



STATE OF COLORADO

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1 message

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We are going to call this meeting to order. The June 12 medical services board meeting. We did roll call essentially do we need to do it again?

I will go through it officially.

Okay, let's do it. Amanda Moorer.

Here.

Christy Blakely .

Present.

To feel freely

Present.

Patricia given

Present.

Simon Hambidge.

Present.

David Pump.

I am present.

Jessica Kuhns here.

An Nguyen .

Present.

Donna Roberts

Present.

Hello, Donna. And we have Jen Weaver and Tracy Johnson on the phone so we are good to go.

Let's jump into the public announcement so the date and location for the next board meeting is Friday, like 10th, 2020 at 9 AM virtually. The audio stream, if you lose the connection click again to rejoin. The question and answer feature is enabled the so much questions, comments and at the open time in the agenda identify yourself and comments they are part of public record. Testimony can be given on the phone please refer to the website for instruction. Individuals providing testimony will be given time after individuals in the room. Please identify yourself speak before we jump into the update I want to reiterate today is an important meeting for us to get together and work through rules but we are celebrating three of our board members in which this is their last board meeting. Christy Blakely, Charlie Lippolis and Donna Roberts we wanted to draw attention to the fact we are glad for all three of you you can be present so we can celebrate your time on the board. Sending you our love to have a good last. We will jump in so we have time to talk at the end. We will do a little bit out of order, let's ask Joe Molen if she would provide our legislative update.

My name is Jill I am the senior it is latest analyst. I will do a re-overview of what the legislature is currently doing and talk about one of our department bills. The legislative session was just hitting the halfway point with a adjourned for the covid-19 pandemic March 14. They have to come back to pass the budget by July 1 so they came back for an abbreviated session on May 26. They are still in session I believe the plan is for them to adjoin tomorrow. They are still working through some bills so not sure. Because of the budget brief session a lot of the bills I previously talked about have been postponed indefinitely. We originally started with four department bills but we only had one that will move forward and that is House Bill 21 for 26. This essentially extends the Medicaid over expenditure and transfer 30 between our department and the department human services from 2020-2025. It is, a requirement of the Social Security act, we just needed to extended for another five years. This is our only mission-critical bill it passed last night and we are expecting it to move through the Senate today or tomorrow. The only other bill I will highlight is Senate Bill 22 12. It codifies a lot of the emergency roles that this board passed related to telemedicine. That is still moving through the process but with require the department to reimburse -- for telehealth services and including a list of covered services. We expect it to pass either today or tomorrow. We have been working in close collaboration with the governor's office. That is a brief high-level overview of what we have been working on. Are there any questions I can answer?

Any questions? From the board? I feel like silence means no, you for the update appreciate it.

Thank you.

I will take a motion for the approval of our minute from last month.

A motion to approve the minutes from last month.

This is Cecile Fraley I will second that.

It has been properly moved and seconded. All of those in favor please say aye.

Aye

Aye.

Pose, sustain? Motion passes. Rather than going name by name we will do one general aye oppose and abstain is everyone okay with that?

Yes.

Sounds great.

I feel like it goes longer. Good, great. Let's move into our roof section of the meeting. We have an emergency rule. For the emergency rule let's, is Ryan Dwyer on the phone?

I am, can you hear me?

We can.

Excuse me this is Kristi, can whoever is managing a webinar suit the agenda up? We can only see the beginning of the emergency adoption. Thank you, perfect.

Wow, you are watching the webinar. Good for you. You are on top of it, Thank you. Ryan, the's.

