



REGION 5 PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)

DECEMBER 2, 2019 MEETING MINUTES

Name	Organization	Present
AJ Diamontopoulos	Denver Regional Council of Governments	
Allison Romero	Mile High Behavioral Health Care	X
Ana Visozo	Servicios de La Raza	
Angi Wold	Addiction Research & Treatment Services	X
Betsy Holman	Dentaquest	X
Damian Rosenberg	Personal Assistance Services of Colorado	X
Dede De Percin	Mile High Health Alliance	
Greg Tung	Colorado School of Public Health	
Jacque Stanton	Denver Public Schools, Community Association of Black Social Workers	
Jeremy Sax	Denver Health	X
Joe Homlar	Denver Human Services	
Judy Shlay	Denver Public Health	X
Katie Broeren	Health First Colorado	X
Karen Weber	Caritas Clinic, SCL Health	X
Laurie Gaynor	Health First Colorado	X
Pamela Bynog	Health First Colorado	X
Patricia Kennedy	Health First Colorado	X
Sable Alexander	Mile High Healthcare, Health First Colorado	
Scott Utash	Advocacy Denver	
Sherry Landrum	Health First Colorado	
Stacey Weisberg	Jewish Family Services	
Sue Williamson	Colorado Children's Healthcare Access Program	
Thain Bell	Denver District Attorney Office	

COA Staff Attendees
Cassidy Smith, Senior Program Director, Region 5
Julia Mecklenburg, Community Engagement Liaison
Kellen Roth, Director of Member Affairs
Kelly Marshall, Director of Community and External Relations
Molly Markert, Senior Community Engagement Liaison
Nancy Viera, External Relations Coordinator
Rene Gonzalez, Senior Community Engagement Liaison
Rob Bremer, Vice President of Integration
Mika Gans, Senior Manager of Quality Improvement

Guests/Members of the Public
Ben Harris, Health Care Policy & Financing Department

Agenda Item	Meeting Minutes
<p>Welcome to Meeting #6, Introductions, Committee Business</p>	<p>Judy Shlay welcomed everyone to the sixth meeting of the Region 5 Program Improvement Advisory Committee (PIAC). The group went around and introduced themselves.</p> <p>Committee Business:</p> <p><i>Approval of minutes:</i> The September meeting minutes were presented for approval. Karen moved to approve the minutes; Katie seconded.</p> <p>The September meeting minutes were approved unanimously.</p>
<p>Pay for Performance (P4P) – Behavioral Health Measures (see slides 2-10)</p>	<p>Mika Gans, Senior Manager of Quality Improvement from Colorado Access presented on the measurement period for all incentive measures. The measurement period is 1 year and the data is from fiscal year 2018-2019. The incentive measures are from qualifying metrics. They are a means for Colorado Access to earn money from Health Care Policy and Financing department. Another requirement is taking part in corrective action plans. Colorado Access must be in good standing with the corrective action plans. Incentive measures focus on integration for behavioral health in various settings.</p> <p>Follow up appointment within 7 days for Mental Health Condition: A member stays at a treatment center and gets admitted. After members are discharged, they should see a provider within 7 days. Members should be supported with continuity of treatment and avoid hospital readmissions. Primary Care Providers can satisfy this metric.</p> <p>Colorado Access relays to Behavioral Health providers so that our members may have same-day appointments.</p> <p>Follow-Up after Positive Depression Screening: This is a unique measure because in order to qualify for payment, region-wide Depression Screening rates cannot fall below 7%. This measure emphasizes the integration between physical and behavioral health. Primary Care Providers offices should be providing a depression screen. If a depression screen is negative, it still within qualifying but not within metric. Qualifying ensures that a Behavioral Health service is provided after a positive depression screen. These are calculated based on claims.</p>

Behavioral Health Screening or Assessment for Children in the Foster Care System: Foster care children who are in and out of the system have a higher need for Behavioral Health and trauma services. Within 30 days of getting into the foster care system, these children will get a screening for Behavioral Health. This can be done at Mental Health center or Primary Care Provider office. Timely intervention is important for these members.

Mika walked the committee through the Incentive Measures Benchmark

Discussion, Feedback & Questions:

Judy: Education is needed of what code to use for providers

Katie: The discharge paperwork says see PCP in the next 7 days. How would I know to see a BH specialist?

