



PIAC Members		Colorado Access Staff	
x	Alisia Moreno, International Rescue Committee	x	Andria Dwyer
	Angela Wilson, Adams County Government	x	Bobby King
x	Ashleigh Phillips, Centura Health	x	Brittany Romano
	Bipin Kumar, Himalaya Family Clinic	x	Jane Reed
x	Bob Conkey, Health First Colorado	x	Jo Glaviano
	Carol Tumaylle, Refugee Health Advocate	x	Joy Twesigye
	Courtney Tassin, City of Aurora, Housing & Comm Services	x	Kellen Roth
	Daniel Darting, Signal Behavioral Health Network	x	Marsha Aliaga-Dickens
x	Erin Metz, Kids in Need of Dentistry	x	Molly Markert
	Geneene Duran, The Arc Arapahoe & Douglas	x	Nancy Viera
	Harry Budisidharta, Asian Pacific Development Center	x	Phuong Dinh
x	Jamie Rodriguez, Adams County Health Department		
	Jennifer Fierberg, UCHHealth Co-Responder Program		
	Jessica Jensen, DentaQuest		
	Jessica Prosser, City of Aurora, Housing & Comm Services		
	Juan Marcano, Aurora City Councilmember		
	Laura Larson, Douglas County Public Health Department		
x	Marc Ogonosky, Health First Colorado		<b>Guests</b>
x	Maria Zubia, Adelante Community Development	x	Mike Marsico, Child Advocate
	Matthew Pfeifer, HCPF	x	Meredith Velasquez, Juvenile Assessment Center
x	Natalie Archuletta, DentaQuest		
	Patty Ann Maher, Elbert Cnty Collaborative Mgmt Program		
	Scott Adams, The Medical Center of Aurora		
x	Wendy Nading, Tri County Health Department		
x	Whitney Gustin Connor, Kids First Health Care		

Agenda Items	
<b>Welcome, Introductions &amp; Committee Business</b>	<p><i>Approval of March Minutes:</i> The March meeting Minutes are approved.</p> <p>Member Advisory Committee (MAC) Update            Marc Ogonosky</p> <ul style="list-style-type: none"> <li>Over the past year, the MAC has created an award to recognize Health First Colorado members who embody dedication to their community, and advocate for the health care system and for Health First Colorado members at large</li> <li>First annual award that has been voted on by the MAC; anyone can make a nomination, as long as nominated individual is a Health First Colorado Member</li> <li>MAC has selected three individuals who embody these qualities               <ul style="list-style-type: none"> <li>Brent P., Laurie G. (In Memory), Katie B. (In Memory)</li> </ul> </li> <li>Celebration will take place on June 20<sup>th</sup></li> </ul>
<b>Health Equity Update &amp; Community of Practice (COP) (Slides 7-18)</b>	<p>Phuong Dinh</p> <ul style="list-style-type: none"> <li>COA's Health Equity (HE) Plan aligns with HCPF's Health Equity Plan, outlines strategies to address disparities for the following focus areas of Vaccinations/COVID-19, Maternity, Behavioral Health, Prevention</li> <li>Centers for Medicare &amp; Medicaid: <a href="#">CMS Framework for Health Equity</a></li> <li>Health Equity Collaborations:</li> </ul>