Perfect, good morning. My name is Ryan Dwyer and I am a transportation policy specialist for the department here today to present the revision to the medical assistance rules concerning nonemergency medical transportation. The section is 8.014. As some of you may recall I presented on this at the May 8 meeting so I will get into a little bit more about what is changing. Nonemergency medical transportation is transportation to or from medically necessary nonemergent treatment covered by the Colorado medical assistance program. Last month, I presented an emergency nonemergent medical transportation will that temporarily lifted the requirement that we take into covered places of service and it suspended the ability to load multiple passengers in one vehicle. Both changes were responsive to the ongoing covid-19 health emergency. Since it passed last month I have heard a lot from several providers Ashley in some of our more rural counties they have pointed out that it is nearly constructed as far as the multi-loaded provision goes in it means if they operate a fleet of buses they have to send one bus for one passenger at a time even though is that they have sufficient space to keep passengers socially distance. With this update, they are hoping to make a small change to the rule that will allow multiple passengers at one time, it is a bus if all passengers agree and if all passengers in the bus sit at expect from other passengers. With that said the rest of the changes prevented, presented in May will remain in place for the duration but the only change is the addition that will allow multi-load in for buses. The benefit is it will allow some of our world

providers who operate in continuing trip safely while ensuring they can maximize the fleet by not sending one entire bus for one person. Providers will observe social distancing guidelines and importantly obtain member consent before transporting multiple passengers. This'll make sure members can get to their appointment on time and as I said allow our providers to use their vehicles in a safe and efficient manner. I wanted to say thank you. I will open it up question.

Thank you, any questions?

No questions.

That was pretty straightforward and appropriate considering the circumstances. Do we have anyone signed up for public testimony?

We do not have anybody signed up for public testimony.

Okay. We are at a point where we could potentially entertain a motion. I want to make sure everyone has an opportunity to make a comment or question if they have one. If not, whoever will read it could you include the emergency adoption portion in your motion, please?

I move that all emergency rules adopted include a finding that the immediate adoption is necessary to comply the state or federal law or federal regulation or, for the preservation of the public health, safety or welfare. And that compliance would be contrary to the public interest. Then, move the emergency adoption of the document revision to the medical assistant rule concerning nonemergent medical transportation -- interpreting the statement of specific that Detroit 30 contained.

Second.

It has been properly moved all in favor please say aye.

Aye

oppose? Motion passes. Thank you.

Think you all.

I think it was fitting for your last board meeting you got a tongue twister. Thank you very much for reading that complicated motion. Let's move on to our final adoption agenda. Lana Eggers ? Are you on the phone?

Good morning, can you hear me?

We sure can, good morning.

Good morning. And, Whitney is on the phone as well I believe.

Morning, the floor is yours.

Thank you. Good morning madame President and board members. I want to double check everyone can hear me as well

We can hear you.

I am a compliance and policy advisor and with me today are Lana Eggers and John -- and I want to do a quick check in to make sure John can be heard.

This is John.

We can hear you, thank you. Go ahead.

We are here to present the second reading of MSB 19/01/03 dash a the verification role. We will give a brief overview to refresh the board. The department is bringing the role to comply with section 12 006 a which mandates all state Medicaid agencies require the use of electronic verification for personal care services and home healthcare services. It is a technology solution collecting information on home are community based services for -- waiver services. Information includes is type of service performed, individual receiving the service, individual providing the service, date of service, location of service delivery and time the service begins and ends. The overarching purpose is to make sure that members receive authorized services and providers are only paid for services rendered. Noncompliance of the requirements to the care that would result in -- reduction increase for every year of noncompliance up to a maximum in continuing of one percentage point. For several reasons, the department has opted to implement the requirements for both personal care and home healthcare services. Meaning that providers of all impacted services will be required to begin using it on August

3. Claims without corresponding will not be denied until January 1, 2021. Between last month and today the department has worked internally to revise the rule to address comments and concerns from stakeholders. There was discussion last month of the reasons that some requested changes cannot be made and will go to those. The department remains committed to working with providers throughout the implementation to help make it as seamless as possible. I will turn it over to my colleague Lana Eggers.

