

Joining the Meeting:

Web: <https://us02web.zoom.us/j/82071913162?pwd=eUExVzhBcEJXcThUTGRWUW90T01Ddz09> →

Password: 826346

By Phone: (669) 900-6833 → Meeting ID: 820 7191 3162 → Call-In Passcode: 826346

Meeting Materials

1) Agenda; 2) Draft minutes (need approval); 3) PowerPoint slides

PIAC Voting Membership					
X	Reid Bryan/ Cavity Free @3		Joanna Martinson/ North Colorado Health Alliance	X	Linda Thorpe/ East Morgan County Hospital
	Tanya Geiser/ Healthy Communities (Weld)		Kelly Kading/ WIC (Weld)		Renee Schell/ Frontier House
X	Celeste Ewert/ Envision		Dave Madsen/ Salud Family Health Services	X	Sandra Hasch/ Weld LTC Program Supervisor
	Dana Garvey/ NFP (Weld)	X	Liz Hickman/ Centennial Mental Health		Tanya Unrein/ North Colorado Family Medicine-Banner
X	Danny O'Canas/ Frontier House		Maureen Huff/ North Range Behavioral Health	X	Penny Stumpf/ Healthy Communities
X	Erika Greenberg/ CAHEC	X	Ginger Williams/ Hillcrest Center & The Towers (Wray)		
Non-Voting Participants					
	Barb Kleve/ Beacon		Sarony Young/ DentaQuest		Tina Gage/ Beacon
	Mandi Strickland/ NHP		Wilson Araque/Beacon		Bev Sandburg/ Yuma District Hospital Clinics
X	Kari Snelson/ NHP	X	Lynne Bakalyan/ Beacon	X	Patsy King/ Yuma District Hospital Clinics
X	Wayne Watkins/ NHP	X	Cindy Mulder/ Yuma District Hospital Clinics		Rachel Shuck/ Peak Vista CHC - Limon
X	Brian Robertson/ NHP		Cathy Harshbarger/ Melissa Memorial Hospital	X	Natasha Lawless/ NHP
	Michael Davis/ HCPF		Megan Philips/ Weld County SEP		Linda Medina/ Envision
	Brenda Rhea/ Washington County Nursing Home		Jasmine Shea/ Keefe Memorial Hospital		Mary Snyder/ Sterling Living Center
	Stella Worley/ Keefe Memorial Hospital	X	Crystal Asuncion/ Beacon		
	Cassidy Palermo/ Peak Vista CHC	X	Jeffrey Bacon/ Banner Health		
	Tiffany Dilsaver/ Valley Medical Clinic		Collette Martin/ Peak Vists CHC		

Additional attendees:

- | | | |
|--------------------------------------|-----------------------------------|--------------------------|
| X John Mahalik, PhD / Beacon | X Patty Northern / Peak Vista | X Frank Merrill / NHP |
| X Melissa Schuchman / Beacon | X Leah Agee / Beacon Health | X Annie Fritz / NCHA |
| X Jordan Romero / Planned Parenthood | X Rachel Wisdom / Weld County DHS | X Jen Hale-Coulson / NHP |
| X Erin Herman / HCPF | X Alyssa Rose / Beacon Health | |