	<ul style="list-style-type: none"> <li>○ COA Health Equity Team: Collaborate to advance health equity priorities across COA; diverse representation of executives, department leads, and analysts across member, community and provider facing teams</li> <li>○ Statewide HE Task Force: Collaborate to advance HE priorities across Colorado; diverse representation of members, providers, representatives of hospitals, child welfare, etc.</li> <li>○ Community Collaborations: Includes DEI Community of Practice, Social Health Information Exchange, CO Public Health Association, and more</li> </ul> <ul style="list-style-type: none"> <li>● Overview of Current Efforts through 5 Priorities</li> <li>● Community of Practice (COP) Mission: DEI leaders from various organizations connect and work together to share resources and best practices, and provide support to one another</li> <li>● COP Vision: Collaborate on a multi-year health equity initiative with authentic member, community, and clinical partner engagement that aligns with COA's and governing council strategic priorities.</li> <li>● Survey to COP: What are your greatest concerns/challenges? Workforce, best practices, alignment, measurement, operation, strategies</li> <li>● Survey to COP: Should we work together as a collective on a DEI initiative? Yes: Data informed, shared standards, build trust</li> </ul> <p><b>Questions &amp; Discussion</b></p> <p>Q: We have a position at Arapahoe County Public Health that is formally in this role, plus a health equity action team that include staff members who may have capacity for this work, is that an appropriate match or are you looking for actual people who are funded in those positions?</p> <p>A: We are looking for individuals that are leading the work, whether they're funded or have the actual title; if they are leading that work in their organization, then they'd be perfect for the community of practice</p> <p>Q: Where would members be able to input their opinions on what needs to be done?</p> <p>A: The Member Advisory Committee, or MAC, is a forum to contribute perspectives on this work, the other place is the State Health Equity Task Force which offers public forums on different topics and opportunities for members to join as ambassadors</p> <p>Q: How does accountability work to ensure this work is getting done, not only internally but with your providers? A lot of work goes into setting it up, want to ensure it's not living in silos but is implemented and woven into what COA does.</p> <p>A: With the provider facing work, I leave that to our experts in provider affairs and practice support; our Enhanced Clinical Partners are bound to our health equity requirements in the contracts which are audited by our practice support team; we trust that our organizations are doing the work.</p> <p>A: All this work is tied to our overall strategy, tied to our Key Performance Indicators and incentives; we consider what is our responsibility across the organization and with our community and partners in terms of health equity.</p> <p>Suggest tangible benchmarks to know things are on the right track; to demonstrate if the outcomes are what is actually happening.</p>
<p><b>Serving the Community (Slides 19-27)</b></p>	<p>Jane Reed, Joy Twesigye, Andria Dwyer, Marsha Aliaga-Dickens</p> <ul style="list-style-type: none"> <li>● Enhanced Clinical Partners (ECP): Provide care mgmt. for all attributed members regardless of complexity and submits care mgmt. data to COA for review</li> <li>● Eligible for higher Per Member Per Month (PMPM)/additional funding, additional rates</li> <li>● Chart Review Audits: Biannual member chart review in Feb and Aug; Feb audits are tied to payment and affect future value-based payment models</li> <li>● Practice Facilitators work internally with Care Mgmt on best practice examples/training</li> </ul>

**Questions & Discussion**

Q: When we're helping Medicaid members in the community, and we hear that they're medical home is Denver Health and they are not receiving care coordination and have a child with special health care needs, or they are lost in the system, what is best way to help that member advocate? What does it mean that Denver Health is an ECP? Are there more talking points about receiving the care they need? What would you recommend?

A: Every practice has their own risk assessment, can be difficult and nuanced, often times practices will default to that first and we are paying them to support all of their members; if you have a member who is not being supported in that way, coming back to COA so we can reach out directly to that provider to ensure member is receiving the care coordination they need

Q: That can be an extra step for that member; within the clinical system, how do you know who you're supposed to reach out to for case mgmt. services?

A: Most members wouldn't know that their provider is an ECP and know to ask  
We are a much smaller practice, so part of that is we have a number of staff members who keep their eyes and ears open for patients who need care coordination, sometimes it's medical, but can be housing, food, etc.; it could be anyone on our staff who identifies and connect with these care coordination services

We've heard this feedback before and will take it back to the team, how can we support them in promoting to members that they have these services

Q: What percentage of a practice like Denver Health or Salud's patients can be reviewed (to determine if they are receiving care coordination/management) in audits?

A: Case mgmt. is difficult to quantify because people cannot draw claims associated with it, so it's a self-reported report that providers send to us and we monitor and track the overall population care mgmt. work that they're doing based off of these reports; as part of the audit, we take that list and randomly choose a handful of members and look for those seven items related to care mgmt.; how do we make these goals more individualized and take member into account moving forward and have had great turnover associated with that

Q: So every member at an ECP gets an enhanced PMPM; do you have a number of PMPM? Would you know how many actually received care mgmt.?