Good morning madame President and board members. My name is Lana Eggers and I am the waiver administration and compliance supervisor in the office of community living. The department has endeavored to create electronic is it irrigation, substance and policies unique to our state for the purpose of ensuring a -- implementation. The changes made at the request of stakeholders support it and I will discuss those with you now. The majority of requests have been incorporated into the current draft. However, the department could not incorporate some comments as requested for the reasons we will discuss. We have highlighted all changes made since last month's thing for disability. Revisions made as requested include verification around financial management service vendor responsibility under the consumer directed attendance support services program. The will of a provider requirement to obtain a list of member addresses were services take place. The removal of a provider required to obtain documentation substantiating manual entries, edited visits and visit modification outside of the system. The revision allows for the documentation to be collected within the system. The removal of a provider requirement to maintain record of the members preferred language within the system. And, the removal of a provider requirement to collect and maintain an email address for each caregiver within the system. The department received a request to satisfy that claim denial would not begin with the adoption of the rule in August 3. As stated, the department does not intend to deny claims on August 3 and will continue to work with stakeholders and utilize lessons learned from other technology limitation. Based on experience and feedback, language in the current -- is modified to include a three-tiered process of EVV implementation. First, providers that fail to comply the role after August third are subject to compliance monitoring and request for written response. This is an educational process that permits the department to request policies and procedures from providers on their EVV implementation. The department will provide technical assistance to providers to help them comply with the mandate. Second, providers that failed to comply with EVV after August 1 are subject compliance monitoring and request for written response as well as overpayment recovery this begins phasing in the financial opponents of EVV implementation three months before claims submitted are subject to denial. During this time the department will out reach stakeholders to inform them of compliance issues, provide technical assistance to help them observe the mandate. If the provider continues to not submit EVV data to make an effort to comply with EVV, the department's program integrity office is permitted to recover payments. Third, providers that fail to comply with EVV on January 1, 2021 are subject to the preceding measures as well as claim denial. Claims without corresponding and complete EVV will be nine, deny during processing. This is a federal requirement and will commence whether or not less engine actions, stringent actions are implemented. This process allows providers a grace period to integrate EVV into business practices and for the department to provide technical assistance to stakeholders reducing impact to claim processing beginning January 1, 2021. I will now turn it over to my colleague.

Thank you. Good morning madame President and board members. I am the EVV policy advisor and the health programs office. The department has been working toward EVV implementation for three years with robust stakeholder engagement around both system and policy design. The engagement included multiple monthly stakeholder meetings, stakeholder review of policy documents and a review and edit of iterations. Because of the long program designed process, some details cannot be changed at this time. For example, stakeholders have inquired about the dual implementation timeline for personal care and home health and if home health baby delayed. Colorado's streamlined approach to implementation was developed with stakeholders and propose to an agreed upon by the joint budget committee and general assembly. As a result, state funds appropriated for EVV are dependent upon the current mentation. Separating the timelines would not only be administrative furnace from for providers who have already prepared their system but it would require the system component of the state EVV solution to be reconfigured. This would require additional funding it may not be available giving the current state budget constraints. The department has been working closely with providers to ensure a smooth on boarding process. EVV has been available for use in Colorado since the fall of 2019. During the soft lunch early adopters have begun using EVV to familiarize themselves with all aspects of the problem, program on their own schedule. We have been working closely with early adopters to identify areas that may require system policy updates ensuring a seamless transition for the several providers who have chosen not to engage with EVV until mandated. In addition to stakeholder engagement facilitated by the department, notable support channels are available. They include a call center for EVV specific issues, a call center for building questions and the department managed EVV inbox for program questions were, escalations. I will turn it back to Whitney.

Thank you. We asked the board to adopt the rule as currently written. The department requests an audit, August 6 date to help providers adopt EVV prior to the federally mandated adoption date. Delaying it truncate the amount of time providers have to practice it before the financial impact of a claims review. The department looks forward to continue stakeholder engagement around EVV as we move into the next phase of program implementation. At this time we welcome any questions.

Thank you. Any questions initially from the board?

No questions.

Okay. Do we have anyone signed up for public testimony?

We do, Julie is signed up for public testimony.

Julie, are you on the phone?

I am. Can you hear me?

Yes, we can hear. You have the floor to provide testimony in regard to this rule. Please introduce yourself and share your thoughts.

