RAE1 San Luis Valley PIAC Meeting Notes January 2026

01/09/26

9:00am-11:00am

All virtual on Teams

Attendees: Internal: ReNae Anderson, Kim Herek, Nacole Johnson, Cris Matoush, Angela Nottingham, Meg Taylor, Violet Willett

External: Joni Adelman*, Ted Anderson*, Jania Arnoldi, Sara Briggs, Lea Chavez, Katie Dentler, Laura DiPrince*, Tom Franchi, Kelly George*, Kristina Gomez, Monica Gomez Zanolini, Antonio Gurule*, Jody Kern, Shiela Luna, Emelin Martinez, Leova Mascarenas*, Diamond Mobbley, Cassidy Pacheco*, Ann Marie Pruden, Audrey Reich, Heather Schenkel, DeeAnn Sierra, Jennifer Silva, Danielle Sondrol*, Amy Strasssser-Garcia, Sharon Steadman, Nicolas Valdez*, Jazmin Vigil, Kay Whitley,

Alamosa Public Health, Boys and Girls Club of San Luis Valley, DentaQuest, HCPF, Huerfano County Hospital District, Physicians Services-Blanca Avenue, Rio Grande Hospital, Rio Grande Hospital Clinics, San Luis Valley Behavioral Health Group, Silver Threads-Public Health, Spanish Peaks Regional Health Center, The Steadman Group, Valley-Wide Health,

*Indicates voting member

Welcome -ReNae Anderson (RMHP)

Update on Voting Members: Positions are being filled, but would like recommendations from the group

- Voting Member Vacancies
    - Medicaid members (2)
    - Medicaid Family Member/Caregiver (1)
    - Health Neighborhood (1)
    - Private Primary provider (1)
    - Private Behavioral Health (1)
    - Health Alliance (1)
    - Criminal Justice Advocate (1)

- Older Adult Representative (1)
- LGTBQ+ Representative (1)

Leadership Report -Kim Herek, (RMHP), Meg Taylor (RMHP)

Healthy Colorado for All Regional Committee Update

- Improves health equity across region
- Reviewing applicants
- Decision will be made and sent out later in January or early February
- Will meet twice by June

Care Coordination Redesign

- Getting strategy in place
- Identify community care teams, especially in this area

Quality Program

- This is moving forward
- Providers notified of program
- Determined who is eligible to participate
- Incentive program for providers
- Providers received letters in early December 2025
- Practices determined what measures will be used

Prior Authorization for Outpatient Behavioral Health

- Previously stated prior-auth needed for members over 24 visits
- Policy has moved to RAE's discretion
- Rocky is not implementing a prior-auth at this time
- If this changes, there will be a 90-day notification process
- If Rocky implements this, they will not do retro reviews, as HCPF states may happen

Measurement Based Care

- Rocky deliverable report to complete
- Will be surveying BH providers
- Providers interested in building measurement-based care
- Rocky would appreciate BH providers responding to the survey

- This is taking a measurement along an individual's care journey
- Want to know what to adjust in treatment plan for improvement in individuals' behavioral health care

Key Performance Indicators (KPI) Report -Kim Herek, (RMHP)

- KPI measures and incentive dollars distribution changes
- Two separate programs; RAE KPI program and incentive Program for PCMPs
- Two different tracks within Incentive Program for PCMPs

<u>RAE Quality Incentive Program</u>

- For RAEs to may earn incentive payments based on performance
- Annual incentive for reaching certain thresholds
- In transition period for 18 months
- Lots of movement in measures and how RAEs are being evaluated
- State looking for percentage of PCMPs in region that are engaging in Quality Incentive Program
- Transitions of Care measure is also evaluated
- Understanding successful follow-up after discharge from ER

<u>PCMP Quality Incentive Program</u>

- Majority of incentive funds are paid into PCMP Quality Incentive Program
- Providers must meet the measure thresholds that they are evaluated on.
- Two Separate Tracks within this program
- Size of practice determines which track
- All practices enrolled in Practice Transformation Track on 07/01/25
- Practice identifies up to two quality improvement activities
- Setting mid-year and annual goals
- RAE monitoring progress
- Practices notified in December which track in
- This determines if PCMPs will also be in the Performance Track
- Based on size of practice
- All have set measures to follow
- Depending on denominator and following 4 measures will be in Performance Track
- January 1, 2026, is start of first performance track

