HEALTH FIRST COLORADO

REGION 5 PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)

SEPTEMBER 8, 2020 MEETING MINUTES

	Organization		COA Staff Attendees
	AJ Diamontopoulos, Denver Regional Council of Governments	x	Aleasha Sykes, Manager of Care Management
	Mike Marsico, Mile High Behavioral Health Care	x	Julia Mecklenburg, Community Eng Liaison
	Ana Visozo, Servicios de La Raza	x	Kelly Marshall, Director of Community and External Relations
x	Angi Wold, Addiction Research & Treatment Services	x	Molly Markert, Senior Community Eng Liaison
x	Betsy Holman, Dentaquest	x	Nancy Viera, External Relations Coordinator
	Damian Rosenberg, Personal Assistance Services of Colorado	x	Rene Gonzalez, Senior Community Eng Liaison
x	Dede De Percin, Mile High Health Alliance, STATE PIAC R5	x	Martin Janssen, Senior Program Director
	Greg Tung, Colorado School of Public Health	x	Kellen Roth, Director of Member Affairs
x	Jacquie Stanton, Denver Public Schools, Community Association of Black Social Workers	x	Johanna Glaviano, Recording Secretary
	Jeremy Sax, Denver Health		
	Roop Wazir, International Rescue Committee, Health Program Coordinator		
	Jennifer Yeaw, Denver Human Services		
x	Judy Shlay, Denver Public Health		**Guests/Members of the Public**
x	Katie Broeren, Health First Colorado		
x	Laurie Gaynor, Health First Colorado		
x	Pamela Bynog, Health First Colorado		
	Patricia Kennedy, Health First Colorado		
	Sable Alexander, Mile High Healthcare, Health First Colorado		
	Scott Utash, Advocacy Denver		
x	Sherri Landrum, Children's Medical Center		
x	Stacey Weisberg, Jewish Family Services		
x	Sue Williamson, Colorado Children's Healthcare Access Program		
x	Thain Bell, Denver District Attorney Office		
x	Chanell Reed, Families Forward Resource Center		
	Mary Sanders, Health First Colorado		
	Paula Gallegos, Health First Colorado		
	Kraig Burleson, Inner City Health		
x	Vicente Cordova, Mile High Health Alliance		
x	Jim Garcia, Clinica Tepeyac		
x	Kraig, Inner City Health Center		
x	Chantia Phuong, International Rescue Committee		
x	Matt Pfeifer, Dept of Health Care Policy and Finance		

Agenda Item	Meeting Minutes
Welcome, Introductions & MAC Update	**Committee Business** *Approval of June Minutes*: Judy presented the June meeting minutes for approval. The June meeting minutes were approved unanimously. Laurie Gaynor: Update of Member Advisory Committee (MAC) - The MAC has reviewed and obtained clarification of the grievance process - Participated in the Community Innovation Pool - Discussed improvements in communication to members - Discussed communication to members about reduction in dental benefit; dental benefit change takes place in January, 2021; recommend getting dental work done prior to benefit decrease - Provided input in Population Health monthly email to members - Discussion regarding NEMT/IntelliRide Betsy: A newsletter from HCPF was sent to members in August regarding the dental benefit
Meeting Frequency Survey (Slide 5)	Nancy Viera • In August, sent out a survey to gauge interest and feedback about meeting frequency and content • About 30 responses; majority agree on meeting four times a year; would like PIACs to meet together once or twice a year • General satisfaction with current frequency and length of meetings • Will send separate survey regarding meeting content, timing, agenda; want to ensure we're maximizing time • In December, will be mandatory for presenters to stay after meetings for further discussion and questions • Use RAE-U to push content prior to the meeting and prioritize meeting content : meditation, movement, food journal, sleep, checking in with othnk about things you're thanking for or goals for the day
Community Innovation Pool (Slides 7-21)	Kelly Marshall, Judy Shlay, Sue Williamson • Slides sent for review prior to meeting so meeting can focus on questions and discussion • Intention of funding is innovation, defined as alternative problem solving, incremental or totally new build, programs worth trying • Two focus areas: Health inequities and social needs exacerbated by COVID, and Telehealth; 3 tiers of funding • 69 applications received from 50 organizations **Questions & Discussion** Katie: Just to say how valuable it was to participate in this committee because for those organizations that won grants, I can share with peers those services that were funded; gave me an opportunity to see what organizations are able to help Laurie: I just want to express my appreciation to everyone who worked on the project Kelly: Announcement for grant was distributed far and wide Judy: Let us know of your feedback so we can continue to improve the program