Thank you. Many of us use long-term care services and supports. I am here to speak in support of the rule while we still do not like EVV it is a federal mandate and it was not something the department chose to do. We were going to run legislation this year and decided against it before everything blew up and it probably would've been impossible this year anyway. Because the department has made most of the changes we have requested we decided we would wait and if things did not work we could do it next year. We do agree it is important to start and get everyone used to it now before it affects claims. We cannot afford to have the workers not be paid. They are mostly low-wage, lower wage people many of them are the sole support of the family or women of color. We need to be absolutely sure everyone knows how to use this. Consumer direction starts in two weeks in July. To give us an extra month. So, we do support that. We did want a mandate that all family caregivers would be exempt that providers with half to do that but the department did not have the authority. If that becomes a barrier we would probably seek legislation next year. There are people still concerned about privacy because the department is not collect data points that would violate Diversey such as the GPS and all of that. They are just checking they are just telling providers to look at the check in and check out points. It can be anywhere which is great. They are not prohibiting the collection and there are members of the community that are concerned about that but we decided we felt we got most of the concessions and again if there is any kind of privacy breaches or issues with inappropriate use of the data and of course we would be back. We had spoken against the rule and I did want to come back and say we do appreciate the many changes that were made in response to the client concerns and the provider concerns are real also. We hope we will be able to continue to work through the very complicated costly federal mandate. We know the department did not do this to us. This came down and we certainly cannot afford to lose one penny right now. That is all I have to say. Thank you.

Thank you, we appreciate your insight and comments. Are there any questions from the board? Okay, thank you. Is there anyone else signed up for public testimony?

Yes, we have Deanna Alexander on the phone also.

Okay, Deanna Alexander are you on the phone? We will give you a couple seconds. Are you on the phone to give public testimony?

Let if she had dialed in. Her microphone is enabled.

Hello?

Miss Alexander is that you ?

Yes it is I am actually commenting on the 311 will not on this one.

I apologize, okay.

Thank you.

She is signed up for document three.

Correct.

No problem anyone else?

We will try to get to three here shortly.

Okay, thank you.

Thank you. Anyone else for document one?

There is not anybody else signed up for document one testimony.

Okay, I would entertain a motion unless the board has anything further to discuss. Okay, we will entertain a motion for final adoption.

I move the final adoption of document 01, MSB 19-01 dash 03-a. Revision to the medical assistant benefits rule concerning electronic visit verification section 8.001 incorporating the statement of aces and purpose of the Pacific statutory authority.

Second.

Probably, properly moved and seconded all those in favor please say aye.

Aye. Oppose? Abstain? Motion passes. Thank you very much. We appreciate your time this morning.

Thank you.

Let's get into the initial approval agenda. We will start with document 2 and Shannon, are you on the call?

I am, thank you. I am going to pass it over to my colleague for this one.

Okay.

Good morning. Can everyone hear me?

Yes, we can hear. Maybe just a little louder.

Good morning. Thank you for your time today. I do the daily administration of the primary care fund grant program for the department. It awards qualified providers funding based on their totally medically indigent patient counts. As of now, rule 8.95 0.2 point T states patient encounters must be face to face. With the covid-19 pandemic many have resorted to telemedicine visits which will affect how they -- for the primary care fund application. Therefore, we request to remove the face-to-face restriction so that our grantees may include patient encounters done through telemedicine. This will have a positive impact on the grant application cycle next year. Thank you for your time and consideration and do you have any questions?

That was a short and sweet resignation. Any questions?

I just wanted to make a comment in support of telemedicine in general especially for rural patients or patients challenge with health equity and access issues. It has been a real gift. I just wanted to speak to how useful telemedicine has been in general especially during the pandemic.

Thank you. Any other comments?

I just wanted to echo what she said. It has had impact on the care of patient, it has become an incredibly important tool for healthcare in our state so thank you.

Thank you, Doctor Hambidge. Who else was trying to provide a comment?

Yes, Madam President this is Donna.

You have the floor.

I also echo their sentiment particularly in northeastern Colorado for so many of our seniors may have iPhones and such but the lack of capacity to be able to operate and be able to utilize the vision as opposed to the auditory mechanisms and I think it is wonderful that it would still be an opportunity to reach out and be able to help these individuals who otherwise would have to drive 60-100 miles one way to visit the clinic. Thank you.

