



HEALTH FIRST COLORADO
 REGION 5 PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)
 DECEMBER 7, 2020 MEETING MINUTES

	Organization		COA Staff Attendees
x	AJ Diamontopoulos, Denver Regional Council of Governments	x	Johanna Glaviano, Recording Secretary
	Ana Visozo, Servicios de La Raza	x	Julia Mecklenburg, Community Eng Liaison
x	Angi Wold, Addiction Research & Treatment Services	x	Kara English, Sr Health Program Specialist
	Betsy Holman, Dentaquest	x	Kellen Roth, Director of Member Affairs
x	Carolyn Hall, RM Crisis Centers, CHARG Drop-In Center	x	Kelly Marshall, Director of Community and External Relations
x	Chanell Reed, Families Forward Resource Center	x	Kirstin LeGrice, Program Deliverable Ops
x	Damian Rosenberg, Personal Assistance Services of Colorado	x	Martin Janssen, Senior Program Director
x	Dede De Percin, Mile High Health Alliance, STATE PIAC R5	x	Mika Gans, Quality Improvement
	Greg Tung, Colorado School of Public Health	x	Molly Markert, Senior Community Eng Liaison
	Jacque Stanton, Denver Public Schools, Community Association of Black Social Workers	x	Nancy Viera, External Relations Coordinator
x	Jeremy Sax, Denver Health	X +	Rene Gonzalez, Senior Community Eng Liaison
	Jennifer Yeaw, Denver Human Services	x	Rob Bremer, VP Network Strategy
x	Jim Garcia, Clinica Tepeyac		
x	Judy Shlay, Denver Public Health		
	Katie Broeren, Health First Colorado		
	Kraig Burleson, Inner City Health Center		
x	Laurie Gaynor, Health First Colorado		Guests/Members of the Public
	Mary Sanders, Health First Colorado		
	Matt Pfeifer, Dept of Health Care Policy and Finance		
x	Mike Marsico, Mile High Behavioral Health Care		
	Monica Buhlig		
x	Pamela Bynog, Health First Colorado		
	Paula Gallegos, Health First Colorado		
	Patricia Kennedy, Health First Colorado		
	Roop Wazir, International Rescue Committee, Health Program Coordinator		
	Sable Alexander, Mile High Healthcare, Health First Colorado		
x	Sarony Young, Dentaquest		
x	Scott Utash, Advocacy Denver		
x	Sherri Landrum, Children's Medical Center		
	Stacey Weisberg, Jewish Family Services		
x	Sue Williamson, Colorado Children's Healthcare Access Program		
	Thain Bell, Denver District Attorney Office		
	Vicente Cordova, Mile High Health Alliance		

Agenda Item	Meeting Minutes
<p>Welcome, Introductions & Committee Business (Slide 5)</p>	<p><i>Approval of September Minutes:</i> Judy presented the September meeting minutes for approval. The September meeting minutes were approved unanimously.</p> <p>Laurie Gaynor: Update of Member Advisory Committee (MAC)</p> <ul style="list-style-type: none"> - Members of MAC participating in COA Health Equity - Reviewed monthly member emails from Population Health dept; each month focuses on a different health topic, for example, suicide, breast cancer, diabetes - New MAC Ambassador program: MAC attending more community meetings, represent at State PIAC, People Centered Transportation Coalition, and CO Coalition for the Homeless, as well as presenting at forums - Reviewed COA Marketing dept’s social media regarding voting information - Looking for new MAC members <p>Dede: IntelliRide is still recruiting for the advisory board</p>
<p>Healthy Communities Transition / ESPDT (Slides 6-17)</p>	<p>Kara English</p> <ul style="list-style-type: none"> • Early Periodic Screening Diagnosis and Treatment (EPSDT): mandatory preventative health benefit for Medicaid members age 0-20 and pregnant women; provides infants, children, and adolescents access to periodic evaluations • States must cover all medically necessary services; must adhere to federal requirements regarding outreach to EPSDT eligible, including providing information to members within 60 days of eligibility determination • HCPF created Health Comm program and delegated EPSDT responsibility to local public health agencies (R3: Tri County Health Dept, R5: Denver Health) • Healthy Comm Goals: Outreach newly enrolled eligible members, refer to community resources, assist with primary care connection and appt follow up • COA/Healthy Comm collaboration built into RAE contracts in order to reduce duplication, eliminate redundancies, establish referral process, cross training • Due to budget cuts, Healthy Comm budget cut by 75%; transition of responsibility to RAEs as of July 2020 with new outreach and implementation methods • RAE outreach includes newly enrolled members age 0-20, non-utilizers, pregnant women, children with special health care needs <p>Questions & Discussion</p> <p>Q: Sarony: Do you feel there’s additional support that Dentaquest can give for members who need dental services?</p> <p>A: More of a question for care mgmt. folks, we will follow up with them regarding dental</p> <p>Judy: Denver Health colleagues have created “navigating referrals to promote childhood development” module; could be helpful for COA and providers to promote EPSDT</p> <p>Q: Chanell: Is COA working with federally qualified health centers (FQHC) to help with referrals to providing medical homes?</p> <p>A: Kara: There are staff members who work closely with FQHC referrals</p> <p>A: Marty: We work closely with FQHCs to help expedite and facilitate referrals.</p> <p>Damian: At PASCO, we work with EPSDT; having someone present this Friday from Family Voices about the program</p> <p>Chat Q: Carolyn: Does this program support mom's with post partum depression or is it only during the pregnancies this program works for women?</p>

