



PIAC Members		Colorado Access Staff	
x	Addison McGill, HealthOne Behavioral Services	x	Julia Mecklenburg, Community Engagement Liaison
	Bipin Kumar, Himalaya Family Clinic	x	Johanna Glaviano, Recording Secretary
	Brian Park, Health First Colorado	x	Kara English, Population Health
x	Carol Meredith, The Arc Arapahoe & Douglas	x	Kelly Marshall, Director of Community Engagement
x	Carol Tumaylle, Colorado Department of Human Services, Office of Refugee Services	x	Kirstin LeGrice, Program Deliverable Ops
	Dana Held, Health First Colorado	x	Marty Janssen, Program Deliverable Ops
x	Daniel Darting, Signal Behavioral Health Network	x	Mika Gans, Director of Quality
x	Ellie Burbee, Kids in Need of Dentistry	x	Molly Markert, Senior Community Engagement Liaison
	Gina Brackett, Parent to Parent	x	Nancy Viera, External Relations Coordinator
	Harry Budisidharta, Asian Pacific Development Center	x	Rene Gonzalez, Senior Community Engagement Liaison
	Katherine Neville, Health First Colorado	x	Rob Bremer, VP Network Strategy
x	Katie Barr, Rocky Mountain Crisis Partners		
	John Douglas, Tri County Health Department		
	Joseph Prezioso, Health First Colorado		
x	Maribel Sandoval, Personal Assistance Services of Colorado		
x	Marc Ogonosky, Health First Colorado		
x	Maria Zubia, Kids First Healthcare		
x	Nancy Jackson, Arapahoe County Commissioner		
	Patty Ann Maher, Elbert County Collaborative Management Program		Other Guests
	Suman Morarka, Retired Provider	x	Ashleigh Phillips, Centura Health
	Shera Matthews, Doctor's Care, State PIAC Rep		
	Tabatha Hansen, Health First Colorado		
	Tara Miller, Juvenile Assessment Center		
	Terri Hurst, Colorado Criminal Justice Reform Coalition		
x	Wendy Nading, Health Alliances		

Agenda Items	
Welcome, Introductions & Committee Business (Slide 5)	<p><i>Approval of September Meeting Minutes:</i> Addison presented the September Meeting Minutes for approval. September Meeting Minutes were approved unanimously.</p> <p>Marc Ogonosky, Update on Member Advisory Council (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>Molly/Marc: Forward information for MAC recruitment to Carol T and all</p>

**Healthy Communities
Transition / EPSDT
(Slides 6-17)**

Kara English

- 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

Questions & Discussion

Chat Q: Carol T: Regarding outreach and member assistance, is language a barrier to this (e.g., is interpretation available and utilized and paid for)? Related, for mail and digital outreach – is it done in non-English/non-Spanish languages?

A: Kara: All mailings are in both English and Spanish; required by law to provide information to members on requesting different language; regarding digital engagement, it is difficult to provide translation for languages other than Spanish

Carol M: As Arc Director, we work with families of kids with disabilities; we do a lot of training about the benefits of EPSDT and of Medicaid; concerns about transition and continued access to durable medical equipment, especially as children grow and need different levels of therapy; federal mandate to provide what is medically necessary; happy to be of assistance

Kara: HCPF provided training to provide more context on how to better assist members with accessing EPSDT; also have dedicated staff working with federally qualified health centers (FQHCs) and other providers

Q: Maria: Regarding transfer of care management to RAEs, what happens to providers who are doing care mgmt. as part of their contract? Is that shared with them or solely in house with COA?

A: Kara: Solely in house with COA as far as specific outreach requirements; FQHCs still required to carry out contracted care coordination duties

Wendy: Confident that transition made sense; struggling as a state with administering the program, trying to advocate at HCPF level for program changes; one area was duplication between Healthy Communities and COA / RAE level; Tri County provided in-person application assistance allowing folks to get presumptive eligibility in order to immediately gain access to services while county processes their application; concerned about the loss of presumptive eligibility, which is a huge gap for access, especially for families that really need the coverage; state PIAC is trying to elevate the need to provide application assistance, which is critical for those who need immediate access to services; it's a huge gap

Chat: Maria: We are a PE site as well. We call it temporary coverage, so families can understand.

Maria: The problem is that we have one person that does it by appointment, not enough capacity; also helping with food assistance; critical need regarding assistance for uninsured; COA has their own Medicaid application sites

