



HEALTH FIRST COLORADO
 REGION 5 PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)
 SEPTEMBER 7, 2021 MEETING MINUTES

| | Organization | COA Staff Attendees |
|---|--|---|
| | AJ Diamontopoulos, Denver Regional Council of Governments | Bobby King |
| | Ana Visozo, Servicios de La Raza | Deb Fitzsimmons |
| x | Angi Wold, Addiction Research & Treatment Services | Eileen Forlenza |
| x | Anthony Moreno, Health First Colorado | Elise Cooper |
| x | Carolyn Hall, RM Crisis Centers, CHARG Drop-In Center | Gretchen McGinnis |
| | Chanell Reed, Families Forward Resource Center | Jo Glaviano |
| x | Damian Rosenberg, Personal Assistance Services of Colorado | Julia Mecklenburg |
| x | Dede De Percin, Mile High Health Alliance, STATE PIAC R5 | Kellen Roth |
| | Greg Tung, Colorado School of Public Health | Kelly Marshall |
| x | Jacque Stanton, Denver Public Schools, Community Association of Black Social Workers | Marcus Tuepker |
| x | Jeremy Sax, Denver Health | Molly Markert |
| | Jennifer Yeaw, Denver Human Services | Nancy Viera |
| x | Jim Garcia, Clinica Tepeyac | Rene Gonzalez |
| x | Judy Shlay, Denver Public Health | Rob Bremer |
| x | Katie Broeren, Health First Colorado | |
| x | Kraig Burleson, Inner City Health Center | |
| x | Laurie Gaynor, Health First Colorado | Guests/Members of the Public |
| | Matt Pfeifer, Dept of Health Care Policy and Finance | Mattie Brister, Mile High Health Alliance |
| x | Mike Marsico, Mile High Behavioral Health Care | |
| | Monica Buhlig | |
| | Pamela Bynog, Health First Colorado | |
| x | Paula Gallegos, Health First Colorado | |
| | Patricia Kennedy, Health First Colorado | |
| | Sable Alexander, Mile High Healthcare, Health First Colorado | |
| | Sarony Young, DentaQuest | |
| | Scott Utash, Advocacy Denver | |
| x | Sherri Landrum, Children's Medical Center | |
| | Stacey Weisberg, Jewish Family Services | |
| x | Sue Williamson, Colorado Children's Healthcare Access Program | |
| | Thain Bell, Denver District Attorney Office | |
| | Tria Phuong, Refugee Program Coordinator, International Rescue Committee | |

| Agenda Item | Meeting Minutes |
|---|---|
| Welcome, Introductions & Committee Business (Slides 1-7) | <p><i>Approval of June Minutes:</i> Judy presented the June meeting minutes for approval. The June meeting minutes were approved unanimously.</p> <p>Laurie Gaynor: Update of Member Advisory Committee (MAC)</p> <ul style="list-style-type: none"> - Internal presentations: suicide awareness mailer, performance improvement projects, behavioral health funding, community events are coming back, chat bot, Center to Advance Consumer Partnership grant work, member testimonies around get the COVID-19 vaccine, general member recruitment. - The entire MAC will choose and create 2 unique member outreaches. - We will decide on 2 areas of work such as behavioral health, diabetes, COPD, etc. - MAC members will create the messaging and decide what populations receive this outreach. - COA will send this material out and review if the messaging is better received when it is coming directly from members with lived experiences |
| Progress Notes on PIAC Work (Slides 8-20) | <p>Community Innovation Pool: Kelly Marshall, Colorado Access</p> <ul style="list-style-type: none"> • Overarching theme: Health Equity; First Focus Area: High Risk Maternity-Black Maternal Health; \$650k budget • Process: Using human centered design thinking within Community Learning Model; participants engage in innovative and collaborative space to co-design solutions and determine funding priorities • 4 Workshop Series: understand the issue, root causes, dream of solutions, fund projects <p>Behavioral Health Funding/Expansion Plan: Rob Bremer, Colorado Access</p> <p>Expansion Plan:</p> <ul style="list-style-type: none"> • All RAEs submitted an expansion plan and will submit ongoing updates • Optimizing the service continuum and provider performance • Major areas include: CMHC investments to address problematic areas, rate increases, targeted services, including value-based payment models <p>Additional Areas:</p> <ul style="list-style-type: none"> • New process to allow group practices to employ unlicensed staff • Care managers deployed to Children’s ED • New collaboration with Jefferson Hills to add youth beds • Evaluating additional feedback from last PIAC: Expanded use of peer services, Value based models that incentive culturally sensitive providers, Rate increases for providers serving specialized populations (IDD, youth, refugees) <p>American Rescue Plan Act (ARPA) Funding: Gretchen McGinnis, Colorado Access</p> <ul style="list-style-type: none"> • More than \$27 billion expected to reach Colorado from ARPA; includes \$6 billion in Fiscal Recovery Funds to address ongoing needs created or exacerbated by the pandemic • State’s share of these funds is \$3.8 billion; approx \$550 million allocated toward mental and behavioral health programs <p>Non-Emergent Medical Transportation (NEMT): Kellen Roth, Colorado Access</p> <ul style="list-style-type: none"> • As of August 1st, IntelliRide serves the 9 metro area counties; rest of counties will be served by previous vendor; mileage reimbursement will stay the same |