- PCMP will be paid for first 6 months incentive
- Evaluation will be for entire calendar year and incentives determined after this

Measures RAEs are evaluated on

- Working with PCMPs for activities to include
- Behavioral health assessment for those released from state prison
- Prenatal and post-partum care
- Overall aggregate performance that the practices are working on
- These KPI measures will bring to the PIACs at each PIAC

Group Q & A:

- Would you comment on the APM2 or former APM2, in relationship to the PCMP Key Performance Indicators, for our organization to participate in. There seems to be confusion if it will be rolled into ACC 3.0 or if we participate independently?
    - A: The APM2 program has sunset. It has essentially rolled into ACC 3.0. The state is trying to move to a measure once, pay once strategy. Practices should be receiving information on their intent to participate in the Perspective Payment Program, which was a component of APM2. You can continue participating with pay per service for reimbursement or move to this prospective payment program. All the measurement and evaluation criteria have moved into ACC 3.0.
- Will the state look to RMHP for the data if we move to the new program?
    - A: They will look for eligibility and some of the criteria, however, the state will be making final calculations for these measures. The data you send to RMHP from the ECQM data is internally. We use it for quality measure purposes. This hopefully sets the practice up for better success.

ACC 3 Deliverables

- PIAC will review deliverables per contract requirements
- Strategic plan to provide insight and feedback to group
- Annual Network Management Strategic Plan report
- Quality Improvement Plan report
- Population Management Strategic Plan report

Dental Benefit Update -Heather Schenkel, (DentaQuest)

Overview of DentaQuest

- Dental benefit administrator for Medicaid and CHP+
- 2100 providers for Medicaid and 1600 providers for CHP+
- Recruitment has been made for dentists and endodontists
- Dental desert, in many areas, throughout RAE and state
- Provider team, Member team and Case management team

Provider Team

- State divided into territories

Member Outreach Team

- Work with members and community partners
- Oral health outreach
- Assist in many areas
- Include community outreach
- Help to understand oral health important
- Nutrition importance
- Understand dental benefit
- Share resources
- Support for families
- Engage with community partners for events in community

Case Management Team

- Members voluntarily opt in
- Active outreach for newly enrolled members
- Members may have SDOH issues or complex health
- Dental self-sufficiency in setting goals
- Provide language interpretation and ASL

Benefits

- At this point, no changes will occur, until they are alerted to it.
- Adults and children, with adults 21 and older and child 20 and under
- No out-of-pocket costs

- No annual maximum for covered services
- Orthodontics covered, if necessary, for children
- Children get 2 cleanings a year, but may have more if dentists say
- Adult IDD waivers have standard adult benefits and waivers that allow up to $2000 for additional services
- CHP+ benefit defines a child as 18 and under
- CHP+ has co-pays
- Covers pregnant women
- Coverage ends for pregnant women 365 days, after the last day of the month when the pregnancy ended
- This is for birth, stillborn, miscarriage, etc.
- Orthodontics is different with CHP+, eligible after 365 day waiting period
- All members have wellness programs
- Broken Appointment and will work with members for this problem
- Smiling Stork for pregnant women and educate oral health important for mother and newborn mouth

<u>Group Q & A:</u>

- This is around requirements for providers to have information available at the counters, for members to know specifically regarding the travel options. Is there any kind of requirement for providers to do this?
    - A: Not currently as a requirement. When provider team educates practices, this information is given to them. However, when it comes to staff changes, the information may not be transferred. The provider needs to cooperate, as they must sign the paperwork, so it will be brought to the team to discuss.
- Is there a partnership between DentaQuest and WIC?
    - A: We reach out to WIC offices across the state. We help with education. There is no mandated outreach partnership with WIC, but we do it. Will be starting an oral health ambassador program for community organizations to work together with DentaQuest.
- When it comes to reimbursement rates for providers, is there any exploring of giving different support, such as equipment, such as specialty equipment?

