## 09/28/2023 - Health First Colorado Member Listening Session Meeting Chat

Name	Comment
Emily Leung - CHI:	Thank you for your attendance! Please fill out this Google
	Form to receive a gift card for your time and participation:
Suman Mathur	You can follow along with tonight's slides using these PDF
(she/her) - CHI:	documents:
Suman Mathur	Current contact information for each RAE can be found at
(she/her) - CHI:	this website: <a href="https://hcpf.colorado.gov/accphase2">https://hcpf.colorado.gov/accphase2</a>
Suman Mathur	Some common acronyms we'll use tonight:
(she/her) - CHI:	
	ACC =Accountable Care Collaborative
	RAE = Regional Accountable Entity
	RFP = Request for Proposal
Attendee:	Are out of state vendors being considered in the RFP
	process? Or CO-based only?
Allie Morgan -	Summary of response: Out-of-state vendors will also be
CHI:	considered. Some current vendors are located outside CO
	and that national selection process will continue.
Attendee:	I honestly have never heard of this program before.
Attendee:	Yes, but with dental. It didn't go well. Sarah probably
	remembers.
Attendee:	I would talk with my doctor and used google to find the
	care I need
Attendee:	I was unaware of a RAE being an option for added
	assistance.
	I research and organize most on my own
Attendee:	Is the BHA (Behavioral Health Administration) overseen by
	HCPF? If not, who is overseeing the BHA and their massive
	budget (1/2 billion+)?
Attondoo	
Attendee:	Some providers are super helpful with specific referrals
Attendee:	I worked with my RAE for OT,PT, and referrals.
Attendee:	As a previous Caseworker, I use the RAE to help coordinate
	care for children who were living in different counties than
Attandas	where the county that maintained custody.
Attendee:	They were very helpful.
Attendee:	Same, [attendee name]. Same.
Attendee:	I work with my RAE and sit on their MAC and PIAC, but
Ashlis Dusses	coordinate my own care.
Ashlie Brown	this is really interesting! Can you share more about why
(she/her) - CHI:	you coordinate your own care? Is this your preference or
	because you aren't getting the support you need from your RAE?
	NAL:

Attendee:	My preference. If I have questions or issues I can contact (Colorado Access) or HCPF directly. Because of my involvement in MEAC, the MAC I am pretty literate in the system.
	Agreed. I always inquire more when needed when I have someone on the phone or in person.
	Notification/marketing at providers would be great. People will be there anyway and can learn about other resources that can help guide them
	If the call ctr was helpful I see your long waits coming, lol can we have someone local who specializes?
	Therapists and psychiatrists are seeing folks remotely it would be awesome to be accessing them outside our RAE. It seems like a bad idea to leave it up to different RAEs to decide
	What can be done about the huge problem with ghost providers?
Ashlie Brown (she/her) - CHI:	The term "ghost providers" is new to me. Can you share more about what that means?
Attendee:	providers who can technically accept Medicaid patients but dont'.
Ashlie Brown (she/her) - CHI:	Ah yes, that is a huge problem!
Attendee:	we need to find them and call them out, IMHO
At	" we're accepting new pediatric patients!". Call "We're not accepting any Medicaid patients at this time and don't know when or if we will."
	Or "Yes, we'll do that dental work for you! We accept Medicaid! You'll need to pay up front, then we'll bill and you get reimbursed possibly."
Ashlie Brown (she/her) - CHI:	We have heard about this problem from many members, advocacy organizations, and other partners. Would love to hear your ideas about how to find them. I wonder if there could be an easier way for members to report when this happens?
Attendee:	Care coordinator would REALLY help parents of children with higher needs children's, etc. Are not great at this, and kids are missed who are eligible. Or they don't know they can refer themselves, get reimbursement for mileage, etc It would really help!!!
	I reported a ghost providers to my local RAE and filed a complaint but I have an expert living with me who told me who to talk to.
	I was also given appointments 7 months longer wait, depending on my insurance my Local RAE helped with that as well. Again, I was aware-i have my own personal