| | |
|---|--|
| | <p>Questions & Discussion</p> <p>Q: Dede: How are other RAEs responding during this time with their innovation pools?</p> <p>A: Kelly: CCHA, which oversees the western side of metro area, has a Community Support Fund, but not focused on innovation, believe they fund non-medical community based organization; ours stands out in the “innovation” emphasis</p> <p>A: Elise: Their grant program works more like a traditional RFP process, not specific topics</p> <p>Q: Jacquie: Has there been discussion on focusing on cultural or ethnic diversity? Such a limited number of providers of African descent; any funding for APDC and others working with Afghani refugees?</p> <p>A: Rob: Yes, that’s what in the works in the additional areas of behavioral health funding; allowing practices to employ unlicensed staff, incentivize culturally sensitive providers</p> <p>Chat Q: Paula: Can you please explain peer services?</p> <p>A: Rob: Members, family members with lived experience, very successful model, especially in substance use treatment; person who has been in Medicaid system, understands it, familiar with it, and can offer support, navigation; similar to a care manager, but from non-clinical perspective</p> <p>Chat: Dede: Re: Behavioral Health topic: Regional Health Connectors are receiving funding appropriated from SB-137 “Behavioral Health Recovery Act” to work on behavioral health in their regions. We’re working on an assessment and would love input. Link: https://leg.colorado.gov/bills/sb21-137</p> <p>Q: Anthony: Re: money coming in, is it “use it or lose it” situation from year to year?</p> <p>A: Gretchen: I believe that to be the case, but I’m not certain, can look it up and see.</p> <p>Q: Anthony: Are feds setting restrictions or is that from the state?</p> <p>A: Gretchen: It’s both, federal restrictions on how the money can be invested, state then makes additional recommendations on where dollars should be invested</p> <p>Mike: Some of these funds need to go to hiring, employee retention, culturally competent workforce, workforce trauma</p> <p>Chat: Kraig: It's a great problem to have. Very curious to the impact on the Primary Care Fund and CICP. We are among those wrestling with the challenges of workforce. Can we use it to offset costs for people who are uninsured?</p> <p>A: Gretchen: I have not seen recommendations to back-fill those funds</p> <p>Q: Dede: IntelliRide only had the contract for a year, what happened? Why was the contract pulled after a year?</p> <p>A: Kellen: Inability to serve members in a timely manner; prior to August 1st, call times were an hour or more, members were missing appointments, providers were penalizing members; this change was made to improve the member experience</p> <p>Chat Q: Rob: Shall we ask the HCPF contract rep for NEMT back to our PIAC?</p> |
| <p>End of Public Health Emergency (Slides 21-46)</p> | <p>Gretchen McGinnis, Colorado Access</p> <ul style="list-style-type: none"> • End of PHE is currently unclear; Biden administration indicates the PHE will be extended until at least January 2022, will provide 60-day notice of any changes; unknown if current status of COVID will result in an extension past January 2022 • When PHE ends: <ul style="list-style-type: none"> • Recent guidance from Center for Medicare & Medicaid Services (CMS) • Slows the process: extends state timeframe to complete pending eligibility and enrollment actions by up to 12 months after the month in which the PHE ends. • Issues to consider for recommendations: Will addresses be up to date? Should US mail be the only outreach modality? New signature requirement: how to minimize impact? • Health Care Policy Financing (HCPF) actively engaged in planning; opportunity to provide recommendations and offer assistance |

- What can we anticipate from previous HCPF mass communications?
- What are areas of concern? Are there recommendations to new opportunities?
- What is the impact of other news sources? News vs noise/Politicization of issue

What is the RAE's role? What will members expect? What will providers expect?

- What will HCPF and the state expect?
- How can AMES (CoA Medical Assistance Site) support the process?
- What is the role of other MA sites?
- Should COA coordinate with other sites?
- What are MA limitations and opportunities?

Questions & Discussion

Mike: This issue will definitely be politicized; something to get ahead of if possible

Dede: Will be a lot of disruption given the end of eviction moratorium; finding people will be difficult; HCPF should reverse the decision to send only one piece of mail before disenrolling someone; need more communication, early and often

Katie: Enrollment on Denver Health campus is always open and helpful in answering questions; has aggressive plan on how to inform Medicaid patients

Chat: Dede: The Dept has approved funding for the Overflow Processing (OPC), which will assist counties with the end of PHE workload and then will continue to assist with backlogs of Health First Colorado and CHP+ apps, eligibility determinations, and redeterminations. After a thorough application process, Prowers County has been selected as the vendor for the OPC. The OPC will be located in Granada, CO, and is a different entity from Prowers Dept of Human Services.

