioral Health Network	X	Nancy Viera, External Relations Coordinator
x	Ellie Burbee, Kids in Need of Dentistry	X	Rene Gonzalez, Senior Community Engagement Liaison
x	Katherine Neville, Health First Colorado	x	Rob Bremer, Vice President of Integration
	Harry Budisidharta, Asian Pacific Development Center		
X	John Douglas, Tri County Health Department	Guests	
x	Mariblel Sandoval, Personal Assistance Services of Colorado	X	Jeff Appleman, Colorado Department of Health Care Policy & Financing
x	Nancy Jackson, Arapahoe County Commissioner	X	Jeremy Sax, DHMC
x	Marc Ogonosky, Health First Colorado		
	Patty Ann Maher, Elbert County Collaborative Management Program		
	Tabatha Hansen, Health First Colorado		
	Tara Miller, Juvenile Assessment Center		
	Terri Hurst, Colorado Criminal Justice Reform Coalition		
	Suman Morarka, Retired Provider		
	Shera Matthews, Doctor's Care		
x	Wendy Nading, Health Alliances		

<p>Welcome to Meeting #5, Introductions, Committee Business</p>	<p>Addison McGill welcomed everyone to the sixth meeting of the Region 3 Program Improvement Advisory Committee (PIAC). The group went around and introduced themselves.</p> <p>Molly presented the gifts to PIAC members. She encouraged members to use the cards to engage with community members and provided information about the volunteer business cards</p> <p>Committee Business: <i>Approval of minutes:</i> The September meeting minutes were presented for approval. Nancy moved for minutes to be approved and Marc seconded. June meeting minutes were approved unanimously.</p>
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<p>Denver Health Medical Plan (Slides 3-14)</p>	<p>Jeremy Sax, Government Products Manager for Denver Health Medical Plan and Cassidy Smith, Senior Program Director for Colorado Access reviewed the partnership between Denver Health MCO and COA. Jeremy explained that DHMC serves Adams, Arapahoe, and Douglas counties. There is roughly 1,000 DHMC members from these areas. DHMC is a full risk health plan, which is a rate-setting process with the state. Every year DHMC has a capitated rate process. This is what DHMC gets paid to cover all physical health needs. They do not receive extra money for members with higher needs. The plan has been around for a long time.</p> <p>DHMC has been a subcontractor for Colorado Access for physical health services. Wrap-around benefits are not included in capitated rates but are covered by the state of Colorado. These are services that are not provided in house but DHMC can coordinate these services.</p> <p>All newly eligible Medicaid members in Denver County are automatically enrolled in DHMC. DHMC mails out packets and new members have 90 days to disenroll. DHMC looks at claims with re-enrolled members and they are assigned to their same clinician. Members who have moved should follow their claims history. Refugees and foster care children are excluded from the attribution process. Medicaid open enrollment is 2 months prior to members’ birthdays. They can request disenrollment at this time.</p> <p>Attribution challenges including members whose plans change frequently. This requires a system change request. Jeremy encourages all providers to check the portal before providing services and he encourages providers to take screen shots.</p> <p>DHMC operates similarly to Kaiser. They are a closed network. DHMC requires Prior Authorizations that the state does not. DHMP website has a lot of useful information including what services require Prior Authorizations. They have 4 Urgent Care clinics, new</p>
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one on the 16th street mall. All community health centers and school-based health centers are FQHCs. DHMC is the insurance plan and clinics are all FQHCs. Three branches at Denver health: Public Health, Hospital, and Plan.

COA and DHMC meets regularly to minimize challenges for providers and members.

DHMC and Tri-County Healthy Communities contracts are the same.

Colorado Access administers the behavioral health contract for DHMC members and Region 3.

Inpatient substance use benefit should be approved in July 2020. Mental health inpatient is already approved.

Starting January 1, 2020 DHMC will have their own contract with the state. They will be removed as a subcontractor for COA. COA will then become a subcontractor to DHMC for behavioral health services. This should not have an impact for providers or members. The explanation of payments may change. Providers may get 2 checks.

