



Notes: Larimer Member Experience Advisory Council

Thursday, Nov. 6th 11:30am-1pm / Virtual Meeting on Zoom

About the Larimer Member Experience Advisory Council:

A council for people in Larimer county who use Medicaid, to share our experiences of accessing care covered by Medicaid. We help shape the system that serves us to improve access for everyone. Our council has operated for over 7 years under the leadership of Colorado Cross Disability Coalition, led by a Medicaid member themselves. Our council works on system change by advising the regional organization on how to better serve and outreach Medicaid members in Larimer county, bringing various community leaders in to listen and talk with us.

Meeting Summary

This Larimer MEAC meeting focused on primary care availability in Larimer county for Medicaid members, including time for questions and comments about the current status of primary care especially after the recent primary care transition from Village Medical to Banner. The council learned from NHP about the requirements providers have to follow for Medicaid members' timely access to primary care, and how to report issues to NHP to ensure all Medicaid members have the access to care they need.

Attendees

Administrators:

- Alison Sbrana, CCDC
- Raina Ali - Community and Member Engagement Manager, NHP
- Cara Hebert – Provider and Community Relations Director, NHP
- Bekkah Abeyta – Training and Communications Coordinator, NHP

✧ Council Members (Lived Experience):

- 11 Members present

Meeting Minutes

We started with a connecting question: What is one way you're adjusting to daylight saving time change?



Bekkah (NHP) Member Engagement

Becca from NHP talked about Nov 20th - National Rural Health Day. She invited council members to make videos to be used about *What health in rural communities means* on National Rural Health Day for a project NHP is doing to highlight members and providers. She explained to the council options for how members can make these videos and the logistics involved, noting a deadline of Nov. 18th.

Care Standards with Cara at NHP

Cara showed her slide deck to the council about standards for Access to Care with NHP, ensuring that all Region 2 members have the same access. She explained:

- Expectations that NHP has as a RAE for primary care providers.
- That member choice is the most important – it's our choice as members to get to choose our providers based on who can meet our needs, cultural competency, who is accessible, and so on. Cara emphasized that *member choice is more important than these standards*.
- All members have the same access to care, and NHP is responsible for ensuring all members have the same access.
 - For example, there are providers who are open 8am-5pm, and NHP ensures that other providers have extended hours (evening, weekend hours as well as urgent care network)
 - Exception: Behavioral health providers like a therapist may not have an after hours number, but they have to offer on their voicemail where to go for after hours care.

Exploring the care standards:

Alison explained that it's important for our council to learn about NHP's care standards, so we can identify if providers are not meeting these and where to report it to with NHP. This is important to help our community find the care they need. We'll learn this first, so as we hear about the current issues with primary care from our council, we can understand together if care standards are being followed with each example that's brought up.

Cara took the council through the detailed table explaining the care standards based on location (large metro, metro, micro, rural, and extreme access) as well as by care type (inpatient, primary care, outpatient mental health, psychiatrists, and SUD treatment.)

- Alison posted the highlights of what the council was most interested in for PCP timelines:
 - Non-urgent visit for PCP, for a symptom: within 7 days of request
 - New patient/well-care visit: within 1 month

Council members were surprised to hear that it's NHP's responsibility to help patients find a provider, for example if someone tries to get into a primary care practice and the practice is full. (It's NHP's responsibility, as opposed to that provider, to help that patient find care elsewhere in the network.) Council members noted that this is a gap in knowledge for members, as they



aren't being told to reach out to NHP, in part because the provider who doesn't have room for us isn't telling us.

Links for care standards PDFs:

- <https://www.nhprae2.org/wp-content/uploads/2025/06/NHP-Access-to-Care-Standards-1.pdf>
- <https://www.nhprae2.org/wp-content/uploads/2025/10/Access-to-Care-Standards-Spanish.pdf>

Discussion and feedback:

What has primary care been like for Larimer Medicaid members in the last 3-6 months?

