HCPF/County Directors & Leadership
Monthly Support Call

September 26, 2023

Agenda

- Agenda Requests: County Topics - 15 minutes
- ACC Phase III - Concept Paper - 60 minutes
- COVID Unwind Projects and Workload Impacts - 30 minutes

Agenda Requests: County Topics

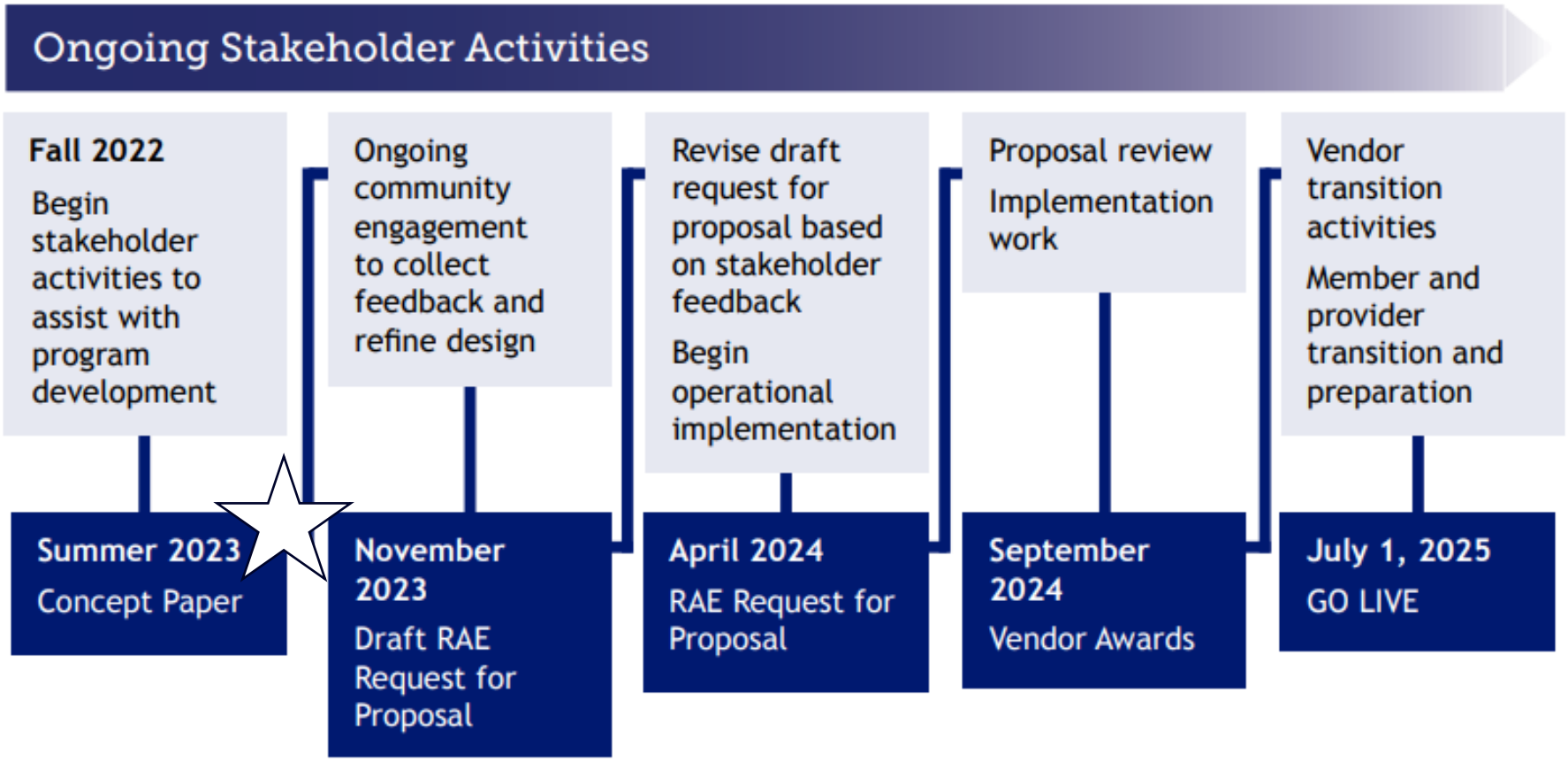
Presented By: Lexie Kuznick

ACC Phase III: Concept Paper

Presented By: Matt Sundeen & Katie LoNigro

Today's Agenda

1:00 – 1:15 p.m.	Background & Overview
1:15 – 1:35 p.m.	Deep dive: attribution
1:35 – 1:55 p.m.	Deep dive: care coordination
1:55 – 2:00 p.m.	Wrap-Up