Questions, Discussion & Feedback:

Daniel: How does it differ from Rocky Prime?

Answer: Their product is more geared towards adults, fewer children. Rocky Prime is set up as an HMO along the Western Slope

Nancy: Do providers in the network include the Mental Health Center of Denver?

Answer: Yes

Carol: How do you make a grievance about services?

Cassidy: Member communications under the new contract should clearly state that the member should contact COA if it is behavioral health services.

Jeremy: Both agencies have care management and care coordination

Rob: DHMC and COA will need to figure out under the new contract who the primary contact agency should be for members.

Member should have one contact, not two.

	<p>Wendy: Why is there still separated Behavioral Health and Physical Health services?</p> <p>Jeremy: DHMC has always been only a Physical Health plan, it has never offered Behavioral Health services</p> <p>As a full risk capitated plan, we are not eligible for incentive plans. HBA1C, Well Child Checks, Positive Depression Screen, Housing (ACT-Advancing Care Together) are measures that DHMC is working on.</p> <p>Bipin: Why do they continue to be separated?</p> <p>Rob: HCPF has changed the contract so that there is some BH services covered by DHMC. COA has a history of working in Behavioral Health services. COA will support DHMC in this.</p> <p>John: Are DHMC members able to see Behavioral Health providers in DHMC clinics?</p> <p>Rob: Yes, COA pays for integrated providers in clinics. DHMC is a provider in our network.</p>
<p>Non-Emergent Medical Transportation (NEMT) (see Fact Sheet)</p>	<p>Molly Markert, Senior Community Engagement Liaison and Jeff Appleman Accountable Care Collaborative Program Specialist, HCPF presented on Non-Emergent Medical Transportation. This topic was recommended by the PIAC members. Jeff reported that HCPF would like to learn about experiences and provide update. This service is specific for medical appointments specific to Medicaid approved providers. Intelliride is in the process of implementing a transportation community board where members can express concerns and provide feedback. HCPF works directly with COA to get examples of member cases and HCPF tracks and works to resolve these issues. Intelliride has seen a reduction in missed rides and call wait time. Starting July 1, 2020, the goal is to expand model to all of Colorado. Members can book rides at least 2 days prior to appointment. Members are really liking the new mobile app that is available.</p> <p>Questions, Discussion & Feedback:</p> <p>John: Those who qualify have “no other means of transportation,” how is that defined?</p> <p>Jeff: I have not heard of anyone being declined based on that requirement. If a member is going to a Medicaid covered provider, they should be able to qualify for this service.</p> <p>Daniel: It is a self-defined need regarding lack of transportation?</p> <p>Jeff: I’m not sure, let me get more information on that process.</p> <p>Intelliride has a separate application process.</p> <p>Marc: My paperwork was transferred to Intelliride from Veyo. I did not need to fill out a new application.</p> <p>Doctor’s orders are required.</p>