Agenda Topic	Discussion	Follow-up
Digital Roll Call of voting members	<ul style="list-style-type: none"> Completed roll call with attendance members listed above Quorum of voting members was not met at the meeting start; 7 voting members were noted. 	
Follow-Ups	<ul style="list-style-type: none"> Dr. Robertson noted a question from Linda about attribution from the April meeting. Linda noted that her questions were answered. Dr. Robertson noted that the engagement survey discussed in April was created and sent out. The results will be presented at the next meeting. Dr. Robertson noted that the national standards updates will be discussed later in the meeting during the Metric Updates section. 	<ul style="list-style-type: none"> Brian to present engagement survey results in October
Member Report Out	<ul style="list-style-type: none"> Dr. Robertson noted a change in the agenda due to a presenter leaving early and providing Mr. O’Canas the opportunity to speak as a segue to the Covid Vaccine Update Section Mr. O’Canas presented on resources needed with the community opening up following vaccine efforts. Mr. O’Canas referenced the delta variant as a new development since receiving his assignment. Resources noted to prevent the spread of disease were covid testing, urgent care, two vaccines available (Moderna and Pfizer), masks, social distancing and staying home. Danny noted a return to Frontier House prior to the Delta Variant for crisis intervention training after one year of being away. Danny noted several key elements of the community opening up; notably a thanks to God, and learning that going out in public should not be taken for granted. Mr. O’Canas expressed confidence in overcoming the pandemic. 	
Covid Vaccine Updates	<ul style="list-style-type: none"> Jen reiterated Mr. O’Canas’s belief that we will overcome the pandemic. Notable impacts in Colorado include: <ul style="list-style-type: none"> Colorado met the goal of 70% of the state vaccinated. The governor wants to stay under 5% covid-positive cases by county. Region 2 is meeting this goal as of today. Care coordination efforts are noted as key components in a successful Covid efforts in the 	<ul style="list-style-type: none"> Kari to obtain additional information on member lists for proactive engagement on reenrollment.

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	<p>region. All home-bound members have been vaccinated; care coordinators created “Strike Teams” to deliver vaccines in homes, and vaccinated all members in the household willing to receive the vaccine.</p> <ul style="list-style-type: none"> • Two designated busses in the region provide traveling to give mobile vaccines. Vaccine sites are booked through September. • Members are getting vaccinated, but a vaccine hesitancy still exists. We’ve transitioned from vaccine hesitancy to vaccine refusal. Vaccine efforts may come to a standstill because of reluctance. • Wayne mentioned CDPHE data showing vaccinated members, and the results indicate a drastic decrease over the past few weeks. We’re hoping to see those numbers rise based on information we are distributing out to the community. • Kari noted the state is developing new media campaigns with schools starting back up. • Misinformation is a significant issue, and we need to be able to distribute factual information to the community. • Dr. Robertson mentioned a presentation at the State PIAC about the public health emergency ending, noting 3 basic elements: <ul style="list-style-type: none"> ○ Ending continuous enrollment ○ Revamping renewal packets to include early verification of qualified members. Verified members do not need to do anything, unverified members will need to sign and complete forms. ○ Updating PEAK to include a more user-friendly portal. • Biden Administration anticipates extending the public health emergency through 2021, meaning these changes will start to occur in the fall. The State PIAC presentation noted approval by the state medical board in October, implementing the 	

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	<p>plan in December, and becoming operational in January.</p> <ul style="list-style-type: none"> • Brainstorming questions were asked around noted pain points, and what we can do to stay ahead of it to minimize disruption. <ul style="list-style-type: none"> ○ Celeste noted concerns around exceptions around not providing 803's or terminations because of Medicaid eligibility. Several new case managers have started since Covid-19, so there are newer workers who have never done terminations and don't understand their role vs. the County in making sure that people stay eligible for Medicaid. ○ Kari noted differences between state and federal policies, and how the federal mandates have not changed. We cannot disenroll, and there will be at least a 30-day notice period. ○ Kari also noted that Weld County alone was expecting approximately 20,000 members who need paperwork. The RAE is looking for resources to help alleviate the burden. ○ Celeste further noted challenges with hiring staff, and the potential barrier of trying to process the number of reenrollment forms without adequate staffing. ○ Lynne asked about a list of the 20,000 patients to try to stay ahead of enrollment through proactive contact with members about sending in paperwork. Kari asked HCPF this same question. If not available, Kari will reach out to other counties to see if they have lists to share. Prior to Covid, the state provided lists of members who would be disenrolled for outreach efforts. ○ Kari also noted that the state changed the rule on notification in that only one notification, and an incorrect member address may impact coverage. ○ Liz noted a presentation from HCPF that said there would be teams that are 	