	case manager/coordinator as relative. Almost nobody is,
Attendee:	I don't have a ghost providerjust a lazy doctor. My specialists pick up the slack. All of whom I found on my own.
Attendee:	I never heard of RAEs until being invited to the HCPF advisory council. The RAEs are great if you know what they are and how they can help you.
Suman Mathur (she/her) - CHI:	Thank you for these comments, everyone!
Suman Mathur (she/her) - CHI:	and this feedback!
Attendee:	Please clarify about seeing a mental health counselor and/ or therapist in another area if my area is not able to accept my child until next year, which is not acceptable. I keep hearing I CAN go outside my area but then when I try to enroll, the outside agency is adamant we cannot enroll.
Attendee:	I am on my RAE's MAC & PIAC (Region 7 CCHA). Learned about RAEs in2019 when I joined the HCPF MEAC.
Attendee:	because each RAE has its own name, mail from them looks just like all the junk mail we receive. I would encourage the ACC to really figure out how to look less like another insurance plan and more like a Medicaid resource.
Attendee:	A visual flow chart with active links
Attendee:	The letter from the RAE made me think it was separate insurance.
Attendee:	Many people end up going outside of their regions for healthcare. I know we do often
Attendee:	it might be helpful to redesign the Medicaid card to show that the RAE is the place to go for more help.
Attendee:	Not really I didn't know about RAE
Attendee:	in R4, the care coordination staff called us but didnt state they were with the RAE; rather, they identified themselves as staff for the CMHC which was contracted to do this for the RAE. Very confusing
	YourHealth 1, 2, 3, 4 the less acronyms and words, the better. Cit would be AWESOME to see folks begin to speak to people, not speak as if they're finishing a doctoral thesis. It's not helpful for anyone.
Attendee:	It would be nice to have someone else to go to as well.
	That would be awesome!
Attendee:	one number, routed to the local RAE? Colorado 211 can do it, so HCPF can, too.
Attendee:	That would be beneficial and simple. With a base push button system for the different areas to be handled

Attendee:	Having a navigator person (RAE) is helpful. One number
Attendee:	would be nice (if they know who to refer to).  I have also found that case management agencies dont even know that much about RAEs
Attendee:	the other thing to consider is when you get a referral to a provider (eg PCP or specialist or dentist) but they dont ACTUALLY take new Medicaid patients
Attendee:	I've tried to consolidate all of my care within a specific health system, from primary care to specialty care.  Usually, the only time I've had to go outside of that health system is for dental. So unless I've needed dental, I haven't done anything that care coordination could help with. One of the reasons I've used the same health system as much as possible is that records are easily accessible within the system. I've had to be transported from one system to another system because the 1st system hospital's doctors couldn't access the other system's records.
Attendee:	The other reason is that when I've tried to have care coordinated, it's often just created another link in the chain and a repeat of the same information from the provider and the care coordinator.
Attendee:	United Healthcare have navigator who will help with guide, patient's needs and answer questions via phone. They have call back if don't want put on hold too long. I want see medicaid have that too. For example for United Healthcare <a href="https://www.medicare.uhc.com/">https://www.medicare.uhc.com/</a> . Their website blew my mind out with their one stop website and impressed.
	It will nice to see RAE in medicaid website for us to access for hold them accountability. That will be helpful for us to get know what RAE is.
Attendee:	With ACC3 potentially reducing the number of RAE's and "shuffling" counties and providers amongst them, the need for a centralized contact point will be essential, especially if new or out of state RAE organizations are being brought on as of July 2025
Attendee:	Ensuring everyone sees the same information.
Attendee:	Reacted to Ensuring everyone se with " "
Attendee:	What about use survey on clinics and doctors to get RAE program activate if not happy with service? Need third party to contact every doctors to see if they still accept Medicaid patients monthly. Some of them don't update with medicaid at all that force us to call them for verify to see they accept Medicaid program. Annoying. Request for use RAE program in Medicaid website will be great!  Agreed with [attendee name]

