



## MINUTES

### State Medical Assistance & Services Advisory Council

Virtual Meeting

November 16, 2022: 6:00 P.M. – 7:30 P.M.

Virtual Meeting via Google: [meet.google.com/weq-rjts-twy](https://meet.google.com/weq-rjts-twy)

Call-In Number: 1-530-500-4073 Pin: 740412416#

#### 1. 6:00 Call to Order

Kim Jackson

#### 2. Roll Call: MEDICAL ASSISTANCE & SERVICES ADVISORY COUNCIL MEMBERS

Members Excused: Margaret Tomcho & Jill Atkinson

Members Present:

Jill Atkinson

Kimberley Jackson

Erika Alexander

Christopher Newman

Janet Puglisi

Margaret Tomcho

Peter McNally

Jasmine White

Josina Romero O'Connell

Leah Schulz

Diane Ream

J. Ron DeVries

Heather Gitchell

Guests: Frank Quattrone and Mark Queirolo

#### 3. Minutes Approval

Kim Jackson- September 28<sup>th</sup>, 2022 Minutes approved

#### 4. FY 2023-2024 Budget

Frank Quattrone, HCPF

##### FY 23/24 Budget Summary:

- HCPF is the largest state agency by appropriation. It's more than a 3<sup>rd</sup> of the state's budget, almost 15 billion dollars, and is about 30% of the state's general fund.
- As part of the annual budget, the Department submits a projection regarding how much it expects to spend on the Medicaid and CHP+ programs.
- R1-R5 case load driven forecasts are requesting \$178,000,000 in General Funds to account for shifting program needs.
- Most of the funding is to account anticipated for year-to-year growth in the Medicaid program, primarily for long term care programs.
- Major component of our forecast is the Medicaid and CHP+ caseloads. As of June 2022, there were just over 1.6 million people on our programs, a record high. Part of

this was driven by the Public Health Emergency (PHE).

- The budget proposal for FY 23-24 will account for the end of the PHE, which will result in an overall caseload decline of around 11%.
- The budget request includes (3) requests for provider rates which support PCMP (primary care medical providers) transition to more value-based payments.
- Seven requests are for provider rate adjustments which includes several proposed rate adjustments. The main goal is to increase reimbursement providers in order to address workforce shortages.
- A provider rate request related to case management redesign includes funding to align rates for the new case management agencies as we move away from separate single-entry points and community centered boards. The Department is requesting funding to implement a blended rate that helps address previously uncompensated activities.
- Two requests are for greater focus on health disparities and how to address them.
- R8 is the cost and quality indicators which proposes investments in data feeds and infrastructure set up to share reliable and relevant health care data with community partners.
- An additional request was made to promote better care pregnant women and babies, including coverage for Doula services.
- R10 request is for children and youth with complex and co-occurring conditions. This request is to enhance critical services.
- The remainder of the Department's requests are for administrative activities, e.g. converting contractor resources to state staff.

## 5. ACC Phase III

Mark Queirolo, HCPF

Managed Care in Colorado Medicaid:

- An initiative that came out of the Blue Ribbon Commission was design of the Accountable Care Collaborative (ACC).
- Two different systems, managed care for behavioral health with our behavioral health organizations and collaborative care organizations. In 2018, the Department decided to bring the two systems together to created one administrative entity.

Accountable Care Collaborative:

- ACC helps to improve health and reduce costs with four main key pillars.
  - Medical Home: Ensure Medicaid members have a focal point of care.
  - Behavioral Health: Comprehensive community-based system of mental health and substance use disorder services.
  - Regional Coordination: Medicaid members have complex needs and are served by multiple systems. Regional umbrella organizations help to coordinate across systems.
  - Data: Members, providers and the system receive the data needed to make real-time decisions that improve care, increase coordination of services and improve overall efficiencies.



## **COLORADO**

Department of Health Care  
Policy & Financing

### Regional Accountable Entity (RAE):

- The RAE is the administrative entity that oversees whole person support for members.
  - Physical health care: Primary Care Medical Providers (PCMPs) receive a per member/ per month payment.
  - Behavioral health care: providers receive a behavioral health capitated payment.

### Role of RAEs:

- Promote members' physical and behavioral health.
- Contact with a regional network of Primary Care Medical Providers to serve as medical home.
- Administer capitated behavioral health benefit.
- Support providers in coordinating care across disparate providers.
- Provide administrative, financial, data and technology, and practice transformation assistance.

### ACC Phase III Goals:

- Improve quality care for members.
- Close health disparities and promote health equity.
- Improve care access.
- Improve the member and provider service experience.
- Manage costs to protect member coverage and benefits, and provider reimbursements.

For more information visit [Colorado.gov/HCPF/accphase3](https://Colorado.gov/HCPF/accphase3)

## **6. OmniSalud Program for Undocumented Individuals**

Ron DeVries, MSHA

### Center for African American Health:

- Youth program - Funded by a grant from the MBA.
- Perinatal Health - Birth squad refers in part to the certified lactation counselors and consultants.

### Private health insurance & the affordable care act Presentation Overview:

- Talks about the Affordable Care Act, terms, essential health benefits and definitions of those terms.
- Health care cost continuum that shows how you spend your money in the health care delivery system.
- HMOs, EPOs and PPOs.

### Undocumented Programs:

- OmniSalud: Colorado residents without documentation. Financial help available for families with income below 150% of FPL.

- Reproductive Health Care: Colorado residents without documentation who would be eligible for Medicaid if not for their citizenship or eligible immigration status.
- Emergency Medicaid: All people who qualify for Medicaid regardless of citizenship or eligible immigration status.
- Maternal Health Providers: All people who qualified for benefits while pregnant regardless of citizenship or eligible immigration status.

OmniSalud:

- A new health insurance option for Coloradans regardless of immigration status.
- On both the regular marketplace and for this new platform Colorado connect.
- All plans offered through OmniSalud will be CO options plans with a standard set of benefits and cost-sharing.
- SilverEnhanced CO option plan:
  - Standardized set of benefits. How much the customer share is going to be.
- For the first time ever, starting in January 2023, state financial help will be available for Coloradans purchasing a private health plan regardless of documentation status under 150% FPL; those over the income limit will be able to purchase plans at full price.

## 7. Council Engagement

Kim Jackson

## 8. Round Robin

Kim Jackson

## 9. Adjournment

Kim Jackson

### Next Meeting will be held on January 25<sup>th</sup> from 6pm-7:30pm

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the board coordinator, [amanda.haider@state.co.us](mailto:amanda.haider@state.co.us), or 504/ADA Coordinator, [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us), at least one week prior to the meeting to make arrangements.