Ongoing Stakeholder Activities
Fall 2022
Begin stakeholder activities to assist with program development
Summer 2023
Concept Paper
Ongoing community engagement to collect feedback and refine design
November 2023
Draft RAE Request for Proposal
Revise draft request for proposal based on stakeholder feedback
Begin operational implementation
April 2024
RAE Request for Proposal
Proposal review
Implementation work
September 2024
Vendor Awards
Vendor transition activities
Member and provider transition and preparation
July 1, 2025
GO LIVE

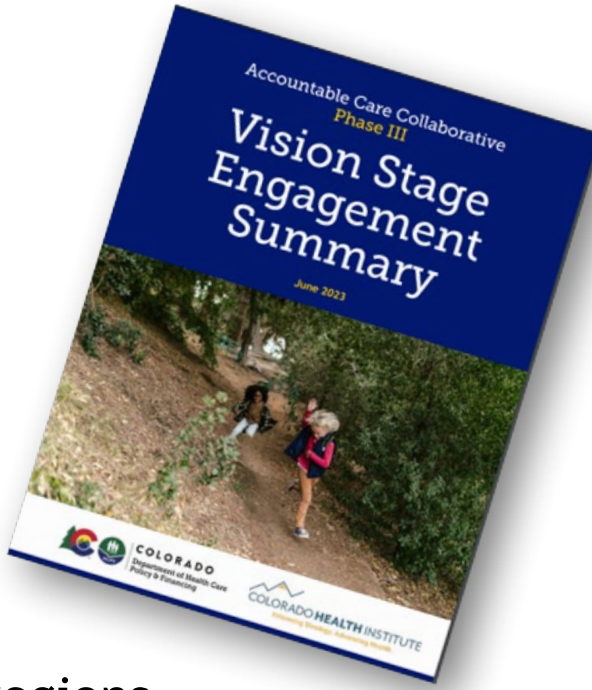
What we've heard:

What's working well:

- Majority of members are getting the care they need
- Providers engaged with RAEs appreciate resources and support
- Regional model acknowledges that different parts of Colorado have different needs
- Care coordination for those who are actively engaged
- Existing member engagement councils

What needs improvement:

- Process and administrative barriers
- Inconsistency across 7 regions
- Alignment with other entities in midst of statewide changes
- Care capacity and access
  - Services for children and youth



Goals for ACC Phase III

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1. Improve quality care for members.
2. Close health disparities and promote health equity for members.
3. Improve care access for members.
4. Improve the member and provider experience.
5. Manage costs to protect member coverage, benefits, and provider reimbursements.

1. Improve quality care for members.

- Aligned strategic objectives
- Standardize incentive payment measures
- Standardized children's benefit
- Children and youth intensive care coordination
- Behavioral Health Transformation

2. Close health disparities and promote health equity for members.

- Implement existing regional health equity plans
- Use equity-focused metrics
- Equity requirements for RAEs
- Explore expansion of permanent supportive housing services
- Explore providing food related assistance and pre-release services for incarcerated individuals
- Leverage social health information exchange tools

3. Improve care access for members.

- **Clarify care coordination roles and responsibilities**
  - **Create tiered model for care coordination**
- **Strengthen requirements for RAEs to partner with community-based organizations (CBOs)**
- Explore innovations to current behavioral health funding system to fill gaps in care (Behavioral Health Transformation)

Reference: Senate Bill 23-174

4. Improve the member and provider experience.

- **Enhance Member Attribution process to increase accuracy and timeliness**
- Increase the visibility of and clarify role of the RAE
- Reduce administrative burden on providers through behavioral health transformation efforts
- Reduce total number of regions

Reference: House Bill 22-1289

5. Manage costs to protect member coverage, benefits, and provider reimbursement.

- Improve administration of behavioral health capitation payment
- Improve alignment between ACC and Alternative Payment Models
- Implement new Alternative Payment Models

Deep Dive: Attribution

Definitions

- **Primary Care Medical Provider (PCMP):** focal point of care for a member, has a formal relationship with one RAE
- **Attribution:** the formal connection between a member and the ***PCMP*** based on member choice, utilization, family, or geography
- **Assignment:** the formal connection between a member and the RAE or MCO
- PCMPs are connected to one RAE/MCO. *PCMP attribution drives RAE/MCO assignment*.

