

HEALTH FIRST COLORADO REGION 5 PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC) DECEMBER 6, 2021 MEETING MINUTES

	Organization		COA Staff Attendees
	AJ Diamontopoulos, Denver Regional Council of Governments	Х	Anne Taylor
	Ana Visozo, Servicios de La Raza	Х	Bobby King
	Angi Wold, Addiction Research & Treatment Services	Х	Jo Glaviano
Х	Anthony Moreno, Health First Colorado	Х	Julia Mecklenburg
Х	Carolyn Hall, RM Crisis Centers, CHARG Drop-In Center	Х	Kellen Roth
	Chanell Reed, Families Forward Resource Center	Х	Kelly Marshall
х	Damian Rosenberg, Personal Assistance Services of Colorado	Х	Marty Janssen
Х	Dede De Percin, Mile High Health Alliance, STATE PIAC R5	Х	Molly Markert
	Greg Tung, Colorado School of Public Health	Х	Nancy Viera
Х	Jacquie Stanton, Denver Public Schools, Community Association of Black Social Workers		Rob Bremer
Х	Jeremy Sax, Denver Health	Х	Stephanie Glover
	Jennifer Yeaw, Denver Human Services	Х	Travis Roth
х	Jim Garcia, Tepeyac		
х	Judy Shlay, Denver Public Health		
х	Katie Broeren, Health First Colorado		
Х	Kraig Burleson, Inner City Health Center		
Х	Laurie Gaynor, Health First Colorado	Guests/Members of the Public	
	Matt Pfeifer, Dept of Health Care Policy and Finance		Ashleigh Phillips, Centura Health
	Mike Marsico, Mile High Behavioral Health Care		Kimberly McDevitt, Mile High Health Alliance
	Monica Buhlig		Vicente Cardona, Mile High Health Alliance
	Pamela Bynog, Health First Colorado		
	Paula Gallegos, Health First Colorado		
	Patricia Kennedy, Health First Colorado		
	Sable Alexander, Mile High Healthcare, Health First Colorado		
Х	Sarony Young, DentaQuest		
	Scott Utash, Advocacy Denver		
Х	Sherri Landrum, Children's Medical Center		
	Stacey Weisberg, Jewish Family Services		
Х	Sue Williamson, Colorado Children's Healthcare Access Program		
	Thain Bell, Denver District Attorney Office		

x Tria Phuong, Refugee Program Coordinator, International

Rescue Committee

Agenda Item	Meeting Minutes		
Welcome, Introductions	Approval of September Minutes: September meeting minutes are presented for approval.		
& Committee Business	The September meeting minutes were approved unanimously.		
	 Laurie Gaynor: Update of Member Advisory Committee (MAC) Internal Presentations included: legislative recap, monthly member email review, member satisfaction surveys, member recruitment card, FEMA funding, quality improvement reports, provider workgroups, 2022 editorial calendar for member newsletter Chat Bot: COA has a Chat Bot now available on the website; MAC provided feedback on how to make it member friendly Unique member outreach: creating messaging around crisis services in COA catchment areas, will be sent to specific pops; still deciding on a second outreach topic 		
	Questions & Discussion Chat Q: Sarony: Are dental benefits in the running for possible outreach topics? Will coincide with roll out of dental home outreach for all members A: Kellen: Yes, we can include that in our next MAC meeting discussion		
Network Adequacy (Slides 8-20)	 COA has three provider networks: Medicaid: Primary Care Providers in RAE Regions 3 & 5 only Behavioral health providers statewide CHP+: All provider types, both physical health and behavioral health specific in 44 counties Managing the Network includes: Recruitment and Maintenance Workgroup: staff across different departments, variety of reports, tools, and methods Network Adequacy Report (NAR): HCPF deliverable, data driven report showing volume, type of RAE provider network Zero Claims Report: Quarterly report on primary and BH contracted providers, lists volume of claims per provider Gap Analysis Report: Shows which Medicaid-validated providers we are not contacted with COA has on-line provider directory for members and providers: https://www.coaccess.com/providers/ 		
	Questions & Discussion Chat Q: Didn't we speak with their specialist referral team? Remember - were you there? They don't do anything different than the PCPs do. Maybe the PIAC should look at providing input to the AMRP process in 2022. Important for us to be a stakeholder in the AMPR process A: Travis: Recredentialing process helps keep things updated; recently included collecting behavioral health sub specialties Chat Q: Thank you for the work done on this project. In the Provider Survey can you add ethnicity/race? A: Anne: Encourage providers to inform when a practice closes to new Medicaid members; helpful for providers to remind colleagues to let us know when this happens, helps decrease member and care manager frustration; creates more challenges in network adequacy		

Jacquie: In both of RAEs when discussion number of providers, wen only one or two AA providers in the list, that's an issue and a barrier; need to continue this work

Judy: Beneficial for HCPF to have conversations with medical provider groups, i.e. Colorado Medical Society, Pediatrics Society, Academy of Family Practice, etc., around access to care issues

Judy: The issue of gun violence in schools is a significant behavioral health issue that needs to be addressed; kids need resources and providers

Sarony: We have the same issues with network adequacy, especially in the rural communities; administrative burden perpetuates inequity

Chat: Dede: We made calls to 1500 specialists on HCPFs find-a-provider list; 1/3 were just plain wrong - a vet, and ED, no longer in practice - and among the remaining most of the capacity was contained in large systems where individual doctors don't make decisions about whether to serve Medicaid members. In the end, of 1500 listed specialists only about 250 were actually accepting new adult Medicaid patients.

Chat: Kim: I've personally had a BH provider just charge me the amount I would have paid as a co-pay with my old insurance rather than take Medicaid

Bobby: There is work in process to address the BH resource pipeline. MARIADROSTE has an excellent framework to move this work forward in partnership. You can contact me directly for more information. Robert.king@coaccess.com

Committee Business (Slides 21-46)

2022 Topics

Please complete the survey, link in chat and will be sent after meeting https://www.surveymonkey.com/r/HRFDQJT

Ideas: Oral systemic issue; durable medical equipment (DME), passive enrollment issues, end of public health emergency and Medicaid redetermination

Committee Membership

What do we have? What do we need? What is required? Please help us identify folks for vacancies

Complex Care Recommendation Follow-Up

Combined October PIAC meeting discussion around new complex care definition, use HCPF or use COA definition which would go into effect July, 2022; a COA internal team meets weekly, plus using an outside consultant to provide input; finishing in February to submit to state for approval

Behavioral Health Resources, Follow-Up

Combined October PIAC meeting discussion around behavioral health resources is listed in the Minutes, we will pull those resources and create a living Google document for PIAC members' referral and additions; we will email the Google doc link once it is set up

Additional Comments & Discussion

Next iteration of the Accountable Care Collaborative starts next year, what do we do with what we've learned; HCPF starting input process in Spring 2022, how can PIAC inform the new ACC

Dede: State PIAC Performance Measure and Member Experience: HCPF response to recommendations:

https://hcpf.colorado.gov/sites/hcpf/files/Accountable%20Care%20Collaborative%20Program%20Improvement%20Advisory%20Committee%20HCPF%20Response%20to%20PMME%20Recommendations%20October%202021.pdf

State PIAC Behavioral Health Integration Strategies Crisis Response Recommendations: https://hcpf.colorado.gov/sites/hcpf/files/Accountable%20Care%20Collaborative%20Program%20Improvement%20Advisory%20Committee%20BHIS%20Crisis%20Services%20Recommendations%20HCPF%20Response%20November%202021.pdf
Meeting adjourned at 6:00 pm.