Thank you. Anyone else from the board with any comments or questions? Anyone signed up for public testimony?

We do not have anyone wind up for testimony for document 2.

At this point I would entertain a motion. Please?

This is David I move for the initial document 2, MSB 20-02-04-A revision to the medical assistance rule concerning the medical care fund incorporating the statement in basis and purpose and specific statutory authority contained in the records.

Can have a second?

Second.

Thank you it has been properly moved and seconded, all those in favor please say aye.

Aye.

Opposed? Abstain? Motion passes. Thank you. We appreciate your time this morning.

Thank you.

Let's move on to document 3. Sorry, I did not look ahead, document 3, you are still with us.

That is correct, thank you. Document 3 is regarding the school health services program. Currently it covers services in schools for children on individual education programs or individualized family service plans. Medicaid services recently made some changes allowing us to lift restrictions to cover not only individualized education programs but also students on other plans of care for medical necessity has been established. Such as 5a for plans, behavioral health plans and other plans. This change, the change the department decided to up date estate plan amendment to move forward to allow more students to be covered under the program and to add additional services and providers where we were able. As a result, the state plan was approved and we are implementing with an effective date of October 1 and therefore need to update our rule to correspond with the state plan. This change will allow us to not only provide services to children on IFSP in school but other plans of care where medical necessity has been established again such as 504 plans, healthcare plans and the like . We were also able to add a couple of additional provider types. We have been able to add pathologist assistance which had not been previously allowed to claim as well as school psychologist. The change would go into effect at the end of August which would correspond with the state plan effective October 1. Any questions?

Any questions or comments from the board?

No questions.

I believe this is where we have public testimony is that correct

that is correct.

You have the floor.

Thank you very much for allowing me to speak. My name is Doctor Deanna Alexander and I represent the Colorado optometric Association. I am a legislative chair and passed President. I am a private practitioner in Fort Collins, Colorado that provides low vision services. We were concerned when we saw this come out that the orientation and mobility in vision services were eliminated and so we are concerned that would affect students that need those services through Medicaid. We do refer for those services it is important for students to learn how to -- safely, these are masters trained professionals that work with students. We do have providers that refer across the state. We are concerned this would be a decrease in services, potentially even if they were still provided by the school district it could spread services out and make them thinner with less options. We ask potentially that orientation, Millie and vision services be we included in the rule. Thank you for allowing me to speak on behalf of the Association.

Thank you, do you have any further comments in regard to her testimony?

I can clarify that. Orientation mobility services were removed from the state plan and subsequently from the role the main reason was the funders for Medicare and Medicaid services actually pointed out to us that orientation mobility providers were not an allowable provider in the overall Medicaid state plan and therefore we could not include them in our individual state plan the way we had updated estate plan is to point to overall Medicaid benefits. With it not being allowable in the overall program could not them in the state plan. The services can be billed but not under the current mechanism.

Doctor Alexander do you have any further questions or comments based off of that response from the department?

No, thank you for clarifying that.

Thank you. Is there anyone else signed up for public testimony?

I do have a comment in the webinar. Jennifer has a question, what about vision services? She says it sounds like mobility is not allowed but she did not address vision.

I believe vision services are also, actually never have been included. I can get further clarification I apologize.

Okay, Thank you. Is there any follow-up?

She just says we would appreciate that clarification, thank you. I will work with Shannon Huska to make sure that we get that information out.

Perfect, Thank you. Anything else in regard to public testimony or comments?

We do not have any public, any more public testimony signed up.

Thank you. Does the board have any final comments or questions before we entertain a motion? I will entertain a motion for document 3.

This is Doctor Fraley I move the initial approval of document 3, MSB 20-03-11-A revision to the medical assistance rule concerning changes incorporating the statement of basis and purpose and specific statutory authority contained in the record.

Second.

It has been moved and seconded all in favor please say aye.

Aye .

Opposed? abstain? Motion passes. Let's move on to the last initial approval document of document 4. Kristina Gould should be on the phone.