Attendee:	Care coordinators should definitely help with food & housing. If you don't have healthy food and a place to live
	your health is negatively affected.
Attendee:	Its all intergrated, and it seems like they are case worker assistants at that point.
Attendee:	They should, but, often, they're left just providing a list of resources to the member. And the member is left seeking out a provider of assistance, e.g., homeless shelter, housing case manager, housing authority.
Attendee:	Region 1 is a perfect example of the challenge for organizing information to coordinate care for a region half the size of CO
Attendee:	I've never used or wanted to use a Care Coordinator. To me, just another broker
Attendee:	yes: care coordinators dont need to know it all, they just need to know where to go to find the "experts"
	I think Colorado 211 is a great example of comprehensive resources which can be "localized"
Attendee:	Ugh, more technology to "help" us? Like another stupid chatbot?
Attendee:	if you call 211, you are connected to your "local" resource
Attendee:	Haven't heard of them. Can you link them?
Attendee:	I ask google questions & it gives me a list of websites to check
Attendee:	Reacted to yes: care coordinat with " "
Ashlie Brown (she/her) - CHI:	https://www.211colorado.org/
	I will also add a few other examples:
	https://www.findhelp.org/
	https://communityresourcenet.org/
Attendee:	Looked at all of those. Of them, only the CRN site seems like it be more than a mere resource directory.
Ashlie Brown (she/her) - CHI:	Great point, [attendee name]! 211 Colorado and findhelp both offer other services behind the scenes, but both public websites are focused on self-help through the resource directory.
	211 also runs locally-based call centers that you can reach by dialing 2-1-1 to connect with a local coordinator
	findhelp also partners with doctors and other partners to provide electronic referrals to participating partners
Attendee:	1. Medicaid website as UC Health Medicare website.
	2. ASL accessible via social media, CO Health First website about Colorado Health First, Instruction about apply online, how use RAE via download apps with modern look and on Medicaid website.
	3. Hearing aids coverage for Deaf/HOH over 18

	4 Charle state helpsvick health clinic for avenue county Most
	4. Start state behavior health clinic for every county. Most of local behavior health want money from state and not
	take care of patient by discharge before complete and bad
	review due to unprofessional while it is affecting our
	community. Need more Deaf Therapist. Behavior Health in
	Deaf
	5. Behavior health clinics with bad review listed were not
	helpful.
	6. Stop use local clinic with bad reviews.
	7. Patient advocate available for every patient
	8. Social workers for housing and resources
Attendee:	hearing aids AND eyeglasses for adults
Attendee:	Secure website, looks professional, has accessibility
	buttons or speech
Attendee:	Most members have not heard of the RAEs or if they have,
	they have no idea what they do. There is a huge PR
	problem for the RAEs. Can't get help if you don't know
	they exist.
Attendee:	If doctors and their office staff know what RAEs are, that
	may help when Interacting with patients
Attendee:	Email or text to access instead of calling; some of us
	dislike talking on phone or difficult for others
Attendee:	years ago I was told by RAEs they were prevented by HCPF
	to do a lot of outreach/advertising
Attendee:	I looked up my RAE MEAC from attending state MEAC.
Attendee:	Then there are Medicaid Case Managers, where do they fit into all this?
Attendee:	Peers or Resource assistant at providers offices or
	behavioral health facilities.
Suman Mathur	Great feedback and suggestions. Thank you!
(she/her) - CHI:	
Attendee:	Waiver CM's should probably take lead with coordination
	but use the RAE for help navigating Medicaid benefits.
	RAE's are not reaching out to say "we can help"
Attendee:	SEPs do not in my experience coordinate or talk to RAEs.
	Two different worlds,
Attendee:	Thanks for answering our questions and for listening!
	Always appreciated!
Suman Mathur	*We're glad to be here with you all!
(she/her) - CHI:	
Ashlie Brown	Thanks to all of you for your feedback, ideas, and
(she/her) - CHI:	engagement tonight! We appreciate you spending the
Allia Margari	evening with us.
Allie Morgan - CHI:	FYI, just sharing a few links for reference with all of you:
CH1.	Here is the link to the Vision Stage Summary about what
	we heard in the first phase of ACC Phase III engagement,
	we heard in the mot phase of Acc mase in engagement,