Sue: Re: Provider perspective, HCPF will need to be very explicit on what the process is for providers; confusion about patient's eligibility, will provide service, then individual isn't approved, results in bad claims; anticipate many challenges, we've had this with CBMS rollouts and implementations before; we already have problems with attribution

Gretchen: Recommendations from providers needing very clear information about where to check eligibility, how to provide services to someone who is interim, how are services provided in good faith

Judy: When patient comes without insurance, the time for the screening takes up the entire time of the appointment, and then they'll get a bill and not come back; critical to reach out to folks ahead of time

Chat: Dede: Maybe we could have Marivel Klueckman present at the next Region 5 PIAC meeting to discuss PHE end and redetermination?

Chat: Kraig: ICHC cannot "repair" someone's enrollment status. The best that we can do is advocate for the individual. We can submit new applications. When it comes to the uninsured, they remain a priority, we do everything possible to assist them.

Q: Gretchen: How can we think about a no-wrong-door call center, how to make process smoother and satisfying?

A: Judy: Provide a call back option: member calls, provides name, phone number, what the call is for, and someone calls them back; implement at all places where member may call for eligibility and enrollment questions

Anthony: To manage workflow, take 3-5 top elements that determine Medicaid eligibility, ask folks to provide those, triage whether or not they will be eligible

Chat: Sherri: Maybe they can create a mass email or text system of redetermination time instead of letters for some reason people constantly say they received no letter, also the 60 to 90 day timeframe for passive enrollment because DH doesn't work with providers anymore for PCP's to see their patients that have never been to DH and won't go to DH even in emergency situations. This whole passive enrollment during enrollment time is a

| | |
|---|---|
| | <p>mess and needs to be addressed. Also 18 and up need to be informed that they now need to apply for themselves instead of making appointments with their own PCP to find out they've been taken off and have no insurance. There is so much that needs to be addressed it's a broken system all around.</p> <p>Chat: Paula: Can we mail out a postcard to every household in Colorado? We would reach every family network this way, and that family network could assist their family members to complete the process. And we would not miss the most vulnerable, their family and friends' awareness would help so they do not fall through the crack in the process.</p> <p>Recommendations: Implement call back feature at all member call points Provide ongoing and clear provider communication re: where to check elig, pending status Information to members early and often, start now</p> |
| <p>Colorado Access Addressing COVID Threats (Slides 27-47)</p> | <p>Kelly Marshall, Colorado Access</p> <ul style="list-style-type: none"> • Requirement: Execute detailed plans for vaccination distribution efforts with emphasis on reducing disparities in vaccination rates for Health First Colorado members of color and for members who are potentially homebound. • Required to outreach 100% of individuals listed for both regions, goal accomplished • FEMA will not pay for COVID-19 response work after 9/30/21 • 75% must pass through to providers and community partners • Themes in community and provider partnerships: LatinX community, faith-based community, Black community, refugees, youth and families <p>Questions & Discussion</p> <p>Kelly: HCPF's state data slides across all of Medicaid and across all RAEs: https://hcpf.colorado.gov/sites/hcpf/files/ACC%20Public%20Reporting%20COVID-19%20Vaccine%20data%208.30.21.pdf</p> <p>Q: Anthony: Is the 1.8 million to be used by end of month going to the primary care vaccination program?</p> <p>A: Elise: These are FEMA dollars; allocated for any primary care clinic with 500+ attributed members whose vaccine rates exceeds the state average</p> <p>Anthony: We need to get this population vaccinated, stipulating which vaccine to use and restricting the primary care providers is counterproductive, restrictions need to be lifted if this is truly a priority</p> <p>Primary Care Vaccination Program: https://covid19.colorado.gov/for-coloradans/vaccine/vaccine-providers-and-partners/primary-care-vaccination-program?utm_medium=email&utm_source=getresponse&utm_content=Governor+Polis+Lantern+2460+Million+COPCPVax+Grant+with+CAFP+Support&utm_campaign</p> |
| <p>Additional Comments & Discussion</p> | <p>Monoclonal antibody treatment is an important treatment for COVID+ folks who are high risk for severe symptoms. Like Tamiflu for COVID. Folks need to receive treatment within 10 days and have only mild to no symptoms.</p> <p>https://hcpf.colorado.gov/sites/hcpf/files/Program%20Improvement%20Advisory%20Committee%20BHIS%20Crisis%20Services%20Program%20Recommendations%20August%202021.pdf; https://medschool.cuanschutz.edu/mab-colorado</p> <p>Attended a recent HCPF meeting, Daniel Darting, a Beh Health and Integration Strategies (BHIS) subcommittee chair, presented recommendations from BHIS on improving crisis</p> |

| | |
|--|---|
| | <p>service access, follow-up, and alignment for Health First Colorado Members. BHIS is seeking feedback on these recommendations from PIAC. Feedback will be incorporated as needed and final recommendations will be shared with PIAC for approval. Please review the recommendations and send any feedback to Matt Pfeifer by COB on Thurs, 9/9.</p> <p>Combined PIAC Regions 3 & 5 meeting on October 26th.</p> |
| | <p>Meeting adjourned at 6:00 pm.</p> |