NHP Quarterly Health Equity Committee Meeting

Meeting Minutes

Date	Wednesday, June 24, 2026	**Time**	10:00-11:00 a.m. MT
Location	Zoom	**Meeting Focus**	Advancing equitable care across Region 2
Presenters	Kari Snelson; Bekkah Abeyta; Alee Kuzniarowicz	**Attendees**	NHP staff, committee members, community partners, and stakeholders
Minutes Status	Draft	**Prepared From**	Meeting recording

Note: A complete participant roster was not displayed in the recording.

1. Welcome and Agenda

The meeting opened with a review of the agenda. Discussion topics included:

- Federal H.R. 1 and Medicaid updates
- NHP's health equity strategy
- FY 2026-2027 Community Investment Grants
- The Healthy Colorado for All Plan
- Committee feedback and agency updates
- Future strategic priorities and Health Equity and Quality workgroups

2. H.R. 1 and Federal Medicaid Changes

Kari Snelson provided an overview of upcoming federal Medicaid changes and their anticipated effects on Health First Colorado members. The implementation timeline remains subject to change as federal and state guidance is finalized.

Implementation Timeline

Timing	Expected Activity
July 2026	Information about upcoming changes will be sent to members, including targeted notices to members who may be affected by changes to immigrant health coverage.
September 2026	Notices are expected to be sent to members who may be subject to the new work requirements.
October 1, 2026	Changes to eligibility for individuals with certain immigration statuses will take effect. Approximately 7,000 Coloradans may be affected.
November 2026	Notices for January renewals and additional work-requirement communications are expected.
January 1, 2027	Work requirements, six-month renewals, and changes to retroactive coverage are scheduled to begin. Approximately 378,000 Coloradans may be affected.
October 2027	Provider fee reductions are expected to take effect.

Immigrant Health Coverage

Beginning October 1, 2026, some individuals who currently qualify for Health First Colorado may lose full Medicaid coverage because of changes to federally recognized immigration eligibility categories.

Certain groups may remain eligible, including U.S. citizens, lawful permanent residents who meet applicable requirements, children age 18 and younger, and pregnant or recently pregnant individuals. Some refugees, asylees, humanitarian parolees, trafficking survivors, and other populations may retain coverage only when pregnant or age 18 and younger.

Members were encouraged to:

1. Update their contact and household information through Colorado PEAK, the Health First Colorado application, or their county human services office.
2. Use their current coverage to obtain needed medical, dental, behavioral health, and pharmacy services.
3. Open and respond to all official Health First Colorado notices.
4. Seek assistance from a trusted community organization, healthcare provider, or enrollment navigator.

Medicaid Work Requirements

H.R. 1 establishes monthly work or community-engagement requirements for certain Medicaid expansion adults ages 19-64 beginning January 1, 2027.

Members may meet the requirement by:

- Completing at least 80 hours per month of employment, education, job training, volunteering, or other approved activities;
- Earning at least approximately $580 per month; or
- Qualifying for an exemption.

The state will attempt to verify compliance through available data. When compliance or an exemption cannot be confirmed, the member may be asked to submit supporting documentation.

Potential exemptions include individuals who are medically frail, blind, disabled, experiencing a substance use disorder or disabling mental health condition, living with a serious or complex medical condition, or experiencing a physical, intellectual, or developmental disability that limits daily activities. The interim rule allows limited one-time self-declaration in certain circumstances, but additional documentation may ultimately be required.

Additional Eligibility Changes

- Retroactive Medicaid coverage decreasing from three months to one or two months;
- Renewals occurring every six months for some members;
- Individualized renewal dates for members of the same household; and
- Changes to renewal packets and verification processes.

NHP will continue following CMS and HCPF guidance as operational details are finalized.

3. NHP Health Equity Strategy

Alee Kuzniarowicz reviewed NHP's health equity framework, which places members and communities at the center of the organization's strategy.

The framework emphasizes collaboration among:

- Members and families;
- Member advisory and engagement groups, including MEAC, PIAC, youth engagement, and community forums;
- Community-based organizations;
- Healthcare providers;
- Hospital systems; and
- NHP data and analytics teams.

The strategy is intended to advance equitable access, improve health outcomes, and strengthen communities. Primary goals include:

- Advancing health equity across Region 2;

- Reducing disparities in chronic disease outcomes;
- Strengthening community and clinical partnerships; and
- Improving access, member engagement, and quality outcomes.

Data will be used to identify disparities, measure progress, guide resource allocation, and support targeted interventions. Community and member feedback will remain an essential part of strategy development.

4. FY 2026-2027 Community Investment Grants

Bekkah Abeyta presented the organizations selected for NHP's FY 2026-2027 Community Investment Grants. Fourteen projects were highlighted across urban, rural, and frontier communities.

Organization	Funded Initiative
High Plains Community Health Center	Food as Medicine initiative in Prowers, Kiowa, and Baca counties.
Kids at Their Best	Regional food-pantry network serving several rural and frontier counties.
Project Protect / FrontLine Farming	Culturally responsive food-security programming and agricultural-worker outreach.
FoCo Cafe	Kids Kitchen nutrition education and hands-on cooking program.
Willow Collective Foundation	Perinatal mental health screening, care coordination, and therapeutic services.
Sexual Assault Victim Advocate Center	Expansion of trauma-focused behavioral health services.
Valley-Wide Health Systems	Transportation to medical, behavioral health, pharmacy, grocery, and other essential services.
Arkansas Valley Regional Medical Center	Transportation focused on reducing missed behavioral health appointments.
United Way Housing Navigation Center	Housing navigation and supportive services in Weld County.
Family Housing Network	Housing First services and healthcare coordination in Larimer County.
Salvation Army of Loveland	Temporary respite hotel stays following hospitalization.
Rural Community Resource Center	Emergency food, utility, housing, and bilingual navigation assistance.
The Matthews House	Youth housing stability, primary care engagement, food security, and behavioral health coordination.
United Way of Morgan County	Multilingual translation kiosks to improve healthcare communication and navigation.

