

**Practice Support and Training
for
RAE and RMHP Prime**

Rocky Mountain Health Plans
Regional Accountable Entity, Region 1

**Reporting Period - Initial Submission
Report Submission Date: July 1, 2018**

Rocky Mountain Health Plans Regional Accountable Entity Practice Support and Training

Practice Support Plan Deliverable Description

The Contractor shall have a written Practice Support Strategy that includes, but is not limited to, the following information:

- The types of information and administrative support, provider trainings, and data and technology support the Contractor will offer and make available to Network Providers.
- The practice transformation strategies it will offer to help practices progress along the Framework for Integration of Whole-Person Care. For more information, see <https://www.colorado.gov/healthinnovation/resources-9>.
- The administrative payment strategies the Contractor will use to financially support Providers.

Purpose of Document

This document summarizes the practice support tools and trainings that Rocky Mountain Health Plans (RMHP) offers to providers.

RMHP uses a number of forums to disseminate information and training to providers. These include:

- Face-to-face meetings and phone calls with local provider representatives
- Comprehensive Practice Transformation curriculum
- Learning collaboratives
- Self-guided practice training modules
- Lunchtime webinars
- Community based trainings
- Blast faxes
- Provider manual
- Guides to getting started
- Emailed and mailed newsletters

RMHP Practice Transformation Practice Support Tools and Trainings – Primary and Specialty Care

The Practice Transformation Team at RMHP partners with primary care practices to develop a community of advanced primary care practices by fostering quality improvement at the practice level between providers and patients with a focus on team-based, patient-centered primary care. A **state-of-the-art practice transformation approach** is integrated into the medical neighborhood through the implementation of care management and care coordination processes and engagement of both primary and specialty practices.

Participation in Practice Transformation programs allows practices the opportunity to test, prepare for and implement payment reform opportunities. Specific attention and action in the program offerings focus on the three components of the Institute for Healthcare Improvements Triple Aim¹ as well as Bodenheimer's and Sinsky's² fourth aim, provider satisfaction:

¹ IHI Triple Aim Initiative: Better care for individuals, better health for populations, and lower per capita costs. (2017). Institute for Healthcare Improvement. Retrieved 3 November 2017, from

- Improve the health of the population
- Enhance the patient experience of care (including quality, access, and reliability)
- Control the per capita cost of care
- Improve provider/clinician job satisfaction

The program currently works with an average of 110 practices in programs on the Western half of the state of Colorado at any given point of time in a year as practices move in and out of programs via six-month recruiting cycles. The RMHP Practice Transformation Program offerings are as follows:

Foundations is an introductory level course in which participants learn basic QI skills at the practice level to include Plan, Do, Study, Act (PDSA) cycles, process mapping, and basic data use to improve/develop and implement skills, processes, and infrastructure to support ongoing improvement and the delivery of effective and efficient primary care.

Specialty Practice Foundations is an introductory level course for specialty practices, in which participants learn basic QI skills at the practice level to include Plan, Do, Study, Act (PDSA) cycles, process mapping, and basic data use to improve/develop and implement skills, processes, and infrastructure to include enhanced coordination between specialty and primary care.

Masters Level 1 practices focus on care management of high-risk patients and coordination of care across the medical neighborhood. This body of work includes empanelment, identification of high risk patient populations and embedding processes for care management. Work is completed on care coordination as it relates to the medical neighborhood to include avoidance of unnecessary hospital and ED visits and timely follow-up after discharge.

Masters Level 2 practices expand their focus on care management of high risk patients and care coordination across the medical neighborhood and they bring the patient experience into their QI processes through the use of shared decision making, the incorporation of surveys or patient family advisory councils, and through the use of the Patient Activation Measure (PAM).

Patient Centered Medical Home (PCMH/PCSP) Recognition practices review and improve current processes and develop and implement new processes to build and maintain an infrastructure that supports ongoing improvement for the delivery of effective and efficient primary care, as recognized and in accordance with NCQA's requirements of 2017 standards for PCMH Recognition.

