Meeting Minutes: Larimer Member Experience Advisory Council

Thursday, July 2, 2026 11:30am-1pm / Virtual Meeting on Zoom

Attendance:

There were six Medicaid members (including facilitator) and 4 administrative members in attendance.

Summary

The meeting featured a presentation from HCPF's research team on their multi-year RAE evaluation focused on primary care, behavioral health, and care coordination. Members shared their lived experiences highlighting systemic gaps as well as positive experiences with the system. A major statewide NEMT transition to MediDrive launched the day prior and was briefed to members.

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The meeting started with connecting on items that are fun, odd, or unusual in each member's space. Then the focus of meeting began, learning from the state (HCPF) on evaluation and listening to member feedback:

HCPF Evaluation Updates

- They did a 6-year study of RAE program across 5 goals — access, health equity, cost, quality, and member/provider experience — focused on behavioral health, primary care, and care coordination. They talked about changes they made from prior member feedback:
    - Added consistency of PCP (seeing same provider) as evaluation focus after members flagged it.
    - Shifted from quantity to quality of care coordination interactions — now includes trust, respect, and relationship factors.
- Member interviews: They are doing ~10 interviews per region for care coordination; $25 Tango card compensation; targeting members with varying needs (behavioral health, disability, parents of children).
    - Survey accessibility note: A member reported that surveys create barriers for members who struggle with reading/writing;

in-person/virtual conversations are more accessible for some members and should remain a priority.

Primary Care & Behavioral Health Feedback from Council

- **Dual Medicare-Medicaid barrier:** Multiple members reported inability to find therapists or PCPs accepting both Medicare and Medicaid. They reported it is easier when on Medicaid alone.
- **Provider scarcity for complex needs:** Providers actively reject patients with diagnoses like EDS (Ehlers Danlos Syndrome) or complex chronic illness before initial visit. Members described good providers as "unicorns" found via Facebook word-of-mouth group or other members.
- **Opioid management barrier:** Members on opiate medications face severely limited PCP options, and described fear of switching providers even when dissatisfied with current care
- **DO vs. MD:** A member noted positive experiences with DOs, that they are more likely to treat the whole person and engage with complex needs compared to MDs.
- **Valued PCP traits:** Members described wanting compassion, believing patients, willingness to try patient-requested treatments, proactive referrals, and curiosity about complex conditions. HCPF described the desire for patients to have access to the same provider, which council members discussed the need in a previous meeting.
- **Burnout & Medicaid flight**: The council discussed that PCPs increasingly shifting to concierge/private care; fewer accepting Medicaid.

Care Coordination Findings

- **Positive**: A member reported NHP's Goodness Health ED/discharge program described as "life-changing" — NP-level care coordinator managing medication reconciliation, referral coordination, and gap coverage between rare PCP visits; prevented at least several ED visits and likely prevented hospitalization.
- **Positive**: A member reported positive experiences with care coordination through NHP, helping them find care, reducing benzodiazepine use, and improving quality of life after being left in crisis by Summit Stone for 18 days.

- **Barrier**: A member reported community experience of never reaching a care coordinator due to call center failures or lack of follow-up. They reported a concern that the current HCPF evaluation inclusion will only capture those who got through to establish care coordination with several visits. HCPF responded noting the feedback and considering broadening the feedback collection to capture experiences of *attempting* to access care coordination, not just those who succeeded.
- **Barrier:** Disability access gap. A member reported a community member's experience, that a care coordinator refused to communicate in writing for a friend with MS who couldn't call due to disability.

NEMT: MediDrive Transition Updates from NHP:

- NHP staff shared information on the recent transition, that went live for us as of July 1 (9 counties including Larimer and Weld, statewide soon)
- **Key improvements:**
    - Real-time driver tracking (Uber-like)
    - preferred driver requests
    - disability/accessibility fields at booking
    - facility access for hospital discharge rides (members cannot self-book discharge)
- **What didn't change:**
    - Phone number remains the same
    - 2-day advance booking requirement
    - companion/caregiver still allowed
    - mileage reimbursement still available
- **Known issue:** Some provider addresses not populating correctly in app during rollout — NHP can assist manually
- **Member questions and feedback:**
    - Member choice confirmed: No changes to out-of-area provider access; member choice remains top priority
    - Members reported that the app was quick and easy to download and sign up for the first time, taking less than 2 minutes.

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 8 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. To join, contact alison@consultingwithlivedexperience.com