Can you hear me ?

Weekend, the floor is yours.

Good morning members of the board my name is Kristina Gould and I am the lead pharmacy policy specialist with the department. I am presenting revisions to the pharmaceutical services rule. The department proposes to modify the RX program. The department currently contracts with individual pharmacists who conduct medication review sessions with members. The intent is to optimize therapeutic outcomes. The proposed rule will allow the department to utilize licensed pharmacists and license pharmacy interns under the supervision of pharmacists to conduct medication review session. Overall, the change is necessary to modernize the program and to potentially increase the number of members who receive consultation. The changes have taken away cumbersome requirements and replaced them with clear language that recognizes pharmacists and interns as uniquely qualified to perform consultation. In the past, the department has not utilized the entirety of its allocated budget. For example, the past year we only utilize roughly half of our allocated budget of \$16,500 for this program because of low pharmacy participation. Therefore, the department is hopeful that by streamlining qualifications and allowing licensed interns under the supervision of licensed pharmacists and allowing potential contracting for services it will maximize the program overall goal which is to reach and help as many members as possible and maximize our existing budget. None of the comments the department received pertain to the rule language will require changes to the language. Most of the feedback was excitement and engagement from pharmacists looking forward to participating. The department is optimistic the proposed rule will improve access, quality and outcomes for our members within the budget we have. Are there any questions?

Any questions from the board?

It does not sound like it. Anyone signed up for public testimony?

I do not have anybody signed up for testimony.

Okay, if there are no comments or questions, we can entertain a motion for document 4.

This is An Nguyen I move the initial approval of document 04, MSB 20-04-21-B revision to the medical assistance rule concerning RX review program, section 8.800 .18 incorporating the statement of basis and purpose and specific statutory authority contained in the record.

This is Doctor Hambidge, I second.

Thank you it has been moved and seconded all in favor please say aye.

Aye.

Opposed? abstain? Motion passes. Thank you. We appreciate your time this morning. The job, we made it through all of the rule at this time I would entertain a closing motion please. Oh, wait, hold on one second. Do we need to do any consent? I am sorry that is not in the agenda so I forgot for a second. Any ideas on your thoughts in regards to a consent agenda? We had three initial rules, document two, document three and document four all fairly straightforward with minimal public testimony or comments or questions. What are your thoughts on that?

I want to make sure since it is difficult to hear from all of you at once. I think by a large everyone says they could all go on consent is there anyone who does not feel or feels differently?

Are the questions that Chris is following up on on document 3 enough to keep it off consent? This is Jessica.

I am thinking not I just want to double check.

I think it was more of a clarification versus a recommendation for a change. There was a recommendation of change but I think it is based off of federal regulations so I don't know that they have much option to change. The comment was noted. I feel like all three could potentially but please correct me you feel differently.

This is David I support everything going forward to consent.

Okay.

This is Simon, I do as well.

It sounds like it is overall everyone is in favor. I think we need to have a motion please right? It is not on our motion sheet so someone who is brave and wants to wing it. I move to add to the consent agenda listing out the documents.

Just very quickly this is Chris, the motion could be that I just moved to add the document numbers to the consent agenda.

This is Jessica Kuhns I move that we move documents 2, 3 and 4 to the consent agenda.

Thank you.

Second.

It has been moved and seconded all in favor please say aye.

Aye .

Opposed, abstained? Motion passes, Thank you. Now, I will give you the opportunity to close us out on your last meeting with the closing motion.

Thank you. Move that all rules adopted at this meeting of the medical services board of the Colorado Department of healthcare policy financing meet the criteria of the state administration procedures act which are incorporated by reference.

I second.

Perfect. I think we have to do a vote for the sake of fun. It is been properly moved and seconded all in favor please say aye.

Aye .

Opposed, abstained, motion passes, we have officially closed our rule portion of our agenda. We will go into open forum for public comments. Do we have anyone on the webinar or anyone signed up for anyone who would like to sign up to provide public comments, please?

This is Chris, we have tran 18 signed up for public comment.

Great, miss Risken go right ahead.