<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>Chat Q: Wendy: What do you attribute to the decline between the two months in last 2 columns (less numbers served in Sept)?</p> <p>A: Marty: Initial list we got from HCPF we outreached so many early on, big portion happened in April through June</p> <p>Chat Q: Nancy: Are changes to model due to COVID? What changes have you noticed since COVID?</p> <p>A: Marty: Regarding complex care, the changes aren't due to COVID, strategy is one that HCPF was rolling out anyway; COVID added a layer, but didn't change the theory</p> <p>Kelly: Because of economic impact of COVID and impact on state budget, created more emphasis on determining where the costs are</p> <p>Marty: Yes, budget crisis has turned attention to looking at how money is getting spent</p>
<p>State Medicaid Program Update</p>	<p>Marty Janssen</p> <ul style="list-style-type: none"> • During PHE, the Federal Medical Assistance Percentage (FMAP) has increased by 6.2%, once PHE ends, FMAP increase will go away; anticipate budget short falls for years to come; focus on cost containment while effectively improving access to care • COVID has exposed health inequity; higher impact of COVID on specific communities; the department has brought to the forefront is taking a deeper look at how health equity impacts our membership; need real data to identify where changes can be made, and to restructure program; running a data program to look at health equity; anticipate new expectations written into RAE contracts; redefining of network adequacy, are providers serving need of entire member population <p>Questions & Discussion</p> <p>Q: Addison: As a provider, we're often seeing that people are putting off care, including screenings; upstream work needed to mitigate costs up the road; is in strategic plan to encourage Medicaid members to seek care?</p> <p>A: Marty: That's a big part of "right care, right place, right time;" we want to help facilitate connecting folks to appropriate care; pivot to telehealth helped improve access in some ways, longer term is about connecting to navigation and care support; can't make long term projections based on last several months, but want to support best way for members to gain access to care</p> <p>Carol M: We've spent time looking at reductions in day programs, don't know how it's going to play out; long term care system is incredibly stressed trying to care for people; we need to pay attend to next budget forecast, will give better idea on how much legislature has to spend</p> <p>Marty: Agree, next budget forecast will be very important; down economic cycles take years to recover; also impacts forecast of Medicaid members</p> <p>Chat: Maria: In the poverty pocket areas it has been about affordability as not everyone can afford. Many people are uninsurable and can't afford the cost of getting health care. Also, many</p>

	<p>families have lost their means of transportation. And for the most the top issues are housing and food insecurity and health care becomes a lesser priority.</p> <p>Marty: Regarding concern about copays, legislature did regulate that copays go up to federal max; will not happen until end of PHE; don't think the dental benefit will go back up for a long time</p> <p>Chat: Ellie: Molly, to address your comments on dental: The \$1500 adult Medicaid dental benefit is certainly jeopardy and something we're concerned about at KIND, but with pediatric focus, we are not the expert on this... We are currently trying to figure out why teledentistry reimbursement in CO seems to be way behind other states (currently only getting reimbursement for these services when we have emergencies)</p> <p>Maria: High percentage of people in Adams County struggling to pay rent and other utilities; even small copays can be a struggle; have to prioritize your expenses, regardless of how small they seem; we call them social determinants of health, but they're really barriers; many families live paycheck to paycheck and have to work, even if they're feeling sick, cannot afford to take time off; need to do better job improving and increasing navigation, not just care management</p> <p>Chat: Nancy: Maria, it's not just you, our systems are complex and confusing. Thank you for being a huge help to your community</p> <p>Chat: Marc: So there will be copays on NEMT as an advocate worry about that and I think that will drive consumers to use their transportation benefits through Medicare if their plan offers it and many people will lose their preferred providers that they may have for years</p>
<p>Member Satisfaction Survey (Slides 28-43)</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>Chat Q: Nancy: Given that the average is 21, is that really representative of your members? not responding to their own (adult) care?</p> <p>A: Mika: Probably adults advocating for their children; we did get a good representation of adults advocating for themselves</p> <p>Chat Q: Carol: Was any feedback solicited from non-English/non-Spanish speakers? If not, though recognize they do not represent the majority, I'm wondering if some strategizing around how to reach those members (at least a sample) could be considered? Love the EDI work you mention is planned</p> <p>A: Mika: We have customer service representatives who speak Spanish and other languages; if preferred language is Spanish, they are translating</p> <p>Chat Q: Maria: Care was culturally relevant? Translations made sense? Telehealth privacy issues at home? Confidential/reproductive health?</p> <p>Maria: I keep hearing from our youth and Spanish speakers that they don't have privacy at home for telehealth; is there a way to include that in the survey</p> <p>Kara: Next focus will be diversity, equity, and inclusion</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

	<ul style="list-style-type: none"> 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>Wendy: Thank you to those on the call who are serving on the health equity task force!</p>
<p>State PIAC Activity Report</p>	<p>Marty Janssen</p> <ul style="list-style-type: none"> When looking at increased membership, less than 1% were new to Medicaid/had never had Medicaid; highlights how many need assistance and how hard people are being hit; need to use Medicaid as investment in community; address how to get eligible people to apply For Spanish speakers and refugee population, public charge is still an issue and barrier 1 out of every 64 people in Denver were testing positive; hospitals are overrun 22% of Hispanics die from treatable conditions Stimulus decision
<p>Public Comment</p>	<p>Ashleigh: Voting member for Region 6 Colorado Community Health Alliance (CCHA); regarding concern about virtual dental reimbursement, CCHA awarded money to advance that work; Colorado is one of few states that reimburses for virtual dental appointments; ashleighphillips@centura.org</p> <p>Ellie: That has not been our experience, but would love to be connected to the right person</p> <p>Nancy: We surveyed the PIAC groups, decided to meet twice a year for joint PIAC meeting; emails forthcoming</p>
	<p>Meeting Adjourned at 5:55pm.</p>