	if you haven't reviewed it and would like to: <a href="https://hcpf.colorado.gov/sites/hcpf/files/ACC%20Phase%">https://hcpf.colorado.gov/sites/hcpf/files/ACC%20Phase%</a>
	20III%20Vision%20Engagement%20Summary.pdf
	Here is the link to the Concept Paper, which provides
	additional details about proposals for the next phase:
	https://hcpf.colorado.gov/sites/hcpf/files/2023%20ACC%2
	<u>OPhase%20III%20Concept%20Paper%208-29-23.pdf</u>
	Here's a link to a feedback form for additional thoughts
	about the proposals we've discussed today:
	https://forms.gle/S7auD9BR23rBzd8a6
	And finally (if you do want to use a survey!), here's a link
	to the general, anonymous feedback form that will stay open beyond the Concept Phase:
	https://docs.google.com/forms/d/e/1FAIpQLSep2joFjr4xaB
	AFRHLgzi7tbLItVOA50fLURc8GKXKUq1FfSg/viewform
	Just to clarify, the feedback form links I posted above are
	not required or expected of any of you. Just an option in
	case you think of something else you want to share after
	we wrap up tonight!
Attendee:	[attendee name] is bringing up some scary stufflol
Attendee:	This has been one of the more useful ACC 3 meetings I've
	attended. Thanks for hosting members.
Attendee:	I'm tired of surveys also & I usually fill out if short
Attendee:	I love surveys. LOL
Attendee:	I ignore most of them, unless the experience was
	extremely bad.
Suman Mathur	I do too, [attendee name]. I do a lot of them. lol
(she/her) - CHI:	
Attendee:	Make short survey with question about need RAE or not.
Attendee:	I've learned leaving Google reviews usually gets some action from provider
Attendee:	Keep the wordage DOWN! I need an ask (survey) and a
	phone number I can contact my RAE. A card. Nothing
	more.
Attendee:	I would love to see a Medicaid equivalent of the
	ColoradoShines site, where childcare providers have star
Attendes-	ratings based on what they offer
Attendee:	We know peers are amazing
Attendee:	I agree!
Attendee:	Agreed! Providers are looking out for their business
Attendee:	CHI is awesome. Thanks for your work. And HCPF rocks!
Ashlie Brown	Thanks! It is our honor to do this important work with all
(she/her) - CHI:	of you and HCPF.
Robert Conkey:	Great conversation!

Allie Morgan - CHI:	Here's the link to the Concept Paper again: <a href="https://hcpf.colorado.gov/sites/hcpf/files/2023%20ACC%2">https://hcpf.colorado.gov/sites/hcpf/files/2023%20ACC%2</a> OPhase%20III%20Concept%20Paper%208-29-23.pdf
	Concept Phase feedback form:
	https://forms.gle/S7auD9BR23rBzd8a6
	General, anonymous feedback form:
	https://docs.google.com/forms/d/e/1FAIpQLSep2joFjr4xaB
	AFRHLgzi7tbLItVOA50fLURc8GKXKUq1FfSg/viewform
	Suman's email: <a href="mathurs@coloradohealthinstitute.org">mathurs@coloradohealthinstitute.org</a>
	Thank you all so much for your candid feedback and ideas
	tonight!
Attendee:	Thank you!
Attendee:	Thank you for opportunity!!
Attendee:	Have a great night everyone