Comprehensive Primary Care Plus (CPC+) is offered through the CMS Innovation Center as a five-year multi-payer initiative designed after the CPCi program to strengthen primary care. RMHP performs quarterly assessments of CPC+ practices and provides free consultative services to support practices if any gaps are identified (see below). This program started 1/1/2017 and is a

<http://www.ihi.org/Engage/Initiatives/TripleAim/Pages/default.aspx>

² Bodenheimer, T., & Sinsky, C. (2014). From triple to quadruple aim: care of the patient requires care of the provider. *Annals of Family Medicine*. Retrieved 24 October 2017, from

<http://www.annfammed.org/content/12/6/573.full>

continuation of the Comprehensive Primary Care Initiative (CPCi), which concluded at the end of 2016. RMHP also served as Regional Faculty for the administration of the CPCi program and the first year of the CPC+ program to participating practices throughout Western Colorado.

Practice Transformation Consultative Services for primary and specialty care practices is a no-cost to the practice suite of services that support practices as they develop the competencies to show value through delivery of advanced care. We recognize that Practices are progressing in skillsets and are developing unique advancement needs. Practice Transformation Consultative Services is designed to provide practices with advanced care delivery skillsets the opportunity to further enhance the redesign of their practice and prepare for value-based payments while achieving the Quadruple Aim. Consultative Services are tailored to meet the practices distinctive educational needs and learning goals. The practice will self-identify unique learning needs. This means that practices now have the opportunity to choose what they would like to work on.

Areas of expertise:

- Practice quality improvement
- Team based care
- Business acumen
- Leadership
- Practice Culture
- APMs, MIPS, QPP
- Behavioral health
- Medical Neighborhood
- Collaborative care agreements, care compacts
- Patient and family engagement
- Data driven improvement

Colorado State Innovation Model (SIM): The focus of SIM is on facilitating the evolution to comprehensive primary care models that include behavioral health integration. The SIM program includes practice transformation support, payment reform, regulatory reform, and consumer and community engagement. SIM is funded by the Center for Medicare and Medicaid Innovation. Cohort 1 began February of 2016 and Cohort 3 begins the summer of 2018. RMHP provides contracted programmatic Practice Transformation Organization (PTO) support to SIM practices. RMHP also provides additional support as necessary.

Transforming Clinical Practice Initiative (TCPI): The primary goal of TCPI is to prepare clinicians to be successful with new models of compensation that require new models of care delivery, effective care coordination, and demonstrated value of care. Specialists and Primary Care MD, DOs, PAs and APNs can participate. Cohort 1 began in the fall of 2016. RMHP provides contracted programmatic Practice Transformation Organization (PTO) support to TCPI practices. RMHP also provides additional as support necessary.

IT MATTRS: This program provides incentives to providers to obtain their DEA X waiver required to prescribe Medication Assisted Treatment (MAT) in opioid use disorders. The project also delivers training to practices, giving them knowledge and tools to adopt a comprehensive

MAT program through ongoing practice support and facilitation. RMHP provides this training to practices.

Primary Care Medical Provider Value-Based Payment Model

RMHP is deploying a value-based payment model for all participating RAE Region 1 PCMPs. This payment model provides a clear delineation of provider responsibilities as well as resources available for different levels of accountability. The levels of participation and accountability, identified as Tiers 1-4, reflect this effort to align payment with activities that lead to better patient outcomes and mitigate against growing costs and limited resources.

RMHP is committed to supporting primary care practices in developing the competencies to show value through delivery of advanced primary care. RMHP deployed an *Attestation Tree* that defines each tier of participation and allowed practices to attest to the following:

- Levels of transformation activities completed by the practice (as an indicator of the practice's capacity and capability around providing advanced primary care);
- Ability to report and achieve electronic clinical quality measures (eCQMs);
- Commitment to accepting Medicaid patients;
- Collaborating with high-volume/ critical specialists; and
- Willingness to engage with RMHP in ongoing progress assessments.