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	<p>dedicated to tracking down Medicaid members whose address changes. Additionally, Liz mentioned HCPF had lists by counties, but not by RAE.</p> <ul style="list-style-type: none"> ○ Kari requested information on what they hear so we can better support the regional organizations and members. ○ Annie noted questions about the homeless population, and what HCPF will do to reach out. Per Kari, nothing has been noted yet. ○ Celeste asked a question about a grace period on eligibility being reinstated so we don't have so many people all at once. Is there a way to stretch redetermination over a 6-month period as annual redeterminations would also be very heavy and spreading out the work would be helpful. The 90-day notice was likely an attempt to help with this as the entire state be cutoff of Medicaid and then the backlog of work. ○ Liz noted HCPF's presentation noting a staggered-approach, but could not recall the time period. Lapses in Medicaid coverage would not be retroacted because of the public health emergency. It sounded like all notices would not be going out on January 1. 	
Regional Updates	<ul style="list-style-type: none"> • Natasha talked about Community Investment Grant awardees, and provided an overview of the grant opportunity. The awardees were finalized in June. • Community investment grant awarded 8 entities including Behavioral Health, Physical Health, and Community-Based initiatives. <ul style="list-style-type: none"> ○ Children's Place and Planned Parenthood of Rocky to incorporate BH screening and services. ○ Colorado Plains, NE Colorado Health Department, and Prairieview Clinic focus on preventative and well care. Prairie 	<ul style="list-style-type: none"> • Brian to provide additional details about the Diabetes Grants.

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	<p>View wants to add a pediatric practice to the clinics.</p> <ul style="list-style-type: none"> ○ Interagency Oversight Group, Prairie Family Center, the Immigrant and Refugee Center of Northern Colorado. Interagency Group developed a legacy mentorship program in Kit Carson County. Prairie Family Center is operating a mobile food pantry to combat food insecurity, and the Refugee Center of Northern Colorado is to supplement existing work around reducing barriers to telehealth. ● Dr. Robertson mentioned the Diabetes Outcomes Grant was opened and closed since the last PIAC meeting. 5 grants were awarded spanning the region from Limon, Holyoke, Windsor, and a pilot that can be expanded across the region. Proposals include: <ul style="list-style-type: none"> ○ CDC-recognized DPP program, ACDES-accredited DSMES program, ADA-accredited DSMES program, extending funding for a community-based program with EMS partners, and hiring the only Registered Dietician in the area. ○ Dr. Robertson will send out more details on the Diabetes Grants. ● Kari notes the community collaboration in reading the proposals was fascinating, and each one is tailored to the community they served. ● Grant notices will be shared on the website and on the Provider Relations Newsletter. ● Natasha requested information about how to make the process easier and how to better disseminate information to through the region. 	
Financial 1-pager	<ul style="list-style-type: none"> ● Kari noted the need for PIAC is to ensure transparency in fiscal stewardship, and asked about financial information from all RAEs. ● Frank noted NHP is the smallest RAE with 1 million member months for FY2019, but has the second most care coordination engagements at 24.5% (compared to other RAEs at 5.9% and 8.1%). ● Risk Stratification: Most of the RAEs have most of their members in low physical health and low 	<ul style="list-style-type: none"> ● NHP to send out the financial PDFs for easier reading.

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	<p>behavioral health risk, but are the highest for low physical and high behavioral health – meaning they have received care and are in the system.</p> <ul style="list-style-type: none"> • Financial information: When we get revenue from the state, we divide it into two distinct buckets: Behavioral Health and Primary Care (called “administrative per member per month”). We provide this money to PCMPs and NCHA to ensure we have engagement with membership. • The financial information is from the 2019 fiscal year. • \$15.15 million received from the state. Direct payments and overhead account for \$10.3 million leaving an excess revenue of \$5.2 million for a profit margin of 33.4%. Our margin is higher by comparison to other RAEs namely due to: low non-direct expenses (low administrative expenses), and we may have lagged behind in distributing funds for performance indicators. • Behavioral Health revenue is aligned to other RAEs as all RAEs took on a relatively similar amount of risk. Our losses were smaller due to smaller overhead expenses. • Sum total of \$4.8 million and a profit margin of 8.9% for the first year of existence for NHP. • We were also the only RAE to start without a Required Reserves as required by the Department of Insurance, so the first-year profit margin was critical. <ul style="list-style-type: none"> ○ The Department of Insurance requires reserves so organizations can pay out liabilities/claims that haven’t been paid. • There is a requirement by the state that we spend at least 33% on providers (“Administrative Program Expense” line), which shows the direct payout to providers. We paid out \$10.11 to providers per member per month (PMPM) for \$10.2 million (representing 65.86%) to direct payments to providers. We were the second highest RAE in paying providers in our second year. 	