Thank you. I am Julie [Captioners Transitioning] he said , Julie Risken I wanted to say thank you to the board members who are turning off. I have been on the board and I know it is work. I want to say thank you for your time on behalf of Medicaid clients and I just wanted to call out Christy Blakely the representative for the disability community who has been a fantastic representative. Looking forward to see who gets appointed to fill those shoes. Thank you. I did, I know you all received a letter from and 22 of my friends I wanted to say thank you to the department I did get an email from Tracy last

night saying that before that they even gotten that they decided to step back realizing that there were a number of logistical issues to be worked out and we look forward to engaging with the department to do this in a way that does not create chaos. We ask that the data points, the questions we have be answered before this goes live and as the department implements this, they do not try and do it at the same time. I do not think there is the capacity out there to help families navigate this and make informed decisions about if they want to appeal or not. Also, I know there is concern even among -- about their ability to manage this properly and thoughtfully and appropriately. I appreciate the decision because there is a number of changes happening July 1, we are still in the middle of a pandemic and when changes need to be made we just need to make them thoughtfully and in a way that honors due process. I appreciate the decision by the department. I appreciate they did it before hearing from a bunch of -- before getting a letter. There was a stakeholder meeting and they heard from families directly impacted and that is the most important voice but that is what I have to say, thank you.

Thank you, we appreciate it we all have your letter in front of us it was part of your attachment to our meeting but I am glad to hear that Doctor Johnson was able to touch base with you prior to today. Wonderful. Any questions or comments before we have her drop off?

This is Doctor Fraley I just wanted to make a comment that I did appreciate the letter there are a bunch of superheroes that have signed on the bottom and I appreciate Tracy and the department responded so quickly.

Thank you. Anyone else with a comment from the board? Thank you, appreciate your time. Any other public comments before we get into department updates?

We do not have anybody signed up for anymore public comments. I'm sorry, we do have an individual interested in having a public comment, she is on the webinar I am going to enable your microphone now.

We have you on the webinar and we are enabling your microphone to provide your public comment. You have the floor when are on.

We are going to the technological steps to enable the microphone.

Can you hear me?

Yes, we can his., Here you. Please introduce yourself to the board and provide the public comment.

Thank you, I am with the mile high health alliance and I have, thank you Madam chair and members of the board, I want to flag for you all a piece of the statute that I would like you to consider either amending or eliminating. It is under the general exclusions from coverage and the language is brief. Specifically asked hooted from coverage under the program are injuries received by individuals engaged in riots, civil disobedience or other acts specifically excluded by the Congressional statute related thereto. I just want to say a couple of things. I am not able to find the statute to understand if it goes, what the statute is and whether it goes beyond or aligned with the Congressional statute. I would like to say that division of insurance is already working on a rule prohibiting the source of exclusions. It is unclear how this would be enforced because there is no coding for riots. Also in the current circumstances there are serious health equity concerns about who determines what a riot is and civil disobedience. That is all.

Is there anyone to connect to two? Thank you for your comments. It right be difficult for us to follow along in regards to what statute can we connect you with the department to further identify your concerns?

Tracy Johnson would like to speak.

You have the floor.

Hello, thank you. I would be willing to take the sun and research it and bring back more information about is it possible how would it be possible. I appreciate the thought process behind it.

Thank you, Doctor Johnson. We will be able to provide a little more feet back in regards to your comment so we can address your concerns. Thank you for joining us today is there anything further you would like to comment on or additional questions based off of Doctor Johnson's response?

No I want to say thank you to Doctor Johnson I can send along the specific statute to Doctor Johnson with the numbers.

Thank you.

Okay. Great. Thank you very much. Any further public testimony comment?

I am going to slow down and verify that we have everybody accounted for. That is all, there is no more public testimony signed up.

Great, thank you. We are going to head into department updates. Doctor Tracy Johnson will provide the updates for us. Doctor Johnson, the floor is yours.