PCMP Tiers

Practices have the option to participate at the highest tier for which they qualify or decide to participate at a lower tier. Practices also may opt to identify a higher tier and work towards achieving that tier.

RMHP's primary care practice tier descriptions are attached at the end of this report. This describes the criteria and RMHP's practice support resources for each tier.

Behavioral Health Provider Network Strategy, Incentives, Support Strategy

One of RMHP's primary strategies for delivering behavioral health care services is to promote Member choice by developing and maintaining a broad and inclusive network of mental health and substance abuse disorder providers, while ensuring greater value and financial sustainability over the long run. A clear, objective structure for value-based contracting, reimbursement and capacity-building is essential to ensure access to comprehensive behavioral health services for our Members. RMHP, Reunion Health and our community providers will work closely with the Department over the course of ACC Phase II to align payment modeling and rate development for the Capitated Behavioral Health benefit with a comprehensive, value-based contracting and program design.

RMHP has developed a behavioral health network strategy that aims to promote and incentivize performance outcomes, quality of services and access to care. The Community Mental Health Centers and other high-quality behavioral health providers in the Region 1 network will be afforded an opportunity to participate in tiered payment incentive model that is based upon core and advanced competencies, Member volume and participation in ongoing performance

improvement activities. The model aligns with both provider-specific performance goals and the Department-led Incentive Performance Measure program while at the same time focusing on the crucial core principle of timely access to quality care in the appropriate setting and level of care.

Incentives

RMHP will align its Behavioral Health tiered incentive model with the Department-led Behavioral Health Incentive program and support providers in performance improvement not only for the specified measures but other areas of focus important to the practice and providers. RMHP does not view the Incentive measures as a means to an end, rather a means to do the work and impact positive health outcomes, appropriate utilization, quality of care and timely access to services. All five incentives hold access as the primary tenet which drives outcomes, utilization and quality of care.

- Engagement in Outpatient Substance Use Disorder Treatment
 - *Outcomes, Utilization, Quality*
- Follow-up within 7 days of an Inpatient Hospital Discharge for a Mental Health Condition
 - *Outcomes, Utilization, Quality*
- Follow-up within 7 days of an Emergency Department Visit for Substance Use Disorder
 - *Outcomes, Utilization, Quality*
- Follow-up after a Positive Depression Screen
 - *Outcomes, Utilization, Quality*
- Behavioral Health Screening or Assessment for Children in Foster Care
 - *Outcomes, Utilization, Quality*

RMHP success in meeting the program benchmarks will only be achieved through the support and achievement of the Behavioral Health Network, who will have opportunity to share the incentive dollars based on their individual performance.

Support

RMHP is actively engaged with the provider network around the incentive measures and will offer provider support and education about quality improvement processes as well as structured data to assist providers in prioritizing data-informed work within their practices, clinics and centers. RMHP also supports the network in performance outcomes by looking to the providers for input and feedback about the tiered model and incentive payments. Independent Behavioral Health Network Advisory Councils will be formed – both at a RAE-level and at a geographical relevant-level – to understand support and training needs and solicit feedback about tiering and incentives.

Additional RMHP Practice Support Tools and Trainings

Rocky Mountain Health Plans offers providers information and resources about the RAE in the Provider Resources section of our website, rmhp.org. Information includes:

- Administration and Manuals
- Administrative Support
- Provider Resources in the Community
- Practice Support and Redesign

Clinical Support Resources for Providers – from rmhp.org

Rocky Mountain Health Plans offers helpful information and self-management tools for practices participating in the Accountable Care Collaborative. RMHP posts current clinical practice guidelines on our website that includes the following topics:

- Adult Preventive Care
- After a Heart Attack
- Asthma
- ADHD
- Cardiovascular Disease
- Diabetes
- Major Depression
- Pediatric Preventive Care
- Perinatal Care
- Special Health Care Needs – Adults
- Special Health Care Needs – Children