Answer: We are working to ensure the systems of care are communicating to each other and members are receiving the correct information on their discharge paperwork.

Katie: What if I don't have a Primary Care Provider?

Answer: COA care managers connect members to doctors and specialists.

Pamela: Why is there a difference in the window of time between SUD and Depression?

Ben: In this measurement a member receives inpatient treatment for SUD and has potentially more concerning issues.

Judy: As a provider, screening, providing, intervening. Going to assess person and see if they are at high risk. Could have a counselor on-site to see the patient immediately. Not all patients are acutely ill that they need to be taken care of immediately

Denver Health Medical Plan (see slides 11-23)

Jeremy Sax, Government Products Manager for Denver Health Medical Plan and Cassidy, Senior Program Director for Colorado Access reviewed the partnership between Denver Health MCO and COA.

Jeremy reviewed Denver Health Medicaid Choice (DHMC). DHMC was a stand-alone physical health plan and has always been providing physical health services. Once the Regional Accountable Entities process was created, DHMC became a subcontractor of COA for physical health services. DHMC does not cover all services that are covered by Medicaid. DHMC has wrap around benefits and fee-for-service. The attribution (the way members are identified and put into different plans) for new Denver county residents who qualify for Medicaid is they will be automatically assigned for DHMC for physical health. Member has 90 days to opt-out. Service area for DHMC includes Adams, Arapahoe, and Jefferson counties.

Is there anyone that is excluded from the process? Refugees who list a Resettlement Agency as their address. Many of them do not live where the resettlement agency is located. Foster care children are not automatically enrolled as they are frequently not located in the service area. Open enrollment period is 2 months prior to birth month and members have the option to disenroll at that time. Cause for disenrollment not during the open enrollment timeframe would not include wanting to see a different doctor. For cause would include treatment that DHMC is not able to provide. Baby always follows Mom to family doctor, so if Mom is not enrolled in DHMC, then baby would not be enrolled either. Continuity of care is a valid disenrollment reason.

Cassidy reviewed Colorado Access' work with DHMC. COA administers the behavioral health benefit for all Health First Colorado members in Denver county, including DHMC members. The benefit of this relationship has supported COA and DHMC to work more closely together. This includes reviewing member communications, cutting back on duplications, and avoiding confusion.

Colorado Access RAE contracts with same providers within DHMC system for fee-for-service individuals. They can choose to go to DHMC to receive physical health services. DHMC is one of the few locations that have specialists and sub-specialists that accepts Medicaid.

Discussion, Feedback & Questions:

Katie: Graphics are needed of what DHMC covers and COA covers

	<p>Currently DHMC is subcontract of COA. Working to 1/1/20, DHMC will have it's own contract with the state. COA will have 2 contracts. One will be current RAE contract, secondly, COA will be subcontractor to DHMC to provide BH services. When members receive communication from DHMC, COA will be listed as the behavioral health contractor. Members and providers should not be impacted by new contract with HCPF.</p> <p>Allison: Clients who come to Mile High Behavioral Care are they covered by DHMC?</p> <p>Answer: These clients would be covered by COA for BH services</p> <p>Betsy: Denver Health is a Managed Care Plan and also a FQHC?</p> <p>Answer: DHMC is the insurance plan. The clinics are all FQHCs. Three branches at Denver health: Public Health, Hospital, and Plan.</p> <p>Pamela: Colorado Access and Denver Health MCO need to improve communication as there is a lot of confusion and frustration among members.</p> <p>Katie: I don't understand what Medicare, Medicaid Choice, and COA covers.</p> <p>Katie: It can be very confusing to be a member and go to a specialist and not know what coverage to use</p> <p>Answer: Doctors and specialists offices should be able to use State ID numbers, no matter what specialist you go to. Medicaid members cannot be billed for Medicaid covered service.</p> <p>Betsy: Is there a posted fee schedule?</p> <p>Answer: Against fee-for-service equivalent. DHMC is required by statue. Used Medicaid fee schedule as our base. Sometimes contracts we work with requires a little bit more.</p>
<p>Non-Emergency Medical Transportation (NEMT) (see NEMT Fact Sheet)</p>	<p>Molly Markert, Senior Community Engagement Liaison and Ben Harris Team Lead, Accountable Care Collaborative Program Management Section HCPF, presented the state handout fact sheet. Ben consulted with the Non-Emergent Medical Transportation HCPF contract manager, Ryan, for this presentation. Topics covered included: Importance of transportation within delivery system; What happened last fall, the new contract; How it is going now. Transportation can be a barrier for members to be able to get to their medical appointments. Managing conditions can be dependent on reliable transportation. In Colorado we have a contractor that provides transportation to and from members medical appointments. Members must qualify for Health First Colorado in order to receive this benefit. Appointments must be with a Health First Colorado provider to qualify. This contract in the past was managed by a contractor named Veyo. Another bid came in called Intelliride who went live in September. HCPF expects Intelliride to coordinate out-of-state transportation. Intelliride must host a stakeholder workgroup that informs their performance. This has not happened yet, Ben will let PIAC know when they are seeking members for this workgroup. HCPF is updating state rules on how plan should operate which will allow for more stringent contractors.</p>

