July 20, 2023: SLV Meeting Chat and Questions/Answers

## **Meeting Chat**

Suman Mathur (she/her) - CHI:	Slides for today are available here -
Emily Leung:	Health First Colorado Member, please complete this form to sign-up to receive compensation for your participation today - https://forms.gle/kuNsMiAhL4tTrmZv9
Ashlie Brown:	Hello everyone! We welcome your comments here in the chat. Please use the Q&A feature, if you can, for questions. This will help us to keep all questions organized. If you don't have access to the Q&A feature, you can submit your questions here and we will highlight them in the discussion as well.
Emily Leung:	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:	An image of this proposed map is available at this link - https://hcpf.colorado.gov/sites/hcpf/files/ACC%20Phase%20III%20RAE%20Four%2 ORegion%20Map%20Proposal.pdf
Suman Mathur (she/her) - CHI:	And just updating with the timeline I shared earlier: Draft Request for Proposals for Public Comment: November 2023
	Request for Proposals Published: April 2024
	Vendors Apply to Become a RAE: Spring - Fall 2024
	ACC Phase III Begins: July 2025
Attendee:	Fremont has the same issues, high poverty and zero public transportation
Attendee:	I would agree whole-heartedly with Jody! The problems on the western region is much different than that for us in the San Luis Valley. Our issues/concerns are more similar to those in the Southeast region, so it would make sense to keep us buddied up.
Attendee:	RAE attribution is based on the member's PCMP. Do the population numbers change if you look at the attribution numbers rather than county population?
Ashlie Brown (she/her)   CHI:	HCPF has done several analyses and found similar relative sizes between the county populations and attribution breakdowns.
Attendee:	I worry that there is too much focus on population size and not enough focus on geography, and uniqueness of frontier and rural communities, which can't be understated. Resources could be scaled to pop size.
Attendee:	What is the percentage of clients from outside the San Luis Valley seeking services in the SLV? I believe our clients are traveling outside the SLV to seek services.
Ashlie Brown (she/her)   CHI:	HCPF considered topography challenges and also looked at historical utilization patterns. Frontier, rural, and urban categorizations were also considered.

Attendee:	Rural areas have a definite disadvantage with size which often leads to a lack of understanding and lack of voice (as with many minority populations). We have worked very hard as a region to form partnerships that are collaborative and supportive to meet our unique rural needs. I hate to see such a massive change to
	our collaborative infrastructure. I am not sure that people outside this area would understand what that has meant for our population.
Attendee:	I agree completely with [Attendee]. I'm not sure what number has been used to determine large county numbers in an area. I believe we would be better served for our area putting Hwy 50 south counties with us and be back in Pueblo.
Attendee:	As the current RAE I would like to say we have implemented all of the programs you have mentioned. In addition we have provided over 2.7M in community investment grants. Our Care Coordinators are local, in the community and work closely with our health networks.
Attendee:	A region this large is going to allow a RAE to potentially provide inadequate services to half of the state. It monopolizes the state geographically, even if it is not population wise.
	Historically, Carelon has control of the majority of region 1 and they do not provide the same level of care as Colorado Access or CCHA. If they are given access to even more members, the concern is the level of care will continue to dwindle
Attendee:	I fully agree with [Attendee] and [Attendee].
Attendee:	I also agree with [Attendee] and [Attendee].
Attendee:	I understand you would be moving some south but we are being moved West.
Attendee:	I agree with [Attendee] and [Attendee]. as well.
Attendee:	This is the opportunity to create a southern REA. With the feed back from the group it would make sense to utilize this opportunity.
Attendee:	I agree [Attendee]. I think we need to look hard at a southern REA.
Attendee:	[Attendee] great question.
Attendee:	I agree serious consideration be given to a southern region. I agree with [Attendee] as well, accountability is important when clients are not getting their services.
Attendee:	I don't think any of those regions
Attendee:	Same here
Attendee:	I don't think any of those regions either. I think the 4th region should be Southern Colorado
Attendee:	I don't feel this Poll is an accurate way to capture what has been voiced at this meeting today.
Attendee:	no response
Emily Leung:	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:	also no response.

Suman Mathur	If anyone would like to contact me directly, my e-mail is
(she/her) - CHI:	MathurS@coloradohealthinstitute.org. Thank you everyone for joining us today!
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 -	Past meeting materials, and information on upcoming meetings is available on the
CHI:	Department's ACC III webpage - https://hcpf.colorado.gov/acc-phase-iii-
	stakeholder-engagement
Emily Leung -	If you would like to share your thoughts on this map, please complete this survey
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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	Thanks again everyone for joining us today. I apologize we couldn't quite get to
(she/her) - CHI:	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!

## Question

## stion Answer

will COUP lock-in program continue, which "locks in" a member to a specific pharmacy or PCMH? This has been implemented historically in RAE 4.

Was consideration given to three regions by making R1 and R2 a single region? This would make the member numbers more equitable and we could move away from the conflicts associated with where to put Larimer and Pueblo.

I would consider a) three regions, and, 2) a south and north region for R1 and R2 rather than an east and west region. Mesa, Pitkin, Lake, Summit could stay north. Add Park Jeff, CC, Gilpin, Boulder, Broom to the north and put Teller and El Paso in the South. On the Plains the dividing line would be Yuma and Wash to the North and I would add Elbert to R4. This would address the feedback about US Hwy 50 corridor and equitable ensure population distribution.

Trying to sound as respectfully as possible -- It sounds like this proposal is being defended versus getting feedback to enhance/improve? Is this already a done deal?

The COUP program is for high-utilizers of services. This is a limited number of members. HCPF has not finalized any decisions on whether COUP will continue in Phase III

HCPF and the BHA jointly considered regional maps with only 2 or 3 regions. However, stakeholder feedback on 2 or 3 regions was that it would be too unwieldy as a very large region.

Thanks for this suggestion. We will be sure to capture it in the notes and takeaways.

Thank you for this question. The questions and comments recieved today and in the upcoming regional meetings will inform the final decision on regions. This is not a done deal.