RMHP offers links for our providers to access helpful information and self-management tools, including the following:

- Well-care guidelines for infants, children and adolescents, and adults
- Screening guidelines for breast cancer, Pap smears, prostate cancer, and colorectal cancer
- Guidelines for influenza vaccine, pneumococcal vaccine, and childhood immunization

Trainings for Providers

Bridges Out of Poverty³

Bridges Out of Poverty is a uniquely powerful tool designed for social, health and legal services professional. Based in part on Dr. Ruby K. Payne's myth-shattering *A Framework for Understanding Poverty*, Bridges reaches out to millions of service providers and businesses whose daily work connects them with people in poverty.

Disability Competent Care Training

RMHP has provided disability competent care trainings for Primary Care Medical Providers throughout our region since fall 2015. The trainings are facilitated by the Colorado Cross-Disability Coalition (CCDC) using a case study model. Trainings are offered in person and RMHP and CCDC have developed a webinar-based version of the training that can be given to providers that may not be able to attend an in-person training, as well as a pediatric focused training for pediatric providers. RMHP offers AMA PRA Category 1 Credits to physicians who participate in the trainings.

EPSDT-Related Trainings

In October 2017 RMHP conducted a survey of its Primary Care Medical Providers to determine their understanding of the EPSDT benefit and to identify providers' interest in EPSDT-related

³ From <https://www.ahaprocess.com/store/bridges-out-of-poverty-book/>



trainings. RMHP received a high response rate. Providers indicated that they wanted additional information on EPSDT coding and billing, the comprehensive EPSDT benefit, and best practices for supporting families to obtain timely preventive care for children. These trainings will be presented in a 30-minute lunchtime webinar format (the stated preference of the providers surveyed) that will be accessible online.

Additional RAE Provider Trainings

Additional provider trainings are in development and will be offered after RAE implementation.



PCMP Tier Descriptions

Tier 1 – Comprehensive RMHP Population Health Partner
Profile
CPC+ participant Track 2 or PCMH Level 3/ Recognized
Demonstration
<ul style="list-style-type: none"> Able to report a minimum of 6 CQMs from RMHP eCQM Measurement Suite from a certified EMR Dashboard (FQHCs may report from the Azara registry) Meet performance benchmarks on 6/6 measures (<i>See Measurement Suite for benchmarks</i>) Performs satisfactorily (80%) on RMHP Tier 1 Assessment performed quarterly Provides current documented Executed Care Compact with at least three major or critical specialties Open to Medicaid Patients Medicaid APM/ FQHC APM Score = (at least) 76 - 100% Use of RMHP designated applications required for Reunion FQHCs and available to others
Reimbursement Enhancement
<ul style="list-style-type: none"> RMHP RAE = Estimated \$5 to \$6 PMPM (contingent upon region-wide attestations and attribution) Medicaid APM percent FFS Enhancement on the Department FFS = 3 - 4%+ (or as per Medicaid APM Score) or FQHC Value Based APM/ percent FFS reduction Eligible for Department auto-attribution revenue for potential patients (Member outreach activities may be required) Eligible for RMHP <i>Community Integration Agreement</i> to fund behavioral health, SDoH and related services.
Incentive Eligibility
<ul style="list-style-type: none"> Eligible for KPI Pool distributions – relative to TCR
Resource Supplementation
<ul style="list-style-type: none"> Enhanced RMHP assistance in placing complex, resource intensive patients Attribution and Feedback Reports Eligible for Consultative Practice Transformation Resources Eligible for Health Engagement Team/Community Health Worker resource Eligible for RMHP designated applications with technical assistance Eligible for \$5 to \$10K bonus for AHCM screening participation

