

RMHP Mountain Health Plans (RMHP) Case Management Agency (CMA) Community Advisory Committee (CAC)

Zoom Link: Join Zoom Meeting
<https://us02web.zoom.us/j/83986907614>
 Meeting ID: 839 8690 7614

Executive Summary:

- Facilitators and members of the Community Advisory Committee met without RMHP leadership to discuss complaints for the first 45 minutes of the Committee meeting. The Committee discussed complaint trends, focusing on communication gaps, case manager workload, and exploring reassignment of case managers. The facilitators drafted a summary and list of recommendations that were discussed within this time and sent the report to RMHP leadership for review. This was the second meeting where the Committee will try this idea and then re-evaluate to figure out if it is working.
- The Committee reviewed CMA operational data, member feedback, and current system challenges, with a focus on identifying opportunities for improvement and ongoing collaboration. The meeting ended with public comment and Governing Body updates.

COMMITTEE MEMBERS

Name	Lived Experience	Agency & Affiliation	Attendance (In-person/ Virtual/ Absent)
Community Advisory Committee Members			
Alexia Gruis	<input checked="" type="checkbox"/>	Community Member, DSA 16	Absent
Aubree McKinney	<input checked="" type="checkbox"/>	Provider, Family Voices CO, Family Navigator, DSA 18	Absent
Autumn Wynn	<input type="checkbox"/>	Community Member, DSA 14	Virtual
Danielle Angotti	<input checked="" type="checkbox"/>	Provider, ARC of West/Central CO, DSA 18	Absent
Diana Connor Reed	<input type="checkbox"/>	Provider, MLS Senior Care	Virtual
Elaine Wood	<input checked="" type="checkbox"/>	Provider, ARC of West/Central CO, DSA 18	Virtual
Jennifer Pieroni	<input checked="" type="checkbox"/>	Provider, Harmony House, DSA 16	Virtual
Jerrica Thurston	<input checked="" type="checkbox"/>	Community Member, SlopeCares, DSA 17	Virtual

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Kelly George	<input checked="" type="checkbox"/>	Community Member, Parents & Caregivers Connection Group, DSA 14	Virtual
Lindsey Garey	<input type="checkbox"/>	Provider, Horizon's Specialized Services, DSA 16	Virtual
Molly Bischoff	<input type="checkbox"/>	Member, DSA 13, Chaffee County	Absent
Patricia Moncada	<input checked="" type="checkbox"/>	Mosaic, DSA 17	Absent
Rob Harris	<input checked="" type="checkbox"/>	Community Member, DSA 17	Virtual
Sandra Acevedo	<input type="checkbox"/>	Provider, Hilltop, DSA 17	Absent
Tiffany Waugh	<input type="checkbox"/>	St Mary's Hospital, DSA 17	Absent
Facilitators and CMA			
Alison Sbrana	<input checked="" type="checkbox"/>	Facilitator - CCDC	Virtual
Julie Reiskin	<input checked="" type="checkbox"/>	Facilitator - CCDC	Virtual
Billie Bemis	<input type="checkbox"/>	RMHP CMA VP LTSS	Virtual
Heather Murphy	<input type="checkbox"/>	RMHP CMA Co-Director & FSSP Program Coordinator	Virtual
Erica Anderson	<input type="checkbox"/>	RMHP CMA Co-Director	Absent
Sheila Worth	<input type="checkbox"/>	RMHP CMA Contract Lead	Virtual
Ethan Storeng	<input type="checkbox"/>	RMHP CMA CQI Lead	Virtual
Aly Austin	<input type="checkbox"/>	RMHP CMA Member Family Liaison, CMA/RAE Liaison	Absent

1. Welcome and Overview of Agenda

Brief welcome and reminder of the trial meeting format. RMHP will join in 45 minutes. The meeting was called to order at 1:03 PM in a closed session to discuss complaints.

2. Complaint Review and Discussion (Facilitators and CAC Members only)

The Committee opened with a closed-session complaints discussion. Members expressed deep frustration with the current format, questioning whether the process produces meaningful outcomes.