A: Yes, they report that to us quarterly the number of members who have been touched by care mgmt. in some capacity

Andria Dwyer

- Interdisciplinary Team (IDT) calls are for anyone, allow for collaboration and coordination between organizations to ensure no duplication of efforts and work together to best meet member's needs; can be facilitated and scheduled by anyone on member's team; do not need to be facilitated by the RAEs, do not involve HCPF or Dept of Human Services staff; if an IDT call has happened, but did not resolve the issue, or the issue is more complex, the next step is:
- Creative Solutions Calls: For individuals under the age of 18; HCPF developed this to bring all of funders and programs into a cohesive group to assist members and their families who may be in crisis situation; facilitated by RAEs
- Complex Solutions: Way to support members facing challenges, multi system involvement, for adults, member 18 and over; majority are needing skilled nursing placement; facilitated by RAEs

**Questions & Discussion**

Chat: If the information is self-reported by providers, how do you know it is working? Doesn't it make sense to include randomly selected other members that were seen and ask if they had or were offered case management services? Data collection by how many members are being serviced in comparison to the amount of enhanced payments.

	<p>Chat: That is a great idea. We also track a number of different measures as part of the ECP program that directly impact their financial support (PMPM), including % of members engaged in the practice, % of members that have had care coordination within the practice, % of complex members engaged and % of extended care coordination, which help us to understand if they are supporting those members that they are seeing or not.</p> <p>Q: Is the actual member/patient involved in this call?</p> <p>A: Yes, absolutely, we want to hear from the member, with the exception if there's a guardian in place or a situation where the member cannot be involved</p> <p>Q: Do you have to be a formal part of an established team in order to request this? Are there requirements on who can request this?</p> <p>A: It can be anyone who is linked to the situation in some way, anyone can request this who has identified an issue; anyone can also request the IDT</p> <p>The creative solutions calls are there to pull systems together, review barriers; IDT calls are really for low level issues – needing a specialist, finding a specific service.</p> <p>Q: Is there a flowchart or contact list of who to contact and when that can be shared?</p> <p>A: As far as a flow chart, the process is:</p> <ol style="list-style-type: none"> <li>1. If member needs a Care Manager or care coordination, anyone can send a request to <a href="mailto:Resource&amp;Referral@coaccess.com">Resource&amp;Referral@coaccess.com</a>.</li> <li>2. If a member needs a Creative or Complex Solutions call after completion of IDT meeting, anyone can send a request to <a href="mailto:CSRequest@coaccess.com">CSRequest@coaccess.com</a></li> </ol> <p>Q: How often do these calls happen outside of the m-f 9-5 window?</p> <p>A: Due to availability of providers and outside agencies we hold them 7:00am-5:00 pm M-F so unfortunately they do not occur outside of that window. But crisis services, weekend options, and additional contacts for help are always shared with a Member/team involved in Creative and Complex Solutions calls</p> <p>Chat: Based on our conversations this week, we will develop an infographic to go along with our FAQs</p> <p>Marsha Aliaga-Dickens</p> <ul style="list-style-type: none"> <li>• Public Health emergency included continuous coverage; once ended on May 11<sup>th</sup>, that continuous coverage enrollment stopped; some states started in April, we started in May; everyone who has a May 31<sup>st</sup> redetermination date is considered part of May cohort of members and each cohort requires a specific type of outreach with specific timelines, member who have not completed their renewal packets in time receive outreach, will continue through April 2024</li> <li>• Using robocalls, text campaigns, emails, mailers; based on weekly files that we receive from the state and we draw our outreach lists from that data; in the four week timeline, triggers care mgmt. follow up to high risk – have not completed renewal packet (high risk for losing benefits) with digital outreach; high risk based on set of conditions, receive telephonic outreach</li> <li>• Telephonic outreach through the new call center set up specifically for this process</li> <li>• Common challenge: Members have completed the packet, but because of the lag, we don't see it and we are calling to ask about their packet; we suggest people to log into their PEAK account or contact county to check in and ensure that packet was received</li> <li>• Also partnering with our ECP practices to support the continuous coverage outreach work since they have a direct connection with members.</li> </ul>
<p><b>Public, Additional Comments</b></p>	<p>Memorial Celebration for Chanell Reed, June 27<sup>th</sup>, 5:30p, For His Glory Christian Fellowship</p> <p>State PIAC Updates: Jo will email the State PIAC presentation links separately</p> <p>Next R3 PIAC Meeting: September 13th</p>
	<p>Meeting adjourned at 5:48 pm.</p>