Tier 2 – Advanced Participation
Profile
Masters 2 Graduate or CPC Classic Graduate or Current CPC+ Track 1 Participant
Demonstration
<ul style="list-style-type: none"> • Able to report minimum of 6 CQMs from the RMHP eCQM Measurement Suite from a certified EMR Dashboard (FQHCs may report from the Azara registry) • Meet benchmark performance (CMS 70th percentile) on 4/6 (<i>See Measurement suite for Benchmarks</i>) • Performs satisfactorily (80%) on RMHP Tier 2 Assessment performed quarterly • Provides current copy of Executed Care Compact with at least one major or critical specialty • Open to Medicaid patients. Equitable panel management processes permitted, with disclosure of tools and protocols to RMHP. Processes subject to review by RMHP. Current Medicaid attribution levels maintained at a minimum. • Medicaid APM/ FQHC APM Score = (at least) 51 - 75%
Reimbursement Enhancement
<ul style="list-style-type: none"> • RMHP RAE = Estimated \$4 to \$5 PMPM (contingent upon region-wide attestations and attribution) • Medicaid APM percent FFS Enhancement on the Department FFS = 2 - <3%+ (or as per Medicaid APM Score) or FQHC Value Based APM/ percent FFS reduction • Eligible for Department auto-attribution revenue for potential patients (Member outreach activities may be required)
Incentive Eligibility
<ul style="list-style-type: none"> • Eligible for KPI Pool distributions – relative to TCR
Resource Supplementation
<ul style="list-style-type: none"> • Attribution and Feedback Reports • Eligible for Practice Transformation Resources for NCQA PCMH recognition with application fee reimbursement • Eligible for Consultative Practice Transformation Resources • Eligible for Health Engagement Team/Community Health Worker resource • Eligible for RMHP designated applications with technical assistance • Eligible for \$5 to \$10K bonus for AHCM screening participation

Tier 3 – Foundations Participation
Profile
<p>Graduate of RMHP Foundations or SIM (For Larimer County practices where RMHP practice transformation programs have been unavailable, other structured foundational work will be considered)</p>
Demonstration
<ul style="list-style-type: none"> • Able to report minimum of 6 CQMs from the RMHP eCQM Measurement Suite from a certified EMR Dashboard (FQHCs may report from Azara) • Meet benchmark performance (CMS 70th percentile) on 2/6 (<i>See Measurement suite for Benchmarks</i>) • Performs satisfactorily (80%) on RMHP Tier 3 Assessment performed every 6 months • Open to Medicaid patients. Intermittent or limited availability for new Medicaid Members • Medicaid APM/ FQHC APM Score = (at least) 26 - 50%
Reimbursement Enhancement
<ul style="list-style-type: none"> • RMHP RAE = Estimated \$3 to \$4 PMPM (contingent upon region-wide attestations and attribution) • Medicaid APM percent FFS Enhancement on the Department FFS = 1% - <2%+ (or as per Medicaid APM Score) or FQHC Value Based APM/ percent FFS reduction
Incentive Eligibility
<ul style="list-style-type: none"> • Eligible for KPI Pool distributions – relative to TCR
Resource Supplementation
<ul style="list-style-type: none"> • Attribution Reports • Feedback Reports upon request • Practice Transformation Resources with \$10K incentive for Masters 1 and Masters 2 successful program participation

Tier 4 – Basic Participation	
Profile	No historical practice transformation work completed; may be engaged in RMHP Foundations or SIM
Demonstration	<ul style="list-style-type: none"> • None, or • Current involvement in Foundations or SIM • Medicaid APM/ FQHC APM Score = (at least) 0 - 25%
Reimbursement Enhancement	<ul style="list-style-type: none"> • RMHP RAE = \$2 PMPM base program reimbursement. • Medicaid APM percent FFS Enhancement on the Department FFS = <1% or as per Medicaid APM Score or FQHC Value Based APM/ percent FFS reduction
Incentive Eligibility	<ul style="list-style-type: none"> • Eligible for KPI Pool distributions – relative to TCR
Resource Supplementation	<ul style="list-style-type: none"> • Attribution Reports • Feedback Reports upon request • Practice Transformation Resources with \$10K incentive for Foundations program participation