	<p>A: Kara: From my understanding, EPSDT extends to women while they are pregnant, don't know if this goes through post delivery</p> <p>Marty: Standard Medicaid benefit has slew of services for new mothers; encourage them to outreach care mgmt. team; EPSDT doesn't extend to people who are not Medicaid eligible; child should be eligible for CHP+</p> <p>Q: Scott: When women has delivery and is on Medicaid, how long does she remain eligible for Medicaid?</p> <p>A: Marty: For as long as her income keeps her eligible for Medicaid</p> <p>Kara: If on Medicaid with MAGI pregnant code, expires 60 days after delivery unless she falls under another code</p> <p>Sue: Good to put topic on agenda, some inaccuracies in discussion, need clarifications, especially regarding pregnant women</p> <p>Judy: We will include a discussion on this for a future meeting</p> <p>Chat: Dede: I'd also like to know what the PHE and the required MOE means for women remaining on these benefits; especially with increased likelihood post-election that the PHE will be continued past January</p>
<p>Population Management Framework & Member Focus (Slides 18-28)</p>	<p>Kelly Marshall</p> <ul style="list-style-type: none"> • Accountable Care Collaborative (ACC) population framework: Complex Care Mgmt., Condition Mgmt., Prevention Support & Resources • Stratification > Deliverables > Outcomes • Deliverable Changes with new templates, frequency • Year 1: emphasis on prevention, support & resources, then chronic condition management, then complex care; broad population health focus • Year 3: focus on complex care, then chronic condition mgmt., then prevention, support & resources <p>Questions & Discussion</p> <p>Marty: Emphasis has switched, but doesn't absolve us of other areas of the pyramid</p> <p>Monica: How do you see Hospital Transformation Program complimenting this? What can we as partners do regarding primary prevention?</p>
<p>State Medicaid Program Updates</p>	<p>Marty Janssen</p> <ul style="list-style-type: none"> • Still operating under Public Health Emergency end on January 23rd; may be an extension, but don't know for sure yet • No one disenrolled from Medicaid, redeterminations needed upon end of PHE • Anticipated changes at end of PHE: Medicaid buy in premiums will be re-enacted, increase in co-pays, waiver changes, telehealth changes • Covid has exposed health care inequities; HCPF starting health equity data project <p>Questions & Discussion</p> <p>Chat: Monica: It would be very interesting to see at some point in time data related to the strengths and weaknesses of telehealth</p> <p>Chat: Dede: I think we might benefit from a presentation about the telehealth legislation and the process toward finalized rules including the addition of e-consult</p> <p>Marty: I agree, there's been a lot of movement with telehealth, openness in how best to move forward with telehealth; potential for George Rupas to present again</p> <p>Dede: Interested in knowing about outreach enrollment, especially regarding those who are eligible but not enrolling; missing a lot of safety net people</p>