System context for Larimer County Primary Care: there was a big primary care transition in Larimer county, with Village Medical being bought by Banner and an official transition as of August. With that big change, providers moved around – some of them stayed at their previous location where they used to be with Village Medical, and others left for locations in town with other clinics like UC Health. Members had to figure out if they should follow their provider to a new location, or stay at their old clinic with a new provider, and navigating prescription refills and appointment scheduling with all of this.

On top of that, there were big changes with Medicaid on the backend starting July of this year, where our regional organization changed to NHP and other changes happened behind the scenes. While that transition happened, the state was trying to figure out, where are we each going for primary care? They were doing that as we were trying to figure out what to do next with our own primary care as the clinics transitioned.

Member experiences

- One member offered their experience: Their previous primary care office (under Village Medical) had closed, and the provider transferred to a new location that was now 30minutes away from where they live outside of town. The new further location introduced new issues with transport as even just riding in a Medicaid ride for a period of time is difficult due to their disability. In addition to that, there have been new barriers for their care because of the distinction between Banner and UC Health – they described needing to use UCH imaging for disability competent care, but noted their Banner provider said that wouldn't work and they had to stay in Banner imaging in order for the primary care to review it. Lastly, they had additional barriers navigating a new primary care because they need a provider who is willing to prescribe opiates and some clinics have clinic-wide rules that don't allow that. On the other hand, Alison noted their partner had better experiences with the transition, although they also face delays for sick visit appointments.



- Another member reported it took 3 months to see their Primary Care Provider, as an established patient to be seen for symptoms. Cara commented that this is against the care standards – that they should be getting in within the week.
- Several council members reported in the chat they already know that multiple primary care offices in Fort Collins are out of compliance, noting 2 clinics that were previously Village Medical and are now Banner at 3519 Richmond Dr. as well as the 1113 Oakridge Dr. office in Fort Collins.
- One member noted in chat that hospital visits can be overwhelming especially with the long waits. Margaret noted in the chat that sometimes they are worried about being stuck on hold trying to call in to schedule, and the stress of not being understood.
- Another member noted positive experiences with their UCH provider off of Mason St in Fort Collins. The member looked at their app in real time to see how soon they could schedule with PCP. The member could see appointment times for today, and for in-person anywhere between 15-30 days.
- Another member reported long waiting times
- One member reported they went through the process of getting a new primary care because theirs retired in April. For a while they did not have a primary care provider, and she tried to get into an internist and the wait was 7 months to get an appointment there. So instead she went with one of her doctor's colleagues which has worked out, even though they are located very south of Loveland and her new primary care is in Fort Collins. This is what she had to do to access a doctor that could accommodate her needs, but it is challenging because she is almost housebound. They noted the system is broken because she needs to travel so far for good care, especially because she doesn't drive and need a wheelchair-accessible van so relies on Medicaid transportation. She also noted optimism that there is help from NHP in helping us find PCP, because she didn't realize that.

Solutions discussion: Cara noted that care coordination can be helpful for these issues for individuals, and Raina noted that they are doing a provider audit right now. Part of this is they are doing secret shopper calls to find out how members are treated over the phone and how soon patients can get in. NHP is still learning more about the landscape in Larimer, because Larimer is a new county to them so they noted how important it is for the council to let NHP staff know if they hear Medicaid members are not getting in according to care standards.

Discussing specific examples with care standard timelines:

- Alison Sbrana (Facilitator) noted they called UCH to find out how long it would take to be established for primary care as a new patient at any location in Fort Collins, and they said it wouldn't be until 2026, though she notes she is dual eligible with Medicare and Medicaid which may impact it. Cara explained that when providers say they aren't accepting new Medicaid patients that means they aren't able to take more and continue to meet the care standards, but if they're not to that point then they should be seeing us within the care standard timeline.