A detailed report was provided to RMHP on 5/29/26. Key recommendations are outlined below.

Recommendations:

- a) Can the Committee see the training and workflows the case managers have? If they can see the workflow process, they might be able to understand what is happening and be more helpful.

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- b) Could RMHP transition case managers to one system instead of using excel spreadsheets? Committee members perceive this to be confusing and may be causing things to fall through the cracks.
- c) Could Ethan be present for the Committee to ask questions -- then let the Committee have time to discuss it privately. This would be to ask about things like trends, not specific complaints. The kinds of questions Committee members had included, but are not limited to, "Is this the same case manager, supervisor, DSA" for cases where things appear to be falling through the cracks. Committee members understood this would not be to delve specific details of complaints but to ask questions and discuss trends.

3. CMA Data Update

Billie and Heather presented RMHP's CMA operational data, covering pending intakes, referrals, level-of-care assessments, and late items.

Highlights and comments include:

- Increase in pending intakes and pending level-of-care assessments, and a significant decrease in pending referrals. Note the pending referral figure showing zero was likely a data error and would be corrected.
- Explained that definitions for pending referrals and pending intakes were recently updated, which may account for some of the numerical shifts.
- Significant and continuing increase in referrals over recent months, extending into April and May 2026, though the cause is unclear. Julie asked whether other CMAs across the state are experiencing similar referral increases; Billie agreed to raise the question in an upcoming CMA executive meeting.
- Elaine: Commented that she found the late/missed monitoring data as particularly concerning, noting that the data system has made it very difficult for the CMA to do an important piece of the work, and that high caseloads are making it increasingly difficult. Alison added this to her list of potential future agenda items.
- Billie provided context that in March, there were only 22 late/missed monitoring visits out of nearly 6,500 members, though acknowledged the ongoing challenge of administrative burden on case managers.
- Rob (via chat): Questioned whether the data is reviewed for accuracy before being presented to the committee.
- Jerrica asked whether RMHP's ongoing efforts to redistribute administrative tasks away from case managers would reduce missed deadlines going forward.
- Billie: Confirmed this has been an ongoing effort since the beginning of the CMA, and that the job has become increasingly paperwork-heavy rather than member-focused.

Subtopic: System-Generated Letters Causing Member Confusion (LOC/CSR Letters)

Jerrica raised concerns about letters being sent to members indicating their services may end, causing widespread alarm among members and providers.

- Jerrica: Described receiving a letter stating her son's services would end May 31st, despite his annual review not being due until July/August and noted similar concerns circulating on social media.
- Heather: Explained three distinct letter/situation types causing confusion:
 - 1) A new "speed letter" from HCPF intended to go out 60 days before certification end date if a level-of-care has not been submitted, but which went out 90 days early due to a glitch;

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- 2) A system sync issue where completed level-of-care submissions were not registered in the batch data run, generating erroneous letters;
 - 3) The end of the automatic 60-day financial eligibility extension as of January, which generated letters that were confusing in their language.
- RMHP and HCPF are working to resolve the system sync issue without requiring CMAs to redo submissions. RMHP is proactively communicating with partners. This problem, caused by state systems, is driving more work on everyone involved.

4. CMA Member Satisfaction Survey Results

Sheila presented the results of the annual member satisfaction survey sent to 10% of CMA members (508 surveys, 58 responses, 11.4% response rate).

- Key findings included: 94% of respondents felt comfortable talking to their case manager; 70% received responses within 1–2 business days; 95% said case managers helped them find answers; 72% agreed case managers offer provider choice; 95% reported overall satisfaction. Recurring concerns included: frequent case manager changes, difficulty reaching case managers, lack of awareness of available services, and home health service cuts.
- Noted that 42% of respondents said they did not know how to file a complaint, prompting RMHP to reinforce with case managers the importance of explaining the complaint process.
- Confirmed that all 17 members who requested case manager contact have all been followed up with.