	<p>There are some issues system-wide with inpatient BH services. These may be covered by separate state departments and are not Health First Colorado providers therefore transportation services would not be covered.</p> <p>In rural counties, looking into contracting with local vendors. HCPF will be seeking public feedback.</p> <p>Members only need to explain that they have an appointment with their doctor.</p> <p>There is an App that members can use to set up transportation.</p> <p>Laurie: There is still some things that need to be ironed out. Drivers are complaining that they are double booked. There are no calls to members to remind or confirm.</p> <p>Intelliride is starting to mirror Uber/Lyft services. Intelliride should not be providing ride-sharing.</p> <p>Katie: Some members try to use this service to also provide transportation for members' friends or neighbors.</p> <p>Judy: Mothers with children don't have car seats in Intelliride. Caregiver's needs are not being addressed.</p> <p>Ben reported that it is hard to close the feedback loop when receiving input from RAEs and members. Ryan reported to Ben that things are moving in the right direction regarding call wait times and other concerns. The workgroup can figure out some of these concerns.</p>
<p>General Updates and Emerging Issues</p>	<p>Judy asked the committee for input on what they would like to see covered in future PIAC meetings</p> <p>Pamela: Long-Term care and Home and Community Benefits. Members and providers find this very confusing.</p> <p>Ben: Concrete examples of challenges for Intelliride. Pilots that DHMC and COA is working on, transition clinic (this is unique to this RAE).</p> <p>Judy: Correctional care, Denver Health ensures that those who are coming out of correction services have Medicaid coverage the next day. No medications given upon discharge of correctional facility.</p>

	<p>Ben: Behavioral Health taskforce and other Behavioral health work going on in the state. Caring 4 Denver, Community Health improvement plan, other emerging workgroups.</p> <p>Allison: Telehealth, how providers and members utilize this program.</p> <p>Allison: Updates on new benefit for SUD.</p> <p>Betsy: Dentaquest is rolling out Dental Home. Similar to RAE attribution. Starting with CHP+ plan, then Medicaid children, then Medicaid adults. New members will be assigned based on who is closest to them. Members will be getting a card with this information. They do have the choice to change.</p> <p>Laurie: Durable medical equipment coverage in long term care</p> <p>Judy: Medicaid is a wonderful benefit and insurance. Here at PIAC, we have a voice to help shape it. I have not been sought after by private insurance companies to provide insight or feedback on how to improve their plans.</p>
<p>Public Comment</p>	<p>Kelly: At the end of this week you will be getting an email with a link to the Working Together Survey. This will help us determine how we are doing with collaboration. It is an important survey for us. We ask that you all take it. Deadline is Friday, December 20th. This will be reported to the state and will determine how we work with our formal stakeholders moving forward.</p>
<p>Action Items /Responsible Party</p>	<p>Graphic that shows DHMC vs COA coverage (physical vs behavioral health coverage)</p> <p>Present Intelliride App to PIAC</p> <p>Intelliride: Covered benefits, definition of pets that can attend, family services.</p>
<p>Next Meeting: March 2nd, 2020 at St Joseph’s Russell Pavilion</p>	