- Alison Sbrana and Cara clarified care standards with sick visits: multiple council members reporting not getting sick visits in the care standard timeline. Alison Sbrana described the importance of seeing their assigned PCP for disability competent care, and asked if the care standard applied to the practice as a whole or our specific provider. And noted that may be a barrier that we're seeing with several council members – that we are waiting to see our specifically assigned PCP, which is part of the long wait times we are experiencing.
- Cara also noted that nurse practitioners may be available at clinics to help fill the gaps to meet care standards, but also acknowledged that council members may not want to see those providers because then we need to repeat our stories. Cara noted that these nurse practitioners may be better for patients with less complex care. Alison Sbrana shared her lived experience that it's rare that she can rely on NPs because it would only be for the occasional experience that lands between urgent care and primary care where a straight forward script needs to be prescribed before she can see her PCP. All other sick visits are for managing ongoing complex conditions that need to stick with the PCP. Alison Sbrana also noted medical trauma related to not being able to access informed care at an appropriate timeline such that she needed to seek behavioral health services for that, and another member agreed.
- Cara asked council members if their providers are making a care plan? Because NHP may want to work with providers more on how they are meeting the needs of their members with chronic conditions. A member noted they've only had one provider over 10 years make a proactive care plan, and that one provider went to Family Medicine Center and became impossible to get into the clinic to see. They noted that because they are on opiates they have to be seen every 3 months, which ends up meaning their care is more proactive. Alison Sbrana noted they schedule sick visits out quarterly a year in advance to make sure they can get the care they need.
- Cara wanted to know if members are asking for telehealth only, in person only, or both. Multiple members all noted they are asking for next available regardless of format (in person, virtual.) Another member said they use telehealth because it's convenient and easy to access compared to in-person.

Recent transition from Village to Banner: Alison explained that we will be meeting with a Banner representative to talk about the recent transition. The council confirmed we want to meet on 12/8 at 12pm. Alison asked the council for questions in advance, and the council came up with the following list:

- *What has our experience been with the transition?*
 - *Expectations for timeline appointments: for new patient appointments, and appointments for established patients (sick visits as opposed to wellness visits)*
- *We talked about care standards. Multiple Banner patients reported waiting 3 months to see their PCP for a sick visit, that they could see a different provider*



sooner but needed to wait to see their specific PCP for continuity of care, due to complex medical needs

- *Timeline and plan for increasing provider staffing at the clinics Banner has taken over*
- *Expectations for transition bumps – What issues are happening with prescriptions being taken over, or other issues with EMR transition? Should we be escalating issues somewhere in Banner when we hear about patients having difficulty?*
- *If we're with Banner as primary care, could we choose to move to a different Banner primary care provider at a different location to be closer to home?*
- *If we have primary care at Banner, what happens if we are hospitalized? Will we need to go to the Banner hospital by I-25?*
- *If we stay with our former provider through the VM to Banner transition, is it possible they are now out of network with our insurance?*
- *If patients need help finding a new provider because they were impacted by the VM to Banner transition, is it up to NHP or Banner to support the patient in navigating that?*
- *How is Banner working with UCH to ensure continuity of care?*
 - *For example, a council member reported their provider said they couldn't get an X-ray at a UCH facility and needed to get it at Banner now that PCP is with Banner*

Recent state/federal changes and how they impact Larimer members: The council talked about the impact to EBT benefits, that EBT was not being refilled at the time of the meeting due to the government shutdown. Multiple members reported being impacted by that, and the council discussed resources.

- Larimer food bank disability hours are Wednesday from 12-3pm. You aren't able to send a caregiver during that time, but they offer extra help. One member said she's had a great experience with it. Learn more: <https://foodbanklarimer.org/accessible-hours/>
- Reach out to NHP care coordination for help, as they know other resources. To reach them:
 - Fill out this form: <https://site-emju3.powerappsportals.com/en-US/>
 - Or call : 888-502-4190

Council reminders

Next meeting in January will be talking about available mental health and substance use disorder services that are covered by Medicaid in Larimer county.