



HEALTH FIRST COLORADO
 REGION 5 PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)
 MARCH 13, 2023 MEETING MINUTES

	Organization		COA Staff Attendees
	Ana Vizoso, Servicios de La Raza	x	Alexandria Dienstbier
	Angi Wold, Addiction Research & Treatment Services	x	Ashley Gallegos
x	Anthony Moreno, Health First Colorado	x	Bobby King
x	Ashleigh Phillips, Centura Health	x	Brittany Romano
	Candy Wolfe, Creative Treatment Options	x	Erin Friedman
x	Carolyn Hall, RM Crisis Centers, CHARG Drop-In Center	x	Jamie Zajac
x	Damian Rosenberg, Personal Assistance Services of Colorado	x	Jo Glaviano
x	Jacque Stanton, State of Colorado Dept of Local Affairs	x	Joy Twesigye
	Jeremy Sax, Denver Health	x	Julia Mecklenburg
	Jessica Courtney, Mile High Behavioral Health	x	Kellen Roth
	Jessica Jensen, DentaQuest	x	Kelly Shanahan
x	Jim Garcia, Tepeyac Community Health Center	x	Marty Janssen
x	Judy Shlay, Public Health Institute at Denver Health	x	Molly Markert
x	Kraig Burleson, Inner City Health Center	x	Nancy Viera
	Matthew Pfeifer, HCPF	x	Nicki Howey
	Nina Marinello, Intermountain Healthcare		
	Pamela Bynog, Health First Colorado-ON LEAVE		
x	Paula Gallegos, Health First Colorado		
	Patricia Kennedy, Health First Colorado-ON LEAVE		Guests
	Sherri Landrum, Children's Medical Center	x	Vicente Cordova, Mile High Health Alliance
	Stacey Weisberg, Jewish Family Services		
x	Sue Williamson, Colorado Children's Healthcare Access Program		
	Tiffany Grays, Black Family Advisory Council, DPS		
x	Tria Phuong, International Rescue Committee		
	Ty Smith, Health First Colorado		

Agenda Item	Meeting Minutes
Welcome, Introductions & Committee Business	<p><i>Approval of December Minutes:</i> The December meeting Minutes were approved unanimously.</p> <p>Member Advisory Committee (MAC) Update Anthony Moreno, Kellen Roth</p> <ul style="list-style-type: none"> • Departments and Organizations Engaged <ul style="list-style-type: none"> ○ Internal: Population Health, Quality, Community Engagement, Diversity Equity & Inclusion, Evaluation and Health Informatics, and Member Affairs. ○ External: Colorado Health Institute • TeleHealth Survey being completed by COA <ul style="list-style-type: none"> ○ The MAC was able to provide their lived experience to shape this survey. • Colorado Health Institute joined the MAC <ul style="list-style-type: none"> ○ Completing an eHealth Environmental Scan for COA ○ An update on ACC 3.0 and what members may want to see in new contracts. This interaction came from the direction of HCPF. • We added 4 new MAC members, but are always looking for more
State PIAC Update	<p>Molly Markert</p> <ul style="list-style-type: none"> • December: Retreat • January: Cancelled • February: <ul style="list-style-type: none"> ○ Subcommittee Updates: <ul style="list-style-type: none"> ▪ Performance Measurement & Member Engagement (PMME) ▪ Provider & Community Experience (P&CE) ▪ Behavioral Health & Integration Strategy (BH&I) ○ Executive Director Presentation ○ ACC Phase III Vision ○ See additional attachment “State PIAC notes 2.15.2023” • March: TBD • Need Region 5 representative on the State PIAC
Regional PIAC Member Update	<p>Molly Markert</p> <ul style="list-style-type: none"> • Need more advocacy, small behavioral health clinic, criminal justice system, telehealth, refugee, and long term care representation • Please let Molly know if you have any suggestions or referrals for PIAC <p>Questions & Discussion Chat: What about someone from Mobile Crisis? It would be through Denver Health. I will talk to my person.</p>
Care Management	<p>Joy Twesigye</p> <ul style="list-style-type: none"> • Human-Centered Design ensures that the member experience informs our approaches and that social determinants of health are a focus from the start • Care Management: Real, tangible, responsive, provide services where members are • Everyone gets a health risk assessment, which helps COA understand your health needs; assistance with health management and care increases with higher needs

- Primary Care Medical Provider (PCMP): Primary care providers contracted with Colorado Access that also provide care coordination for complex members; PCMP+ R5: 1 site
- Enhanced Clinical Partners (ECP): Primary care providers contracted with Colorado Access to also provide enhanced care coordination for physical health and population management services; R5: 36 sites
- All Population Care Coordination: R5: 64.64%; Extended Care Coord R5: 39,227
- PCMP+ & ECP Care Management: Patient education, care plan, medication reconciliation, risk stratify patient and ensure support matches need, communication across system & specialties
- Care Management Overview: Complex Members, Transitions of Care, Priority Subpopulations & Health Equity; Community & Population Level Partnerships
- Community Navigation Team: Being explicit about how COA connects with community and brings services as close to members as possible
 - Intentional service delivery, member centered, flexible inter-departmental collaboration, culturally responsive services, responsive feedback loop
 - Core Members: Community Engagement, Care Coord/Comm health Worker
 - Rotating Members: Case Managers, AMES, Customer Service

Questions & Discussion

Q: Is care management the same as care coordination or is it a different group of people?

