Improving and Bridging Systems Subcommittee
Minutes

Meeting Information			
Date	Thursday, October 4, 2018	**Time**	1:00 – 2:30 PM
Location	303 E 17th Avenue, 11th Floor, Room 11C	**Call-in Number**	1-877-820-7831 // 946029#
Committee Purpose	Serve as a laboratory for strategic innovations and guidance that bridge and integrate systems for Health First Colorado members, particularly those with complex needs and who require services and care coordination across systems.		
Meeting Purpose	Develop scopes of work for proposed Corrections recommendations (see back)		

Meeting Attendance	
Voting Members and Participants	**Invited Guests**
Candy Wolfe, Van Wilson, Joanna Martinson, Abigail Tucker, Carol Plock, Terri Hurst, Ben Harris, Manny Melles, Joseph Anderson*, Clara Cabanis*, Carol Ann Hendrikse*, Jamie Zajac*, Louisa Wren*, Vicki Sanchez*, Schivonne Keller*, Harriet Hall*	

Meeting Items					
Item No.	**Time**	**Owner**	**Description**	**Attachment**	**Action No.**
1	1:00 – 1:05	CP	**Roll call and August and September minutes' approval**. Carol called the meeting to order at 1:05PM. No quorum was present until 2:29PM. Minutes were subsequently approved.	1,2	
2	1:05 – 1:20	BH	**September meeting follow up**. Ben gave an update on the following items from September's meeting. • MMP Demonstration Final Report. The Department staff overseeing the final report has been on paternity leave. As a result, the report is still in eClearance. • BUS Access. Ben still needs to coordinate with his respective colleague on the status of these requests. Van mentioned that CCHA's request had been approved. Ben still committed to following up for other RAEs.		
3	1:20 – 2:25	CP/All	**Develop scopes of work for Corrections recommendations**. Carol said they were still waiting to present their recommendations to PIAC for approval. Despite that, she wanted the group to do some visioning work for each recommendation in the meantime. She asked the group to consider each recommendation and think about how each could be implemented. For the first recommendation, Terri said that while DOC has improved their enrollment processes, members were still showing up to practices without full enrollment or their Medicaid card. Candy added that she wanted	3	1

members to know what their benefits were. Carol suggested that this recommendation really apply to work done pre-release and wondered what that would look like. Joanna said that facility case managers should perform education and set up proactive appointments.

Abigail suggested that the group start with the fifth recommendation because that really outlined the collective measures of success. From there, they could work backwards. Terri agreed and said that facilities often thought things were being done and were succeeding, but things weren't always successful in the community. Abigail asked what the RAEs' requirements were for this population. Ben said that the RAEs' contracts did have expectations to provide assistance with transitions from the justice system. However, they were fairly loose and broad because it was still unclear what intervention was best for every region. He did clarify that RAEs could not be involved in the eligibility processes as that would be a conflict of interest. Instead, DOC has had to partner with the Department to gain access to PEAKPro to submit eligibility paperwork to medical assistance sites for final processing. Terri added that there was a statute that required DOC to help enroll eligible members into Medicaid.

Carol clarified that the bulk of this recommendation applied to DOC. She wondered whether they had any financial incentive to do so. Terri said that enrolling them into Medicaid while incarcerated afforded them a hospitalization benefit, which saved them millions of dollars over the course of state fiscal year. Ben added that access to health care could help reduce recidivism rates as well. Joanna added that recommendations one and two really went together as two relied on one. Carol asked about the perspective of enrollment with jails. Abigail said that jails had more flexibility to work with community partners directly and could receive feedback on their enrollment progress. She wondered how DOC's success could be measured. Ben said they could track outcomes for DOC through the data sharing agreement (DSA) between DOC and the Department. DOC and the Department also participate in a monthly call to discuss the implementation and success of the DSA. A few people wondered what the benchmark for success should be. Ben suggested looking at historic data, which the Department had.

			Carol asked the group what else could be added to bring to life recommendation one. Candy added to Terri's initial comment that members were still showing up as incarcerated at appointments. Abigail suggested that members not only leave DOC facilities with full Medicaid benefits but that they receive proactive education and appointments as well. Ben and Van suggested that RAEs could compare their DSA lists with their 834 enrollment files to see if full Medicaid was allowed. Carol suggested that the group develop a flowchart of all the steps and actors involved. Joanna asked if medical data was transferred through this work flow. Van and Ben said yes, but only in the form of DOC risk codes.		
4	2:25 – 2:30	BH	**Sub-committee housekeeping**. Terri announced that CCJRC had produced its latest member education materials. They were available for the broader public. Carol adjourned the meeting at 2:31 PM.		

Meeting Action Items					
Date Added	**Action No.**	**Owner**	**Description**	**Due Date**	**Date Closed**
10/4/2018	1	BH	Re-entry work flow.	12/5/2018	

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Ben Harris at 303-866-2399 or benjamin.harris@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

COLORADO
Department of Health Care
Policy & Financing

Recommendations for Corrections-Involved Members
1. Expand Proactive Eligibility and Enrollment
2. Provide Timely Care Coordination and Care Continuity
3. Engage Members in Their Health Care Coverage
4. Leverage Trusted Community Partners
5. Ensure Health Care Coverage Continues

10/4/2018 Discussion Questions

- If implemented, how would this recommendation look?
- What changes need to occur?
- Who would be involved and what would their roles be?
- How difficult would it be?
- How would stakeholders involved measure success?