Thank you Madam chair and members of the board. The first thing I would like to do is to say thank you to miss Risken for her testimony and those who signed on to the letter. I want to underline we have heard you and the questions raised are things we should be able to enter. As she referenced we had a difficult and challenging meeting on Wednesday. I think we are in a better place, we have decided to delay the process. I hope to be able to let those know who are more Carlos engaged by next week, closely engaged by next week but we plan to be more thoughtful about the role out, we have heard you and we say thank you for your feedback. I would like to move on to a couple of updates. As you likely know, we are experiencing record unemployment in Colorado and expect a surge of potentially more than 500,000 Coloradans applying for health first Colorado, the Medicaid program. This is more than a 40% increase and larger than the ACA expansion. It is critical that we help Coloradans navigate their way to the correct healthcare coverage solution. And provide clear guidance. We have been doing a lot of work trying to create a coverage guidance tool and member facing website to help with the process. We are doing a lot of public engagement around this, we had a press conference this week. We would appreciate if you could help us by sharing this information. Either by following the department on Facebook and twitter or sharing posts explaining how to apply for needed medical coverage. I can get appropriate links so that is easier for you. We want to make sure that people who are facing difficult times as a result of the pandemic and resulting unemployment have the information they need about how to get connected to coverage. One of the challenging things about the Medicaid program is we are countercyclical. At the moment, we need to be there for our fellow Coloradans. And, provide coverage. State revenues are declining and available funding to provide services for us is dropping at the time we most need it. According to the most current estimates our available funding will \$3.4 billion lower than we had initially thought. That is a budget hole will have to fill. The department is quite a big percentage of the budget we are 26% of the general fund and 33% of total funds. It will be critical do our part despite the fact we are going to have a membership surge. We have to both be there for people who need us and be thoughtful about how we can close the budget gap. Anything you can do to partner with us on those fronts will be helpful. Next I would like to talk about the nonemergent medical transportation benefit you heard about this at the beginning. We have awarded a contract to the current vendor for all counties in Colorado. In -- covers nine counties and they will work to expand their network to the rest of the state as quickly as possible. While the contract is effective July 1, there will be a transition time while their credentialing providers in some counties and working with constraints related to covid-19 and other factors. During the transition some counties will continue to bill for services until the transition occurs. Eventually they will be our contractor for all counties in Colorado. We do have staff changes I want to make you aware of. We have a new cost control quality improvement office director and a new chief operating officer and Medicaid operations director. They joined approximately one month ago and then we have two staff members who are longer-term staff members in acting positions that were promoted to office direct. Once we meet in person again if we ever meet in person again will invite them to the meeting so you can meet them. Then I would like to close with a thank you for our retiring or members for your service and commitment, we could not do this work without you and value your time and really thank you for your service. That is all.

Thank you. We appreciate the update. Any questions or comments from the board for Doctor Johnson?

This is Doctor Hambidge. I would like to make a comment to Doctor Johnson that, just a reflection on how much her leadership is appreciated during this time. When she took this job in the fall none of us could've predicted what was coming down the pike in our direction. Honestly, I think that the vision and leadership that you are providing at this time is critically important for literally millions of people so I just want to say.

This is Christy Blakely I would like to second what Simon said and publicly say thank you to Tracy for the decision they made on the private duty nursing and long-term care changes to extend it. I really appreciate that thoughtful process I know it was a difficult one. I just want to wholeheartedly support any work going forward to get us to a better place with that process. Thank you.

Thank you to both of you, that a lot.

Thank you, her, anyone else with common questions? Thank you. I think what we will do now is stop the recording of our meeting and I will officially I Jordan. Before doing that I want to announce to the board that we would like to keep on for a couple of minutes I know we all have is the schedule but I think we all have a couple of minutes to recognize our outgoing board members. Is that plan still okay, Chris?

Yes, this is Chris. The mute button is never right there when you need it, that sounds perfectly fine to me.

We will adjourn the meeting thank you for attending the June 2020 meeting. We will give it a couple of seconds and we will officially stop recording. This message is intended only for the use of the Addressee and may contain information that is PRIVILEGED and CONFIDENTIAL. If you are not the intended recipient, you are hereby notified that any dissemination

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