A: They are all part of the same team, but care coordinators in COA do have a different function than care managers, but they all work together

Helping families navigate complex health care system; always room for improvement around healthcare literacy and helping with care navigation

Want members to know that they can call COA when they have a problem or question

Importance of encouraging people to self-advocate

Breakout Groups

Gaps in nursing homes and rehab center with specialized care, especially for adults with developmental disabilities, non-verbal, unable to use standard modes of communication

Medication reconciliation critical, especially if using different specialists, systems

Close follow up of high utilizers

Coordinate with hospitals to connect with appropriate care

Additional education for new members beyond new member welcome packet

European model of removing social and economic barriers, emphasis on holistic health

Everyone needs a primary care provider to look at the whole person

Once stable housing is in place, easier to address other needs

Break down fragmentation of continuity of care from place to place (hosp to home to ER)

CORHIO doesn't work well in coordinating care

Too long wait time for specialty care

Improvement of end stage renal disease and cancer care process

Assistance and coordination of benefits like SSDI, etc.

Need for more case managers with diverse languages, ethnicities

More training and development

Better education of what care coordination is and what's available

Need for more reliable services, prompt call back response

Better understanding of community by case managers

Members with complex needs, using different systems need a case manager to manage all the care coordinators/care managers!

Can COA be the point organization for that coordination

	<p>Members need to know how to use care management benefit Awareness of benefits like SSI, beh health; improve connections to those resources Empower members to self-manage Care mgmt. doing a lot, but challenging because resources are exhausted How can technology be used to better serve members and care Improve trust with care mgmt. team that looks our members, cultural component Clear communication is key, especially for non-English speaking communities Tap into the value of word of mouth Improve trust by helping navigate or refer out when necessary</p>
<p>End of Public Health Emergency & Continuous Coverage</p>	<p>Erin Friedman</p> <ul style="list-style-type: none"> • Ex Parte May renewals: In the next week or so, members who are automatically renewed will receive a letter that tells them they have been auto renewed • Renewal packets for rest of members are going out this week, will receive a series of communications; packets sent now are due in May, packets sent in April will be due in June, and so on • Digital Engagement for All Members who need to renew: Text, email, and robocalls depending on Member’s stated communication preference. • Care Managers will focus outreach on High-Risk Members • Members transitioning to COA or Non-COA CHP+ Plans: COA staff will educate Members on how transition will be communicated by Health First Colorado/CHP+. • Members whose income disqualifies them for Medicaid and are transitioning to Connect for Health Colorado (C4HC) will receive letter with information about how to connect with a C4HC Enrollment Broker • Current definition of “High-Risk” during the unwind outreach (Complex +): • COA Complex member definition: 4 of 8 chronic conditions (Adults) OR 3 of 11 conditions (Children) OR Pregnant OR Unhoused OR 65+ transitioning to Medicare OR Client Overutilization Program (COUP) / high utilizers • AND individuals with serious health conditions who have a care plan and may experience negative health outcomes if they do not have continuity of coverage. • Provider and Community Partner Resources, COA is/will: <ul style="list-style-type: none"> ○ Distribute flyers to provider offices, comm partners outlining resources ○ Including providers in Continuous Coverage Unwind messaging (newsletters, webinars) ○ Sharing Department’s Renewals Toolkit with providers and community partners ○ Contracting with the Health Alliances and Colorado Coalition for the Homeless for direct outreach to vulnerable and unhoused populations. • Additional Resources: <ul style="list-style-type: none"> ○ COA developing Medical Assistance (MA) Renewal Frequently Asked Questions (FAQ) video shorts better understand and follow the MA Renewal process. ○ Customer service hold messaging will include information on renewal. ○ Customer service staff will be trained to direct callers to appropriate resources. ○ COA updating website and social media content to include information on how to renew MA benefits and where to get assistance with renewals. <p>Questions & Discussion Q: I thought that not everyone is going to roll off at once.</p>

	<p>A: That’s correct, this is just for those whose renewal is due in May, it’s based on their original enrollment date</p> <p>Q: How does this work for someone in the buy-in program?</p> <p>A: My understanding is that those members still need to complete the renewal process like every other member</p> <p>Q: What about someone with hospice or terminally ill?</p> <p>A: I don’t believe that particular condition was available to us in the information, but we can look if there’s hospice indicator in data file; there might be other chronic conditions / categories that they would fall in</p> <p>We’re communicating with our patients to give them as much advance notice as possible</p>
ACC 3.0	<p>Marty Janssen</p> <ul style="list-style-type: none"> • Concept Papers for Priority Initiatives: Spring - Summer 2023 • Draft Request for Proposals for Public Comment: November 2023 • Request for Proposals Published: April 2024 • Awards Announced: Late Summer - Fall 2024 • ACC Phase III Begins: July 2025 • HCPF Priority Initiatives: <ul style="list-style-type: none"> ○ Enhance Primary Care and BH accountability for providers and RAEs ○ Implement member incentives and advance alternative payment models across spectrum to enhance quality, reduce disparities, improve health, and ensure accountability ○ Align with and support the Behavioral Health Administration; increase culturally competent community-based behavioral health services
Public Comments, Additional Discussion	<p>Combined Regional PIAC meeting on Wednesday, May 24th; it will be hybrid – in person and virtual and food will be provided; should have received a calendar hold</p>
	<p>Meeting adjourned at 6:00pm.</p>
Recommendations	<p>Follow up on eligibility unwind procedures for individuals in hospice care or with terminal illness or End Stage Renal Failure.</p> <p>Follow up on adding a crisis team rep from Denver.</p> <p>Follow up with Joy for updates in about 6 months.</p>