



	Cr Wendy: Many provident don't take any insurance but have thriving business. Has there been any surveying of those providen? What would it take for private provident to accept insurance?	
	A: Rob: Getting some data on that would be a good idea; not something we've done, but would be an interesting idea. Chat: Elies: We have two facilizators on the BH side who have been conducting an	
	environmental scan with BH providers and learning a lot about barriers. Most have said rates aren't the issue – it's no shows, complexity of cases, etc. We can share the full	
	learning back with this group. Chat: Joseph: I have heard from Psychiatrists it is not so much the rates but the	
	administrative burden of Medicaid. Chat: Elseen: From a member perspective, i can also share that the burden to find the "right fit" of a Bit provider fails assumely on the shoulders of the patient/Tamile. It can be an	
	exhausting and vulnerable process when mental stability is already compromised. Cr. Daniel: Is there any RAE strategy around the distribution of funds?	
	A: Gretcher: Not specifically; the RAEs are likely working through community partners with recommendations	
	Link: Behavioral Health Task Force: http://ilig.colorado.gov/committees/behavioral-health- transformational-task-force/2021-meutar-section	
ind of Public Health	Gretchen McGinnik, Colorado Access	
imergency (Slides 21-26)	 End of PHE is currently unclear; Biden administration indicates the PHE will be extended until at least inawary 2022, will provide 60-bay notice of any changes; unknown if current stratus of COVID will result in an extension and inawary 2022 	
	When PHE ends: Excent audiance from Center for Medicare & Medicaid Services (CMS)	
	 Slows the process: extends the timeframe for states 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 outrach modality? New signature requirement: how to minima 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 will be the impact of other news sources? News v noise: politicipation of 	
	issue	
	What is RAG's rale? What will members expect? What will providers expect? • What will HCPF and the state expect?	
	How can AMES (CoA Medical Assistance Ste) support the process? What is the cole of other MA sites? Should (A) coordinate with other sites?	
	Anduid CLA coordinate with Other able 7 What are MA limitations and opportunities?	
	Questions & Discussion Coast Q: Joseph: Is there a Colorado PHG distinct from the federal PHG? Jacourse the state	
	Chat Q: Isosph: is there a Colorado PHG distinct from the federal PHG? I assume the state will also be using the PGAK app to communicate? A: Gesther: No. the PHG is declared by federal government and implemented in each state.	
	all under the same umbrella guidelines; I have not seen an official commitment re: using the	