	<p>Jeff: How many providers are in the room? How many have dealt with patients needing transportation?</p> <p>Bipin: I have signed off on these forms</p> <p>Maribel: Is it just medical appointments? The Fact Sheet states “medical appointments and services” are covered?</p> <p>Jeff: I will get more information and let you know what services are covered</p> <p>Wendy: Are there benefits that would cover same-day requests?</p> <p>Rob: A provider would need to call an approved vendor (see Intelliride website) to provide urgent transportation services</p> <p>Jeff: I will pull together more information about that</p>
<p>Pay for Performance – Behavioral Health Measures (Slides 15-22)</p>	<p>Krista, Sr. Director of Health Programs, COA presented on Behavioral Health Incentive Measures. Krista reported that this presentation would focus on intention and how they operate. Krista covered COA’s first state fiscal year 2018-2019. COA is currently working on these measures. All Regional Accountable Entities have to meet certain measures for dollars earned from the state. COA processes a lot of claims for BH services. HCPF wants COA to ensure data is clean and fits into their system. This is required 10 months out of the year. COA has audits every year. RAEs must work through corrective action plan to fix the process (i.e. desktop procedure) that they have been dinged on. COA is currently in good standing on both measures.</p> <p>COA has a total of 5 measures under Behavioral Health plan. Members who have a new Substance Use Disorder receive a certain number of services and follow up on treatment within 30 days. Any of this treatment can be done within primary care settings and non-detox centers. Services include a Behavioral Health setting or Primary care settings. The claim is initiated by a provider.</p> <p>Members need to have a follow up appointment from an appropriate provider within 7 days of discharge from inpatient treatment for Mental Health condition. This measure does not include Substance Use Disorder. An Emergency Room visit does not trigger this measure.</p> <p>Emergency Department visit for Substance Use Disorder, member need to receive treatment within 7 days of discharge from an outpatient setting. Hospital settings are great as member can go down the hall to receive these follow up services. The crisis center providers are also within COA network, but this measure does not count unless they go into the crisis center within 7 days of Emergency Department visit. The goal is for these members to get tucked in to the right type of care.</p> <p>Rob: Our goal is working with Emergency Departments to have the appropriate conversation with patients before they are getting discharged. The crisis system is a better place for these patients to go rather than Emergency Department. COA has a care manager embedded in Denver Health Emergency Department to help these patients get follow up care information prior to discharge.</p>

	<p>Incentive measures and KPIs are chosen to help improve the system. There are significant dollars on the table to improve what is not working.</p> <p>Primary Care Providers are providing depression screens to their members using evidence based tools. Those individuals who screen positive need to receive the appropriate support within 30 days. COA is required to screen 7% of it's members (this is separate from those who screen as positive). Many providers are screening but not submitting the correct codes. Currently COA is running between 11%-13% for this part of the measure. Individuals under the age of 1 are excluded.</p> <p>Percentage of members who go into foster care system and go onto Medicaid or change the type of Medicaid they have. Within 30 days these children need to get a Behavioral Health screening or assessment.</p> <p>Nancy: What is happening once they are screened?</p> <p>Answer: This is a big focus at the state and working on tracking these children. This measure ensures that these members are getting in the door.</p> <p>Nancy: Do any of the funds collected from these measures go to providers?</p> <p>Answer: COA has committed 60-70% to go to providers. 10% go to an incentive pool.</p>
<p>Emerging Issues</p>	<p>Addison reviewed Emerging issues and asked for input on future agendas</p> <p>Wendy: How do providers better understand coding, billing, impact? What are the resources and processes by which providers are trained to impact these rates? Whose responsibility is it?</p> <p>Krista: We do a lot of work with providers. We want to find a balance with that. We want to change coding practice but not impact what's happening with the member</p> <p>Brian: Is the 7% specific to COA or across the board?</p> <p>Krista: It is across the board. We think that many providers are doing these screenings but not coding correctly. This is not a representation of integrated care</p> <p>Bipin: We are providing care but we are not billing. Most of the providers are not paying attention to codes. How do we change the behavior?</p> <p>Molly: We were wondering what is Kaiser's role with Medicaid? Member experience around finding providers that are open, non stigmatizing</p>

	<p>Kelly: We can also work on addressing Nancy's questions around provider compensation</p> <p>Kelly reviewed the Working Together Survey that all PIAC members will be receiving.</p>
<p>Action Items/Responsible Party</p>	<p>Intelliride qualifications - Members ability to access other means of transportation (i.e. bicycle, etc.)/Jeff Appleman</p> <p>Question regarding "medical appointments and services" covered by Intelliride. What is included in "service?" / Jeff Appleman</p> <p>Intelliride urgent transportation requests/Jeff Appleman</p> <p>Provider Compensation/Community Engagement team</p> <p>Provider Education regarding coding and billing/ Community Engagement team</p>
<p>Next Meeting:</p>	<p>Wednesday, March 11, 2020 at Colorado Access, 11100 East Bethany Drive.</p>