July 19, 2023: Pueblo County Meeting Chat and Questions/Answers

Meeting Chat

Alejandro, Spanish Interpreter - El/He:	[Alejandro provided written interpretation instructions in English and Spanish]
Suman Mathur (she/her) - CHI:	English and Spanish slide decks for today are available here:
Emily Leung - CHI:	Health First Colorado Member, please complete this form to sign-up to receive compensation for your participation today - https://forms.gle/kuNsMiAhL4tTrmZv9
Emily Leung - CHI:	An image of this proposed map is available at this link - https://hcpf.colorado.gov/sites/hcpf/files/ACC%20Phase%20III%20RAE%20Four%20Region%20Map%20Proposal.pdf
Attendee:	will you tell us who is region 1 who is 2 and so on? Which RAE specifically?
Suman Mathur (she/her) - CHI:	The RAE vendor itself will be up for bid in Phase III, so any RAEs could end up with a different or new contractor.
	A map and list of the current contractors (Phase II) is available here - https://hcpf.colorado.gov/accphase2
Attendee:	Okay will Psychiatric Nurses still bill FFS/State vs the RAE except for Prime plans? and CO Access?
Suman Mathur (she/her) - CHI:	I will flag this for Matt to respond to when we get to our discussion, thank you!
Attendee:	When will the RFP for each proposed Region be released by HCPF? what is the timeline to review and award? Will the proposals be made available to the public?
Ashlie Brown:	Reminder: Please use the Q&A feature to submit questions. We anticipate receiving many questions this morning and the Q&A section is the best place to ensure that your question does not get lost in the chat among other comments.
Suman Mathur (she/her) - CHI:	A draft RFP will be released later this year for public feedback. The RFP itself will be released April of next year and awarded in September 2024.
Suman Mathur (she/her) - CHI:	A timeline of the Phase III process is available here - https://hcpf.colorado.gov/accphase3
Attendee:	As a member of the public, will the proposals and respective bidders be made available for transparency purposes?
Ashlie Brown:	Yes, the proposals and respective bidders will be available to the public per the State's standard procurement processes. It is important to note that this information is generally available after the awards are finalized.
Ashlie Brown:	To recap: the list of bidders is available when the bids are received and "opened" by the state. The full proposals are available after the awards are finalized.
Attendee:	Is the new map population based on where individuals live or where their PCP is located?

Attendee:	my reaction: proposed Regions 1 & 2 will be nightmarish to administer; it will be confusing for both RAE management and the MCD population, with layers of bureaucracy to navigate.
Suman Mathur (she/her) - CHI:	Thanks, [Attendee]. We're capturing comments in the chat as well.
Attendee:	Physical size of the regions
	They are too large
Attendee:	As a mental health provider, it is hard to explain to a MCD client that while we are in their RAE, we are a 3 hour drive from them
Attendee:	with all due respect, the attribution algorithm has historically been a confusing and confounding process, especially when trying to determine the care coordination entity. This impacts the ability to efficiently and effectively provide quality care coordination, especially when the member receives services in one region (eg, ER visit) and actually resides in another region.
Attendee:	I agree with [Attendee]...
Ashlie Brown:	Thanks, [Attendee] We are capturing this feedback.
Attendee:	We understand the populations are equal and not considering the diversity of communities and their needs is a significant oversight. For example the western and eastern slope being combined will create HUGE barriers
Attendee:	The lack of public transportation in Regions 1 and 2 make access to care significant more difficult than region 3 and 4
Attendee:	Will the Prime plans change with the consolidation?…RMHP Prime or Denver Health Prime? These plans are a bottle neck for services currently within the RAE
Attendee:	Use the mountains to help you divide the map
Attendee:	We would love to see the RAE's eliminated all together and we bill directly to the state
Attendee:	Fremont, Huerfano, Las Animas, Pueblo, Costilla, etc have a significant barrier between the others in the area
Attendee:	Same for southern Colorado
Attendee:	Has the Department evaluated the potential impact of taking the only Urban designated county out of the Southeast part of region 2 (new map)? Is there concern this could impact programs designed to improve access to members in the rural and frontier counties in the Southeast?
Attendee:	Sharing a member comment: "Traveling for a day, losing a day of work/wages, is not equity." Realizing it's member's choice where they live, it is still difficult for member's to access services equitably.
Attendee:	I am hearing a lot about utilization patterns, and am surprised to hear that southeast corner counties aren't tied to Pueblo in that regard. Also, for most of the counties on the east side of the Continental Divide in this map, I'd imagine a lot of utilization actually flows toward El Paso.
Attendee:	Many who live below the poverty line don't have a choice where they live, though. Many are stuck where they live. There isn't affordable options for them to move closer to providers