The portfolio addresses food insecurity, maternal and behavioral health, transportation, housing instability, language access, youth support, and care coordination.

5. Healthy Colorado for All Plan

Alee reviewed the development of NHP's seven-year Healthy Colorado for All Plan.

Priority areas include:

- Transportation barriers in rural and frontier communities;
- Language access and culturally responsive communication;
- Maternal health disparities and prenatal and postpartum engagement;
- Behavioral health integration and access;
- Chronic disease prevention and management;
- Preventive care and immunization rates; and
- Reduction of measurable disparity gaps.

Planned strategies include:

- Expanding transportation and language-access approaches;
- Advancing remote patient monitoring and other condition-management innovations;
- Integrating community partnerships more directly into programs;
- Enhancing member engagement and incentive strategies;

- Strengthening preventive-care outreach;
- Aligning activities with HCPF's Healthy Colorado for All priorities; and
- Continuing to gather feedback from members, providers, committee participants, and community organizations.

Committee members were encouraged to provide input regarding community barriers, populations experiencing poorer outcomes, and strategies that could be incorporated into the plan.

6. Quality and Health Equity Performance Review

The committee reviewed current performance across NHP's priority quality and health equity measures, including:

- Prenatal and postpartum care;
- Well-child and adolescent well-care visits;
- Childhood and adolescent immunizations;
- Controlling high blood pressure;
- Developmental screening;
- Breast, cervical, colorectal, and chlamydia screening;
- Follow-up after emergency department visits for mental illness and substance use; and
- Follow-up after hospitalization for mental illness.

Overall Findings

Prenatal care, postpartum care, and early-childhood well-care visits were among the stronger-performing measures. Childhood immunizations, adolescent immunizations, colorectal cancer screening, and timely substance-use follow-up were among the lower-performing areas.

Geographic Analysis

Performance was reviewed across urban, rural, northeast frontier, and southeast frontier groupings. Considerable variation was observed by region and measure. Some geographic results were unavailable because of small denominators or insufficient data.

Geographic differences may reflect:

- Provider availability;
- Travel distance;
- Transportation limitations;
- Access to specialty services;
- Differences in local infrastructure; and
- Challenges accurately capturing services through claims and other available data.

Demographic Disparities

Measures were also stratified by age, race and ethnicity, preferred language, gender, and disability status.

Notable themes included:

- Age was a significant driver of disparities in several preventive-care and behavioral health follow-up measures.
- Race and ethnicity gaps were observed in well-care visits, immunizations, cancer screening, blood-pressure control, and maternity care.
- Members with disabilities experienced lower performance on several measures, although the direction and size of the gap varied.
- Language-related differences were present but did not consistently favor English-speaking or non-English-speaking populations.
- Gender differences were generally smaller than disparities associated with age, race and ethnicity, geography, or disability status.

- Some apparent differences require cautious interpretation because of small population sizes or incomplete demographic information.

The purpose of the analysis is not only to identify the highest- and lowest-performing groups, but also to determine why disparities exist and what interventions are likely to be effective. Committee and workgroup members were asked to help interpret the data based on their experiences with members, providers, and communities.

7. Health Equity Committee and Quality Workgroups

The FY 2026-2027 quarterly Health Equity Committee meetings are scheduled from 10:00-11:00 a.m. on:

- September 23, 2026
- December 23, 2026
- March 24, 2027

NHP is also combining Health Equity and Quality workgroups to create greater cross-departmental accountability and support data-driven disparity-reduction strategies.

Current focus areas include:

- Well-Child Visits and Immunizations Workgroup - next meeting August 6, 2026.
- Diabetes and High Blood Pressure Workgroup - next meeting September 3, 2026.

Interested participants should contact nhprae2events@nhpllc.org to receive calendar invitations.

8. Discussion and Closing

Participants were invited to share agency updates, questions, community observations, and recommendations for future priorities. The importance of continued committee participation was emphasized, particularly as NHP refines its Healthy Colorado for All Plan and develops targeted strategies through the combined Health Equity and Quality workgroups.

No formal motions or votes were recorded. The meeting concluded at approximately 11:00 a.m.

Key Follow-Up Items

w-Up	Responsible Party	Timing
nue monitoring CMS and HCPF guidance related to H.R. 1, immigrant eligibility, als, and work requirements.	NHP	Ongoing
e member and partner communications as implementation guidance is finalized.	NHP	Before affected changes take effect
rage members to update contact information, review official notices, and obtain d care while currently covered.	NHP and community partners	Immediate and ongoing
r committee and community feedback for the Healthy Colorado for All Plan.	NHP Health Equity team and committee members	Ongoing
eographic and demographic findings to identify priority disparity-reduction entions.	Health Equity and Quality workgroups	FY 2026-2027
ct the NHP events mailbox to join upcoming committee meetings or workgroups.	Interested participants	Before the applicable meeting

End of Minutes