Enhance member attribution process to increase accuracy and timeliness

RAE assignment in one of two ways for Phase III:

1. Member attributed to a PMCP via utilization or member choice. PCMP location drives RAE assignment.

2. No PCMP attribution, member's home address drives RAE assignment

Enhance member attribution process to increase accuracy and timeliness

Notable changes:

- No geographic attribution to a PCMP. Therefore, not all members will be attributed to a PCMP.
- For unattributed members, the RAE would be responsible for supporting the member to connect to a PCMP and/or engage in preventative services
- Expand provider types that can serve as PCMPs (such as Comprehensive Safety Net Providers)
- Attributing members to a PCMP based on their two most recent PCMP visits in the past 18 months

Discussion

1. Will the proposed "two most recent PCMP visits" attribution approach provide the anticipated improvement?

2. What are potential unintended consequences of these proposals?

3. How can our attribution process best meet the needs of members actively engaged in behavioral health care with minimal primary care engagement?

Deep Dive: Care Coordination

Create a 3-tier care coordination model, aligned with the BHA, to improve quality, consistency, and measurability of interventions

Tier	Target Population	Care Coordinator	Activities
Level 3	• Uncontrolled conditions • Multiple diagnoses • Multi-system involvement • Difficult to place • Private Duty Nursing • Client Overutilization Program	Clinical Care Coordinator	• Care plan • Specific assessments based on population type/need • Monthly coordination with Member/treatment team • Long-term monitoring and follow up
Level 2	Condition management (heart disease, diabetes, depression/ anxiety, asthma/COPD, maternity)	Clinical Care Coordinator	• Care plan/assessments TBD (possibly just pull from their provider) • Quarterly coordination with member/treatment team • Long term monitoring and follow up
Level 1	Anyone	Not clinical, no staffing ratio	• Brief needs screening (Health Needs Survey) • Support accessing services and benefits • Determining need for higher level of care coordination • Brief monitoring and follow up

Increase equitable access to care coordination

- Require RAEs to develop a network of community-based organizations to reach and educate members

Reference: Senate Bill 23-002

Discussion:

- Does the proposed three-tier care coordination model align with the current state of care coordination in your community?
  - If not, what would need to happen in your community to move towards that model?
- What are potential unintended consequences that should be considered?

Next Steps

Provide additional feedback:

- Full concept paper
- Online survey open until Oct 31 — responses will be made publicly available (without names)
- Open feedback form will remain open

Upcoming Public Meetings

- **Health First Colorado Members:** 9/28 from 5 to 6:30 p.m.

Thank you!

COVID Unwind Projects & Workload Impact

Presented By: Lisa Pera

Long Term Care Extension

- 60-day extension for LTC, NF and Buy-in cases (Recommended CMS Flexibility)
- Outreach by HCPF Member Contact Center (MCC) to LTC members who were disenrolled for not completing renewal process
- Referrals (via existing escalation process) to Counties to provide assistance to members to complete renewal packet and verifications
- Additional support by two Eligibility Application Partner (EAP) sites
- Begins Mid-October
- This will last the duration of PHE Unwind period

Renewal Past Due - Pending

- Cases with past due renewals - HCPF is monitoring each month's renewals, how much each county has and for how long the renewal has been pending
- Reporting to CMS
- Pilot report with a few counties
- Clear out Renewal Backlog - HCPF will escalate these cases via existing escalation process
- Start date TBD
- This will also last the duration of PHE Unwind period

Whereabouts Unknown

- Cases terminated for Whereabouts Unknown where a renewal packet was returned
- HCPF will escalate these cases (via existing process) to the counties to process these renewals while updating WU question
- Start/finish date TBD
- One-time ask (we think)

Questions?

County Trending Topics

Contact Information

HCPF/County Directors & Leadership Monthly Support Call - Agenda Items & Meeting Set-Up:

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For questions for County Relations, please submit a County Relations webform ticket: https://hcpfdev.secure.force.com/HCPFCountyRelations , or email HCPF_CountyRelations@state.co.us

Thank you!