Suggestions by Committee Members

- Jerrica: Suggested sending the survey twice a year to increase feedback volume and proposed changing the timing to September to avoid spring break and holiday periods.
- Kelly (via chat): Suggested sending in late January with a February reminder and a March deadline, giving 90 days for completion.
 - Billie: Acknowledged the survey is a significant operational lift and that twice-yearly distribution may not be feasible in the current environment but agreed to consider timing changes.
- Elaine: Suggested adding a question about which type of services or waiver the respondent is on, to allow for more granular analysis.
- Kelly: Supported adding waiver type as a data point, noting that CHRP waivers are not accessible in some frontier areas even when members would qualify, making waiver-level data important.
- Diana: Raised concern that many of her members (particularly those with dementia or cognitive disabilities in assisted living) would be unable to complete the survey independently, and asked whether providers could assist in a structured, unbiased way.
 - Billie: Acknowledged these challenges, noting that having providers assist could introduce bias, and suggested the issue warrants further discussion.
 - Julie: Offered to research how the Core Indicators project and an IDD-focused research team handle survey accessibility for people with cognitive disabilities.
 - Elaine: Noted that Core Indicators uses independent interviewers (not providers or

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case managers) and sometimes conducts surveys in person or by phone with support persons present.

- Rob (via chat): Noted that two CAC members received surveys despite the 10% random sample from 6,500 members, flagging the statistical oddity.
 - Sheila: Confirmed the sample is generated by a separate data team with no involvement from the CMA, ensuring independence.

Action Items

- The PowerPoint presentation will be available on the website along with the minutes.
- Considerations for next year's survey:
 - Survey timing and questions about waiver and service type
 - Survey accessibility for members with cognitive disabilities
- Julie will research how Core Indicators and IDD research teams handle survey accessibility and share findings.

5. Policy Review

- Member Satisfaction Policy – Alison requested a quick committee approval of the updated member satisfaction policy, noting changes to the policy from the last review. Julie noted that electronic survey availability was added based on prior committee feedback, and while adoption was low this cycle, it is expected to grow over time. The policy was unanimously given a thumbs up.
- Complaints Policy – Moved this review to a future meeting as we ran out of time.

6. Governing Body

Public Comment

There were no public comments.

Governing Body Updates

Patrick Gordon, RMHP President and CEO, provided updates.

- Described the current period as one of heightened change, with new service caps, exceptions processes, and a potential new assessment tool to replace the 100.2, all creating significant downstream impacts on case managers.
- Outlined three internal initiatives underway:
 - 1) Reducing dual documentation in RMHP's own clinical system to free up case manager time;
 - 2) A comprehensive restructuring of staff classification and compensation to better reflect job complexity and create career pathways;
 - 3) Removing frontline case managers from the decisioning process around caps and exceptions to allow them to focus on member connection and needs assessment.
- Expressed concern about change fatigue across the organization and suggested that the rollout of the new assessment tool should potentially be delayed until the Care and Case Management (CCM) system is more stable.
 - Billie: Confirmed that change fatigue has been continuous since the case management redesign began approximately two years ago.

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Comments:

- Elaine: Described the current state as "change whiplash" rather than merely change fatigue. Expressed skepticism about HCPF's ability to execute changes on promised timelines, citing a long history of delays and unclear implementation guidance.
- Patrick: Acknowledged that advocacy to HCPF for expanded CCM access and workflow configuration rights has yielded limited results to date but committed to continuing.
- Diana: Expressed strong objection to any proposed case manager compensation increases, stating she was "very offended by this" and citing the disparity with direct care workers earning \$18/hour who are now facing rate reductions, and questioning the source of RMHP's funding. Patrick clarified that the compensation restructuring is funded from RMHP's own operational margin, not additional Medicaid funding, and maintained that retaining staff is essential to program continuity. Diana disputed Patrick's characterization of case manager's responsiveness, stating that case managers frequently do not answer phones. Patrick respectfully disagreed with Diana's characterization and invited her to document and send specific instances.
- Jerrica: Supported Patrick's advocacy position regarding the new assessment tool, agreeing that further change risks losing case managers and creating compliance failures, and reiterated the need for an integrated workflow system within RMHP rather than multiple Excel sheets.
- Rob (via chat): Requested access to RMHP's financial statements; Sheila directed the group to the Transparency page on RMHP's website under Financial Statements. A link and screenshot was made available in the chat (<https://www.rmhp.org/programs/cma/transparency/>).

