PIAC Members		Colorado Access Staff	
x	Addison McGill, HealthOne Behavioral Services	x	Anne Taylor
	Andy Wallick	x	Bobby King
	Bipin Kumar, Himalaya Family Clinic	x	Jo Glaviano
x	Carol Meredith, The Arc Arapahoe & Douglas	x	Julia Mecklenburg
x	Carol Tumaylle, Office of Refugee Resettlement, Refugee Health Division	x	Kellen Roth
	Dana Held, Health First Colorado	x	Kelly Marshall
	Daniel Darting, Signal Behavioral Health Network	x	Marty Janssen
	Ellie Burbee, Kids in Need of Dentistry	x	Molly Markert
	Gina Brackett, Parent to Parent	x	Rob Bremer
	Harry Budisidharta, Asian Pacific Development Center	x	Stephanie Glover
	Ingrid Kolstoe, Parent, Health First Colorado	x	Travis Roth
	John Douglas, Tri County Health Department		
	Joseph Prezioso, Health First Colorado		
x	Maribel Sandoval, Personal Assistance Services of CO		
x	Marc Ogonosky, Health First Colorado		
	Maria Zubia, Kids First Healthcare		
	Natalie Archuletta, DentaQuest		Guests
x	Nancy Jackson, Arapahoe County Commissioner	x	Ashleigh Phillips, Centura Health
	Patty Ann Maher, Elbert County Collaborative Management Program		
	Suman Morarka, Retired Provider		
	Tara Miller, Juvenile Assessment Center		
x	Wendy Nading, Tri County Health Department		

Agenda Items	
Welcome, Introductions & Committee Business	*Approval of September Minutes*: Addison presented the September meeting minutes for approval. Motion: Marc Ogonosky, Second: Wendy Nading. The September meeting minutes were approved unanimously. Marc Ogonosky: 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 - Two unique member outreach projects: creating messaging around crisis services in COA catchment areas, will be sent to specific pops; still deciding on a second outreach topic Wendy: Suggestion for MAC members to discuss the end of the Public Health Emergency and how best to communicate with members about the redetermination process; many members will need to take action to stay enrolled, concerns around members who have moved, disenrollment, etc.

Network Adequacy (Slides 8-20)	Marty Janssen, Travis Roth, Anne Taylor
	• 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: Wendy: Can you share detail what % of total providers show up on zero claims report? Do you have other cut off values where you f/u with providers?
	A: Marty: We've implemented value-based payment models that reward for more engagement, practice support teams connect with providers who are not as engaged, provide supports, help them become more successful in this new payment methodology
	A: Rob: The practice support team reaches out to lower volume behavioral health providers in the network to increase capacity for Medicaid members; we have to recredential providers every 3 years, so if they are non-active, they would not go through recredentialing and would be dropped from network
	Chat: Travis: The online directory is refreshed every day
	Chat Q: Carol: Are there plans to have marketing materials in languages other than Spanish/English? Including the top 3 or 5 languages for marketing materials is helpful, but it also depends on what the materials are
	A: Marty: We have translation services for any language on a member-basis; current marketing materials include "If you need this in your langue, please contact COA" in the top ten languages of members
	Molly: Provider-side staff could connect with refugee resettlement organizations on how to use the directory, identifying languages available and what is needed; it would be beneficial to train organizations to assist with navigating
	Marty: Translating words only goes so far, if we truly want to offer equitable support for transitions, it's about understanding culture; this is a great conversation for the PIAC
	Q: Addison: I assumed there were more members in R5, looks like primary care and behavioral health practitioners are close; is there a greater need in R5?
	A: Marty/Anne: There are more COA members in R3 than R5; behavioral health providers for both regions are about the same; primary care practitioner numbers are close, but it doesn't have to do with sharing the same network between regions
	Q: Addison: Re: Zero Claims Report: How do we get ahead of waitlists, wait time?
	A: Marty: There is always lag times when talking about claims, meaning the time between when provider sees member and when it's billed, we pick up the claims as they come in; we reach out to providers with no claims to find out why
	Chat Q: Nancy: Do you use outcome measures when credentialing providers?

	A: Travis: Not necessarily; we connect with the quality department re: recredentialing contracted providers; they will let us know if there's a quality of care concern; credentialing does not consider outcome measures Q: Nancy: So you're using complaints as a measure of quality? A: Travis/Rob: Complaints are part of the consideration: member complaints, quality of care issues, etc., we also look at claims information, the behavioral health incentive measure program, provider assessments similar to a score care, access to care, and other standards of care Chat: Molly: The Refugee Resettlement Agencies are the designated linkages for all new arrivals. Colorado Access has funded some of their health navigator positions thru last year's CIP funding program **Q: Wendy: Do you have an estimate of how many practitioners are contracted through a CMHC?** There's recent news around the landscape of access outside of community mental health centers, consider contacting providers who don't take any payers and ask why; we need to understand the volume of providers available for folks who are accessing non-community health centers; how do we increase visibility of non-contracted providers who still offer great resources (i.e., peer support, promotoras) and other opportunities for support who can step in while we reconcile the workforce shortage **A: Anne: I don't have an estimate now but can get that for you** **A: Rob: This is a great PIAC agenda topic for a deeper dive; providers need a way to subsidize for those programs and we want to encourage more providers to do that** Q: Addison: What does adequacy look like for R3 and R5 members? A: Marty: If you can't get in for specialty care, then it's not adequate; we have more leverage with our payment models on the primary care side; we consistently work with care coordination teams and provide engagement teams to understand available specialty practices for members who need it; we're willing to listen to suggestions on how to increase this network Anne: Tricky to quantify specialist network adequacy because a contracted provider may accept Medicaid, but is at their max of however many members they'll accept Q: Ashleigh: In discussions with substance use providers around the new Medicaid benefit that covers residential care, many hesitate to become Medicaid contracted because of concerns around accepting members until those beds are full; has there been an increase in providers becoming Medicaid contracted with new residential benefit? A: Anne: We've added contracted providers who have expanded their residential services, and continue to recruit new providers who provide residential services; we do a bed count, don't believe it's the entire number of beds, it's difficult to get an accurate count Carol: More focus on ensuring that children with IDD who are transitioning into the adult world receive real support in finding a primary care physician; the transition is overwhelming Molly: It's an opportunity for care managers to get more involved; consider how to get services to those who are outliers; when we find specialty providers, how can network reports and directories reflect that availability Q: Rob: How does this play out in the oral health space? Carol: That also happens and can sometimes be more difficult; people with IDD often require sedation for oral health treatment, difficult to find a dentist who can provide sedation; this is something that care coordination could assist with Q: Wendy: There's discussion around, and potential funding for, 211 to build out capacity to work with provider directories and helping people find primary care; has there been discussion around merging the provider directory with 211's resource? A: Molly: Not that I've heard at this time

Committee Business (Slides 21-26)	2022 Topics Please complete the survey, link in chat and will be sent after meeting https://www.surveymonkey.com/r/HRFDQJT 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 Discussion, Public Comment	Bobby: We're continuing the work with our COA DEI office, we have great internal partners, have held a number of community meetings, continue to focus on resources, focus on being more intentional about DEI lens and aligning our work to COA's mission
	Meeting adjourned at 5:30 pm.