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	<ul style="list-style-type: none"> • Other costs include 34.14% overhead, subcontractor expenses are related to our Administrative Services Organization. • KPI visits as the last component. We didn't make well visits or Health Neighborhood Part 1, but we met the others. • This information is also available on the state website. 	
Performance Measures Updates	<ul style="list-style-type: none"> • Time is running low to discuss regional performance on KPIs, so performance information will be sent out to the committee. • The state brought out a list of proposed performance measures back in April, but those measures are pared down. Changes include: <ul style="list-style-type: none"> ○ KPIs: <ul style="list-style-type: none"> ▪ Addition of Child and Well Visits for Part 1 and Part 2 ▪ Old "Well Visit" KPI is moved to a tracked, but not paid performance measure ○ BHIP <ul style="list-style-type: none"> ▪ No changes ○ Performance Pool <ul style="list-style-type: none"> ▪ Removed Inpatient Psychiatric Discharges, RASA diabetes all classes, Pharmacotherapy management for COPD are removed. ▪ Medication Management for Anti-Depression, Asthma Medication Ratio, and Contraceptive care are moved to mandatory measures • Dr. Robertson posed a question on how KPIs measures and performance is being tracked at sites (spec document distributed, DAP data access, other resources, etc). • KPIs were noted in chat as an element to discuss in future meetings. • Well visits were noted to be low in one site. Well visits were noted to be low for the site, and a question was posed on claims. Claims were stated to be challenging with other sites. • Kari noted DAP data also being delayed and is a result of Covid-19 as a part of it, but will be explored elsewhere. 	<ul style="list-style-type: none"> • Brian to send KPI performance slides to the committee • KPI performance will be a topic moving forward. • Brian will sent Spec Documents will be distributed when final.

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	<ul style="list-style-type: none"> Dr. Robertson offered the ability to connect and explore performance data with sites. 	
Health Equity	<ul style="list-style-type: none"> Lots of talk within the state around Health Equity. Nothing was presented other than questions around health equity: how are your sites looking at Health Equity and what can we do to make the committee more representative. <ul style="list-style-type: none"> Sterling worked with the Health Departments, particularly around outreach to homeless members to make sure we are not duplicating efforts. Much of the work we do is based on Medicaid applications, and Social Determinants of Health. NHP is working to educate on health equity because it goes beyond equal access. NHP is working to make sure we are being inclusive without inadvertently creating biases or excluding members from healthcare. Not all regions can say they have over 40 languages in the region. We do not see a good mix of community members, such as our East African members. Many of these members did not understand benefits related to Covid vaccines. The refugee center may be a great way to look into Health Equity. The State PIAC has a subcommittee related to health equity. 	<p>Natasha to follow-up with the State about the Health Equity Subcommittee.</p> <p>Natasha/Brian to work on adding a speaker to an upcoming meeting.</p>
Open Discussion	<ul style="list-style-type: none"> No open topics or future agenda items were discussed. 	
Approval of April Minutes	<p>Additional voting members joined the meeting after role call, and a quorum was noted. Celeste Ewart motioned to approve the minutes and Penny Stumpf seconded the motion. The minutes were approved without revisions.</p>	<ul style="list-style-type: none"> NHP to post final April minutes to NHP website