7. Wrap Up/Next Steps**Action items:**

- **Facilitators**
 - The facilitators will draft a list of recommendations identified during the complaint discussion and send the list to RMHP leadership for review and consideration.
 - Note ideas for future agenda topics (monitorings, survey accessibility).
 - Note ideas for Member survey timing and survey content suggestions.
 - Research how Core Indicators and an IDD-focused research team (Chicago-based) handle survey accessibility for people with cognitive disabilities, and share findings with the group.
- **RMHP CMA**
 - Address pending referral data correction as appropriate.
 - Raise the question of whether other CMAs are experiencing similar referral volume increases at an upcoming CMA executive meeting.
 - Post the Member Satisfaction Survey PowerPoint presentation along with the minutes.

8. Adjourned 3:06 p.m.**FY25-26 Summary of Committee Suggestions and Results**

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Committee Idea or Suggestion	CMA Follow-up Actions
Policy and Marketing Material Suggestions	RMHP implemented feasible changes to policy and marketing materials. Ongoing.
Request for Data by DSA	RMHP provides a CMA Data Update at each meeting. Expanded to include data by DSA.
Public Comment – add email option	RMHP created a new email (CMA-Public-Comment@uhc.com) and posted on the website.
CAC Membership Term Limits	RMHP implemented.
Request to change CMA case manager caseloads.	RMHP evaluated the request. RMHP must remain compliant with HCPF contract and guidelines. No change made.
Peer Support Expectations	RMHP had already evaluated similar options prior to setting its current structure.
Medical Necessity Requirement – Request to change process.	RMHP evaluated the request. RMHP must follow regulatory and corporate guidelines. No change made.
CAC Meeting Structure	Meetings were restructured in both 2025 and 2026 addressing the concern for more time and an easier review structure.
Person-Centered Thinking Training Supplemental Training Leadership/Coaching Books to Read	Already in place – both external and internal. HCPF is releasing additional trainings. RMHP remains open to reviewing additional training that may be feasible to implement.
Online Grievance Form – Desire for Anonymity	RMHP considered. It is difficult to solve problems when detailed information is not provided. Complaint procedure available online as required by rule.
Community Feedback Sessions	Implemented provider meetings in each DSA.
Member notifications for extended leave of absence.	RMHP implemented.
Member Surveys: <ul style="list-style-type: none"> • Online, email, paper, QR code, add to website, with consideration for rural areas. • Suggestions to content/questions. 	RMHP already had online, email, and paper version available. RMHP will explore the feasibility of using QR codes within the United framework. RMHP will add the survey link to the website at the time of distribution. RMHP will consider suggestions for content, balancing additional content/questions with overall length.
Consider implementing address/contact info check during quarterly monitoring to help prevent communication gaps.	RMHP implementing.
Recommended language changes (flyer, survey, cover letter)	RMHP implemented.
CAC Agenda Change – Committee independent discussion time.	Will pilot in March and May, then reevaluate.
Create CES Enrollment/Reenrollment Checklist	RMHP implementing.
Debrief discussions after family prompted reassessments.	RMHP implementing.
CAC P&P - Consider adding language about tracking recommendations and	RMHP implemented.

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Committee Idea or Suggestion	CMA Follow-up Actions
outcomes.	
Using plain language templates for mail or email for members to explain the cuts.	Facilitators will monitor for completed guidance from Arc of Aurora and the DD council to serve as the foundation of this plain language guidance. CAC members Jerrica and Alexia offered to help with reviewing the material. RMHP will review final product and consider implementing it.
Survey Accessibility Research	Facilitators will research how Core Indicators and an IDD-focused research team (Chicago-based) handle survey accessibility for people with cognitive disabilities and share findings with the group.