



PIAC Members		Colorado Access Staff	
	Andy Wallick, Durable Medical Equipment	x	Erin Friedman
x	Bipin Kumar, Himalaya Family Clinic	x	Jo Glaviano
x	Bob Conkey, Health First Colorado	x	Julia Mecklenburg
	Carol Meredith, The Arc Arapahoe & Douglas	x	Kelly Marshall
x	Carol Tumaylle, Office of Refugee Resettlement, Refugee Health Division	x	Mika Gans
	Courtney Phillips, HCPF	x	Molly Markert
x	Daniel Darting, Signal Behavioral Health Network	x	Rob Bremer
	Erin Metz, Kids in Need of Dentistry	x	William Wright
x	Genevieve Fraser, HealthOne		
	Gina Brackett, Parent to Parent		
	Harry Budisidharta, Asian Pacific Development Center		
x	Ingrid Kolstoe, Parent, Health First Colorado		
	John Douglas, Tri County Health Department		
	Joseph Prezioso, Health First Colorado		
	Juan Marcano, Aurora City Councilmember		
x	Marc Ogonosky, Health First Colorado		
	Maria Zubia, Adelante Community		
	Matthew Pfeifer, HCPF		
	Natalie Archuletta, DentaQuest		Guests
	Patty Ann Maher, Elbert Cnty Collaborative Mgmt Program	x	Julissa Soto, Independent Health Equity Consultant
	Ruby Arias, Aurora Public Schools	x	Tehreem Rehman, MD, UC School of Medicine
	Tara Miller, Juvenile Assessment Center		
x	Wendy Nading, Tri County Health Department		
x	Whitney Gustin Connor, Kids First Health Care		

Agenda Items	
Welcome, Introductions & Committee Business (Slide 4)	<p><i>Approval of June Minutes:</i> The June meeting Minutes were presented for approval. The June meeting Minutes are approved unanimously.</p> <p>Member Advisory Committee (MAC) Update Marc Ogonosky</p> <ul style="list-style-type: none"> - Departments who engaged: Quality Improvement, Marketing and Communications, Community Engagement, Office of DEI, and Program Operations - Material/Presentation topics: Healthcare Effectiveness Data and Information Set (HEDIS) measurement 2021, Update your address campaign, COA sponsored events, Performance Improvement Projects, Health First Colorado application, Health Equity, Social Determinants of Health, Update Your Address directed at specific neighborhoods - Honoring Laurie Gaynor, a MAC member who passed away at the end of 2021 with a member- driven award presented on a yearly basis. It will embody Laurie and her desire to serve the community and make change. - We are looking for new members!!

Pay for Performance

Mike Gans

- HCPF provides metrics for P4P work, one significant change is in dental metric
- P4P Data and Analysis Highlight:
 - Old metric: All dental codes qualify, denominator is everyone in the region
 - New metric: 3 dental codes; targets members under 21 years old
 - Took new code and applied to historical data, looked at rate change
- Children more likely to receive dental services than members 21 and older; highest between 3-12 years old, then drops off; after 12 people going to fewer and fewer dental visits; now we know how to target in order to see continued utilization
- Dental KPI Payment Analysis:
 - Purpose: To examine payment effect on providers
 - Determine what models to use based on desired effects
 - Incentivize behavior accurately
- Payment now based on contribution to the numerator; activities that satisfy metric
- R5: Similar performance to R3 minus dental
- Other changes
 - BH incentive measures – will not be changing
 - Specification Document Updates: Currently in review period, none finalized for the current year
 - Prenatal KPI: Staying the same
- Pending Changes / Under Review: Discussion of moving KPI baselines to most recent calendar year due to impact of COVID on rates
- Upcoming Work: Provider Workgroups Update:
 - Collaboration between COA and select providers on best practices, metrics, data, care within community and members
 - Focus on well visits, dental visits, BH engagement
 - Currently performing quantitative and qualitative data analyses as part of evaluation process
 - Next Steps: Work with marketing to package eval and storytelling; funding proposal for next phase; document best practices and develop plan to share with provider network
- Metric Steward Strategy: Ensure we are aligning and tracking programing around performance metrics; we will implement a structured process for building, monitoring, and reporting out on interventions and performance results

Questions & Discussion

Q: Chat: What are the new cpt dental codes for?

A: One is specifically for 0-3, mostly preventative dental services

Q: Ingrid: How do you account for those who couldn't work during COVID, became Health First members, but now are not eligible for Health First?

A: Molly: No one is dropped from Medicaid during PHE, members remain until PHE ends

Mika: We want to do a study to compare 0-3 use verses older ages to consider when looking at interventions; want to ensure marketing is appropriate for demographics; benefit doesn't change, just the metric changes

Q: Chat: Bob: Payment is based on volume, but not on how much the individual provider increases/decreases in the particular period?

A: Mika: Payment is based on how many services an individual executed, not a gap closure; the provider network is paid for their behavior in getting these visits completed, not the increase or decrease; for other metrics, we want to see a decrease and we reward in that way; some cohorts use value-based payments and we look at closing of the gap

Q: Do you anticipate a change due to more people going back to work after being home during the pandemic?

A: Yes, ideally members who are locked are also taking better care of their health; also change with kids going back to school compared with years staying home

Q: Bipin: After member is admitted to in-patient care, are they able to go to primary care or do they have to go to a behavioral health / mental health provider?