Elections (Slide 6)	Molly Markert • COA oversees Regions 3 and 4 Governing Councils, PIACs, and Member Advisory Council • HCPF has State Member Experience Advisory Council (MEAC), State PIAC with three subcommittees • Need to elect representative from both PIACs to represent on State's PIAC • Dede volunteered to continue as Reg 5 State PIAC Liaison and is happy to mentor future members; no other volunteers or candidates • Looking for diverse applicant pool • Need Reg 5 PIAC member to represent on Governing Council; please let Molly or Kelly know if you are interested in volunteering; don't need to be a provider organization, it is to represent the PIAC at the Governing Council meeting • The Governing Council meets the 2nd Tuesday of every month from 11:00a – 12:30p; term is 2 years **Questions & Discussion** Chat: Dede: If anyone ever has questions about the State PIAC, the Provider and Community Engagement Subcommittee, or anything else related please don't hesitate to get in touch with me. Chat Q: Sherri: Can I get more information about this position? ***Kelly to connect with Sherri for GC information*** ember Advisory Committee that would like to serve on that committee? ***t involve***
HCPF / Budget / Future states / Impacts (Slides 22-29)	Marty Janssen • At beginning of pandemic, state predicted 500k new members; prediction was overestimated, enrollment not as high as predicted • Less than 1% of new enrollment are individuals who have never had Medicaid before • State survey found that large percentage of people said they will go without insurance instead of signing up for Medicaid • Public health emergency or federal maintenance of effort (MOE) ends 12/31/2020; once ends, estimate approximately 300k will be disenrolled, but don't know what actual numbers will be **Questions & Discussion** Q: Dede: Clarify that most new members are individuals who have had Medicaid before? A: Marty: Yes, that's correct. Most people who enrolled have had Medicaid before; assume it's because they already know the process; folks who have never been on Medicaid would rather go without insurance Chat Q: Dede: Do we know for sure that the Public Emergency/MOE will end on 12/31/20? A: Marty: At this point, we don't know; best guess is that yes it will end, but we don't know what things will look like given the election, flu season, covid rates; operating as though it will end in December Q: Sheri: Will members that were enrolled prior to this time be disenrolled? A: Marty: If member was enrolled in Medicaid as of March 23rd, but should have been disenrolled after that date, they have not been disenrolled yet, but will be disenrolled at end of MOE, regardless of original enrollment date Q: Dede: Interested in who comprises the uptick in members; we saw steady decline in Medicaid enrollment in previous years; any way to tell if uptick is comprised of individuals who left or disenrolled or is that completely separate?