Ashlie Brown:	Recap of live comments: Members will still have the choice to see providers in any region. The regional lines will not affect the ability of members to access services in other regions.
Attendee:	Awesome - thank you!
Attendee:	Will members still be assigned to the RAE by PCMP in the new version? I believe you said the numbers for this presentation were pulled by address.
Emily Leung - CHI:	Past meeting materials, and information on upcoming meetings is available on the Department's ACC III webpage - https://hcpf.colorado.gov/acc-phase-iii-stakeholder-engagement
Emily Leung - CHI:	If you would like to share your thoughts on this map, please complete this survey by July 31 - https://www.surveymonkey.com/r/RAERegions_July23
	Si desea compartir sus opiniones sobre este mapa, llene esta encuesta antes del 31 de julio de 2023: https://es.surveymonkey.com/r/RAERegions_July23_Esp
Attendee:	Will there be a regional meeting for the Upper Arkansas Valley and Custer County (HSA 13)?
Attendee:	When will the recording for this meeting be posted?
Suman Mathur (she/her) - CHI:	Hopefully by the end of the week if tech works in our favor!
Suman Mathur (she/her) - CHI:	Thanks again everyone for joining us today. I apologize we couldn't quite get to every question or comment, but appreciate the conversation and additional comments and questions in the chat. My contact information is MathurS@coloradohealthinstitute.org should you like to contact me directly.
Ashlie Brown:	We are recording all messages in the chat and questions in the Q&A. All of your feedback will be delivered to HCPF to inform these decisions, even those items we didn't have time to discuss live today!

Q&A

Question	Answer
will there be a requirement of the new RAE's to have equitable and universal contracting? If not what is the benefit of contracting with all the RAE's? If providers contract with one RAE is there a way to make that contract be valid for all the other RAE's? Providers should not have to struggle with multiple contracts. Also, what changes will HCPF be making to work within the new licensing structure of the BHA? **How will a member's RAE be determined? If they recieve care predominately in one RAE can they switch RAE's if they were previously assigned a RAE based off one PCP visit?**	live answered
How many region contracts can a bidder be awarded?	This has not been decided yet. We welcome stakeholder feedback on this topic to inform HCPF's decision.
Is the new map population based on where individuals live or where their PCP is located?	Attribution is based on the member's address.
Is there a target minimum number of covered lives in a given region?	HCPF's goal is to have regions that aren't too big, to avoid too many people tied to one RAE. On the other hand, there have been issues with the current regions being too small in some instances. The goal in the next phase is to ensure that regions are "right-sized" in order to support the RAEs in fulfilling their role with adequate resources.
Will there be a process for an individual who wants to receive a service from a provider that is not contracted with their respective RAE, for example, an out of network option so providers do not need to contract with every RAE?	We have processes in place for this now. On the behavioral health side, our RAEs currently use single case agreements to allow providers outside the network to provide services. There are also network requirements to ensure that the RAEs are contracting with providers that cover their entire region for key services. A key emphasis for the next phase is that members should have provider choice.
What are the reasons the State decided to move Larimer out of Region 1 in this map version, disrupting that historical relationship?	HCPF recieved a lot of feedback from stakeholders in Larimer County. While there is a historical relationship with Region 1, we heard from stakeholders that there is an even stronger relationship with neighboring Weld County.

Has the State considered a southern Colorado region that aligns along Highway 50?	The major barrier to creating a southern CO is population and utilization patterns. The population numbers would be relatively low in such a region and this also does not align with historical utlization patterns about where members are currently recieving care.
Has the State considered a southern Colorado region that aligns along Highway 50?	live answered
What is the rationale for moving to fewer RAEs? Cost efficiency? I would like to think more quality of services for members, but I don't see that; members are really gonna be confused.	HCPF recieved strong feedback from the provider community asking to move to a model with fewer regions to reduce the number of RAEs each provider might contract with. HCPF also believes that moving to a smaller number of regions will increase the ability for the RAE to provide high-quality services to members and for HCPF to ensure that members are recieving high-quality services.
What about using another metric than population, cost? MCD density?	Population is not the only factor in the proposed map. HCPF is trying to balance many factors, including current utilization patterns, to find the best regions to serve members.
Will the Prime plans change with the consolidation?…RMHP Prime or Denver Health Prime? These plans are a bottle neck for services currently within the RAE and often confuse clients	live answered
So much more should be going into this decision than population size. What about cultural factors, miles driven between providers, community mental health capacities, access to SUD providers, so many more I could add. What other considerations were made, specifically for the diversity within the state?	HCPF is working to understand provider locations, existing utlization patterns, cultural factors, and other considerations in addition to population size. It is important to note that members will still have the choice to see providers in a different region. If members cross region lines to see different providers, their ability to do that won't change in Phase 3
I missed it, when will we know the bidding proposal for the 4 region RAEs as a date specifically	Hi Stryder - the RFP will be released in April 2024 for bidding, notice of awards will go out in November 2024.
How will providers be protected to receive adequate rates if they do not contract with a particular RAE or can they decline referrals?	Providers have the ability to decide whether to contract with particular RAEs. If RAEs do not contract with an adequate network of providers, that is a contract violation for the RAEs. It's important for RAEs to have providers in the network, so that is the protection for providers.
The map seems to be drawn with most respect to the least disruption to the incumbant RAE contractors, which is to say the least disruption to RAE/provider relationships and client familiarity with their RAE. Is this perception correct?	

Its very important that Nurse Practitioners are able to continue to bill fee for service to the state vs the RAE. when can we have this conversation? Thanks!	Thanks, {Attendee}. I shared my contact information in the chat if you'd like to be in touch directly.