A: Mika: They can go to either, hospitals should help member connect with beh health provider, but if someone is not comfortable with that, they can go to primary care physician

Rob: When a member is admitted to psychiatric hospital, a care manger works with the hospital facility on the discharge plan, figures out the best provider for them if there's no relationship with a behavioral health provider

Q: Bob: With all work groups working at KPIs, do you have a mechanism to get that info back to people at HCPF that are writing KPIs?

A: Mika: We do our best to highlight legitimate discrepancies; we also want to look at national work; PMME is great avenue

Monkey Pox, COVID Q&A

Dr. William Wright
 Monkeypox (MPV)

- Monkeypox is caused by Monkeypox virus (MPV), same family as smallpox; about 18k confirmed cases in U.S. as of 8/26 there are 203 cases in CO
- Similar symptoms to smallpox, milder version and rarely fatal
- Exposure:
 - Person-to-person: direct contact with the infectious rash, touching items that touched the infectious rash or body fluids; pregnant people can spread the virus to their fetus
 - Person-to-animal contact: scratched / bitten by infected animal; preparing or eating meat from infected animal
- Incubation: 1-2 weeks; Contagiousness: Can spread until rash is fully healed; isolate until rash fully healed
- Diagnosis & Mgmt: diagnosis from swab of lesion, mild and self-limiting, vaccine for high risk, post-exposure
- Recovery: 2-4 weeks, depends on severity, person's health
- Prevention: Avoid contact with suspicious rash; avoid contact with porous objects/materials that someone with MPV has used

COVID-19

- As of Aug 28th, still averaging about 4-5 people per day dying in Colorado; 184 people in hospital right now, 56% not vaccinated
- Currently 2.1 million people in Colorado eligible for additional dose
- FDA authorized bivalent vaccine (Coronavirus plus Omicron); now goes to CDC for approval, distribution could start very soon

Questions & Discussion

Julissa: Biggest concern in working with CDPHE around the promotion of MPV vaccine is that it's difficult to convince those in Latin populations, folks at churches to get vaccine when messaging has focused on specific population of men

Bill: Yes, and there may be an opportunity to influence CDPHE guidelines and messaging

Q: Ingrid: What is the projection if MVP outbreak occurs in a school, how do we deal with it and how is MVP showing up in children, are there MVP treatments and vaccines for kids?

A: Bill: Children have contracted it, it's not considered airborne, but in terms of contagiousness, as best we know, virus replicates in the skin

Q: Chat: Are the treatment vaccine for monkey pox approved for children?

A: Bill: Not that I know of. The vaccine was approved for smallpox; due to small amount of the vaccine, it's limited to those who have been exposed and those at high risk

<p>End of PHE / Update Your Address Work</p>	<p>Erin Friedman</p> <ul style="list-style-type: none"> • PHE was extended on July 15, 2022; extension expected through the end of 2022 • Health First Colorado members need to make sure their addresses are up to date to receive mail regarding benefits • Mailed flyers, social media posts with member reviewed and vetted language <p>Questions & Discussion</p> <p>Wendy: It's important to remember the numbers: according to HCPF, 40% of people don't get anything in the mail, but that means 60% do, and only 34% of those folks actually return their packet; huge threat to people falling off Medicaid</p> <p>Ingrid: At a recent CCDC Systems Advocacy meeting, folks who are disabled and on Medicaid voiced concern and anxiety around opening mail; they worry about denials, some can't read the mail, resulting in the mail being ignored; the coercive tactic emails sent to folks feel punitive, warnings about losing benefits</p> <p>Q: Whitney: With the wave of reenrollment, we at Kids First have an enrollment coordinator who is paid through fundraising and other ways; what funding sources are available for those doing enrollment tasks, especially anticipating this increase?</p> <p>A: Erin: COA is interested in potentially supporting enrollment navigators; we are funding an enrollment coordinator for CO Coalition of the Homeless, other projects happening too</p> <p>Carol: We should tap into the trusted messengers that assisted during COVID, they can assist again to help with messaging around opening your mail, update your address, etc.</p> <p>Kelly: Metro Area Health Alliances are hiring a Community Navigator to help with this work</p> <p>Q: Ingrid: What about including a QR code that people can scan, receive a free pizza, and update their address through the link? QR codes don't cost anything, can put it all over</p> <p>A: Erin: Interesting question raised around marketing with a QR code for immediate access to PEAK link to update address; state's materials did not have any QR code or way to connect, have to type in the url, they proposed a QR code but council did not think that would be a good idea; please let me know other ideas or thoughts</p> <p>Whitney: Parents of kids that we serve use Facebook as preferred way of communication</p>
<p>Community Engagement Updates</p>	<p>Kelly Marshall</p> <ul style="list-style-type: none"> • Kelly, Molly, Julia, Jo staying in current roles • New Community Cultural Navigators: Nancy Viera and Gloria Deloach • New Program Manager: Nicki Howey • Kelly: Leave of absence in October, name change to Kelly Shanahan
<p>Additional Discussion, Public Comment</p>	<p>988 National Crisis Hotline went into effect; for those with out-of-state phone numbers, use Colorado Crisis Hotline: 844-493-8255</p> <p>October Meeting topics: ACC 3.0, Hospital Transformation Program, chronic care conditions; GLBTQ health issues at future meeting</p> <p>Carol: Colorado welcoming about 900 people from Afghanistan through Operation Allies Welcome; do come with Medicaid and refugee resettlement agency; Refugee Medical Assistance policy changed, increase in coverage to 12 months</p> <p>Molly: Connect Dr. Rehman to appropriate contact for refugee information, resources</p> <p>Next meeting: Combined meeting on October 26th</p>
	<p>Meeting adjourned at 6:00 pm.</p>