    - A: We do have travelling anesthesia providers that could assist with this. Historically, general dentists don't like doing some procedures. Funding is determined from federal and state, so it is difficult in changing those things.
- With the Smiling Stork program, some rural areas don't have ob/gyn clinics. Where is the outreach in this case?
    - A: We outreach to all FQHCs. Wellness programs are separate. It is also done through claims through the state. It is directly to the members, not the offices.
- Comment: San Luis Valley Health has OB/GYN available. Also have pediatrics and interest in adding these services to the practices.
- Pertaining to case management for members with specific challenges, how do members get referred into that program?
    - A: Typically, unless we hear from a RAE or provider, we don't know. If there are people that this would benefit, please reach out to us.
- Is there a member correspondence council for DentaQuest?
    - A: No, although our customer service speaks to lots of members. We reach out to RAEs and gain information from their member councils.

Care Coordination - Violet Willett (RMHP)

<u>RAE (Regional Accountable Entity) Region 1 Basic Information</u>

- Medicaid, CHP+
- 34 counties
- Hybrid Care Coordination model
- Rocky employees and local partners do care coordination
- Known as community integrated care teams
- Same expectations, training, workflow, etc.
- Partner with many community-based organizations

<u>Care Coordination Model</u>

- Use risk modeling tool to determine risk scores for all members
- Top 10% high risk outreach
- Clinical events where members have something outside of regular primary care, such as ER, PT, etc.
- Want to support during these times
- Work with specialty populations, identified by state and Rocky

United Healthcare Community Plan | Rocky Mountain Health Plans, A UnitedHealthcare Company | Health First Colorado, Colorado's Medicaid Program, In partnership to better serve you

Referrals

- Take referrals from anywhere
- Community engagement outreach
- Assess physical health needs and behavioral health needs. This includes housing, food security, etc.
- Connect with providers and resources
- Support members through transitions of care
- Daily outreach to all inpatient facilities
- Direct integration
- Care coordinators are RNs, social workers, general outreach coordinators, etc.
- All have specialized focus and expertise
- Spanish speaking available

How can care coordinators help?

- Schedule NEMT
- Find providers
- Schedule appointments
- Attend appointments, if have resources
- Make referrals
- Housing
- Connect with community resources
- Case conferences

Referral Process

- Try to make it easy
- No form to fill out
- Email rmhpcaremanagementreferrals@uhc.com
- Provide basic information and who to respond to
- Will make two phone contacts before sending a letter
- Don't always have quick answers
- Always want to provide support and resources
- Community Resource Network
- May always make referral through this

- May always do telephonic referral, but goes to nation team
- Local is best with email and will respond
- Fliers available

BHASO (Behavioral Health Administrative Organization)

- Crisis Services
- Care Coordination
- Programs for Youth and children
- Signal has the other 3 regions
- Even if in a different region, RMHP works closely with Signal and will relay information
- Programs for substance use disorder, prevention, treatment and recovery
- Care coordination
- Don't have Medicaid, uninsured or underinsured
- 988 mental health line

CMA (Case Management Agency

- 19 counties
- Long Term Services and Supports
- Works with people on waivers
- Care coordinators can connect to case management resources
- Team member that is a waiver specialist

Group Q & A:

- Is there a single place where someone outside of a community organization can find more resources on care coordination? Is there one easy access point?
    - A: I don't know if there is a centralized hub, but there are lots of different ways to get the word out. We participate in many community meetings and able to do presentations in the community. May simply send questions to Rocky referral email.

Public Comment

- Q: Do you have a newsletter where people can subscribe and sign up?
    - A: We are usually included in the provider's newsletters. Information is updated on the website, and we align with the state and what they are posting. We blast

newsletter information to providers. Also have an ACC landing page, where much information, at least on providers side, with lots of information and updates.

- Q: Would like to see more of a community or public type newsletter, geared to the public, sharing information and how people can get involved.
    - A: Please provide advocacy groups our information and would like to invite them to this meeting.

Closing -ReNae Anderson (RMHP)

Next meeting on April 10, 2026.