	<p>Marty: Agreed, we are looking at the messaging around the program; Medicaid should be seen as investment in the community, not an entitlement program</p>
<p>Member Satisfaction Survey (Slides 29-43)</p>	<p>Mika Gans</p> <ul style="list-style-type: none"> • Survey intended to solicit feedback from Medicaid member to ensure excellent customer service; collected over 1300 survey responses • 97% of respondents shared that quality of care received was “excellent” or “good” • 95% of office and telehealth visits were “satisfied” or “extremely satisfied” with care they received • What else should COA ask members? Where else should these results be distributed? <p>Questions & Discussion</p> <p>Q: Dede: Are there differences in willingness to use telehealth based on race, ethnicity, and other demographics? Who is most willing to use telehealth?</p> <p>A: Mika: We are looking to expand our reach to look at that type of information</p> <p>Q: Pamela: How was sample size selected?</p> <p>A: Mika: Started with variety of formats, electronic format reaches limited amount; used Survey Monkey, contacted those for whom we had email addresses, which was small number; includes members who call customer service; no outbound soliciting</p>
<p>Health Equity Task Force</p>	<p>Rene Gonzalez</p> <ul style="list-style-type: none"> • Exploratory HEI Task Force launched in September; meetings involved a listening session, data perspective, identification of themes, discussion of structure; last meeting in December to finalize proposal for multi year HEI initiative • Themes: Crisis Planning & Response, SDOH, DEI Healthcare Institutions, Access to Care, DEI Medical & Health Interventions, Communication and Health Literacy, Data Equity <p>Questions & Discussion</p> <p>Judy: Going to have a combined meeting related to equity for both R3 and R5</p> <p>Sue: It’s been a thoughtful process; appreciate the opportunity to participate</p> <p>Chanell: This has been a joy to work with task force; this is a large topic to tackle; I was initially concerned about how we’d tackle it, but I’ve really enjoyed the process</p> <p>Judy: There’s a lot of impact that the RAEs can have on this work, job well done</p>
<p>State PIAC Activity Report (Slides)</p>	<p>Dede de Percin</p> <ul style="list-style-type: none"> • Most recent meeting, onboarded 8 new members to state PIAC; diverse candidate pool that represents communities • Presentation from HCPF about Access Monitoring Review Plan; some inaccurate reflection about specialty care • Performance Measurements and Member Engagement sub committee looking for new members and co-chairs • Update from HCPF around Public Health Emergency, outreach and enrollment, DEIA committee for PIAC has put things on hold because many members term off at end of year, so waiting for new members to continue DEI work • Potential for increase in FMAP under new administration <p>Questions & Discussion</p> <p>Molly: What’s happening with Substance Use Disorder (SUD) program?</p> <p>Dede: Was supposed to start July, 2020, but will now start January 1, 2021</p>

	<p>Rob: Expanded SUD benefit covers residential and in-patient services</p> <p>Dede: Challenge is getting it organized and the finance piece, especially regarding maintenance of effort</p> <p>Chat: Dede: For one of the next meetings, I think it would be helpful to have a presentation from the Metro Denver Partnership for Health and their Social Health Information Exchange (SHIE) work, especially the User Steering Committee</p>
<p>Public Comment</p>	<p>Dede: We were contacted to help with outreach for the Temporary Rental and Utilities Assistance Program (TRUA), program received additional money; provides one time grants to family or individual who needs the financial assistance, can pay up to 80% of amount; income eligibility amount is higher than most programs; open to all regardless of legal status; TRUE website: https://www.denvergov.org/content/denvergov/en/housing-information/resident-resources/stay-in-your-home/rent-utility-help.html</p> <p>Chat: Dede: If you get bogged down in the TRUA process, email MHHA at trua@milehighhealthalliance.org. We're only contracted to serve certain zip codes in SW/NE, but we'll try to help</p> <p>Nancy: We surveyed PIACs, agreement for two additional joint PIAC meetings; will be during month without regular PIAC meetings; be on lookout for emails from Nancy</p> <p>Dede: State PIAC meetings in January and February will be executive PIAC meetings</p> <p>Monica: Thank you for coordinating these meetings; hospitals are ware of demands being made on individuals' time for input and participating in the work being done</p> <p>Molly: Commend the MAC for their Ambassador program; there are openings on the MAC for those interested</p> <p>Dede: Another topic at meeting around covid vaccination process and updates</p>
	<p>Meeting adjourned at 5:55 pm.</p>