	A: Marty: We see that many folks who've had Medicaid before that are the ones coming back; speaks to fact that when in a vulnerable financial situation, it's hard to get out of that, and when something like this situation hits, it's easy to be back in that vulnerable situation Matt Pfeifer: Not new people, but those who are familiar with Medicaid; as economy was going well, they were no longer qualified, but with financial crisis, tipped them back into qualifying for Medicaid Q: Judy: How do you determine who to disenroll in December? Concerned about those who are long standing Medicaid members, those who have medical plans, for example a surgery, in January, but they get disenrolled in December A: Marty: It's a complicated and complex data system; what we've seen is that there will be folks that will be caught up in bad situation; hopeful that CMA will provide with enough advance information Matt: Always constant push for more information from CMS; will be a process to unroll all the efforts that have been made in response to pandemic Dede: I will follow up with Marty and Matt offline Q: Laurie: Who is Dentaquest administered through? A: Betsy: Dentaquest is the administrative service organization (ASO), they handle payment of claims, not involved in setting benefits, but administer CHP+ and Medicaid on behalf of state, we get paid per member per month rate to administer the plan, payments distributed to providers Q: Laurie: Regarding data and new enrollments, do we have similar data from Rocky Mountain Human Services (RMHS) about the long term services? A: Marty: Any new member who is RMHS and COA, we would have that information; don't know what RMHS membership looks like Q: Aleasha: I'm intrigued by the percentages of new Medicaid members, could there be correlation in the processing time for new members versus those who have had Medicaid in the past, historical members? A: Matt: People who maybe have not been in situation before, don't think that Medicaid isn't good insurance or unfamiliar with process; I think it's the lack of familiarity, awareness, more than customer services or turnaround time issue
Year 3 Strategy and Planning	Kelly Marshall • ~20 metrics with specific numerators and denominators with dollars attached • Metrics in 3 categories: Physical Health, Behavioral Health, Performance Pool • Nature of work includes COA Function, Single Provider Contribution, System Collaboration • COA function: requires COA specific actions to affect change • Single Provider Contribution: Requires individual providers to do specific work in their sphere; Physical Health-Adult, Physical Health-Pediatrics, Behavioral Health: what are ways that you can affect change, what is working • System Collaboration: Requires stakeholders working together to affect change; medical neighborhood groups with specific clinical priorities; based on ability to influence the clinical priory through coordination and aligned efforts • Looking at data to see where dollars need to be invested and benefit of gathering like cohorts; focus on peer learning and exchange **Questions & Discussion** Q: Dede: When talking about high performing organizations, think about those serving specific communities, doing the critical work, but not coming across as high performing. How do you factor that in?

	A: Kelly: Also comes up when looking at organizations who serve very specific populations and will never hit those numbers, comparing apples and oranges; that's the value in gathering these groups to understand differing priorities; that will absolutely be a part of the conversation with these groups Judy: System level work of holistic engagement is important and powerful to address systematic barriers to health Dede: One of challenges that is not COA's responsibility is that metrics are largely based on volume, not impact

COA Health Equity Proposal & State PIAC DEI Work (Slides 30-40)	Rene Gonzalez
	• Conversation started with Charlotte Hill Ridge who emailed the CEO about social justice and COA's response
	• Forming external Health Equity Committee (HEC); will be liaison with internal work being done at COA
	• Committee goal: Support and empower communities of color to reduce health disparities; develop 2021 agenda with meaningful member and partner input; foster multi-sector collaboration and make health equity a shared vision and value both internally and externally; want HEC to reflect all communities
	• Creating exploratory task force, a pre-phase committee to explore topics, identify areas of need, obtain community integration, propose ideas for 2021 work; open invite to PIACs, MACs, etc.
	• Build inclusive and robust health equity agenda, including:
	  o Qualitative data from community input, discussion, and feedback from task force
	  o Quantitative data from COA evaluation and research on race/ethnicity, chronic diseases, and COVID19, etc.
	• Task force is a finite group, 5-6 meetings from now to end of 2020; develop priority areas for agenda
	• Please contact Rene or Nancy if interested in participating
	• State PIAC Priority Areas: Equity Framework, Equity Resources, Equity Accountability; looking at high impact areas of work;
	• Conversation around State PIAC as advisory group, very mixed feelings about potential of group to influence, can only focus on equity in programs, not operational changes
	
	Questions & Discussion
	Chanell: A lot of organizations are working on equity; what about State PIAC collaborating with other state organizations that are doing this work, finding out common areas of interest and funding; if capacity is limited, might be worth exploring collaborative opportunities since work is being done in many places
	Dede: CDPHE has tools and measurements available and easy to adopt; PIAC could easily borrow from some of the work done; in terms of capacity, it's mainly a matter of divergent views on whether PIAC should be doing anything at all; collaboration is good, just need PIACs to commit to doing work first
	Judy: Tremendous opportunity through COA as vehicle to get work done; I believe that COA work will be foundational; work must become operational and part of organization's DNA
	Aleasha: Co-lead on DEI group at COA; we need to push the needle, regardless of individual's pushback that it's not important work; can get funding from state for these initiatives; time to change who dictates what's important
	Dede: Need to understand scope of task force work; I agree with Aleasha; one of the complexities is that many of the state members don't feel that state PIAC should do the work because doubtful of ability to affect change

	Kelly: Important point about knowing and understanding the scope of the work *Jacquie, Katie, Chanell interested in Health Equity Task Force*
Public Comment	No public comment.
	Meeting adjourned at 6:00 pm.