



RMHP RAE and PRIME
Practice Support Plan
SFY 2019-20

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Rocky Mountain Health Plans Regional Accountable Entity Practice Support and Training

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 Improvement's Triple Aim¹ as well as Bodenheimer's and Sinsky's² fourth aim, provider satisfaction:

- 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

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 <http://www.ihl.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>

The program currently works with an average of 130 practices in programs in Western Colorado and Larimer County. Practices move in and out of programs via six-month recruiting cycles or as needed for transformation support. 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

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 in February 2016 with Cohorts 2 and 3 running through June 2019. RMHP provided contracted programmatic Practice Transformation Organization (PTO) support to SIM practices, as well as additional support as necessary. Although SIM has ended, RMHP continues to engage and work with SIM practices through the RMHP practice transformation trajectory, the tiering structure for the RAE, and RMHP Prime.

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 support as 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.

RMHP has placed a large emphasis on supporting MAT programs, including implementing a payment reform model that promotes greater coordination of continuing care for patients receiving MAT treatment.

Primary Care Medical Provider Value-Based Payment Model

RMHP has implemented 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.

Primary Care Medical Provider Alternative Payment Model (APM) Support

RMHP supports PCMPs in transitioning toward a value-based Fee-For-Service system through the Department's Alternative Payment Model (APM). RMHP's Practice Transformation team assists PCMPs in the selection of appropriate structural and performance APM measures, and with the process of completing all required documentation for the Department by December of each year. RMHP is currently supporting 25 Region 1 PCMPs with the measure selection and demonstration process. RMHP Quality Improvement Advisors (QIAs) are assigned to each practice to collect and review their APM documentation.

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 continue to 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 a pay for performance 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 pay for performance 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 have been 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

Administrative Support Resources for Providers

RMHP has developed a comprehensive manual for PCMPs called the *RAE Resource Guide*. The guide is designed to help providers understand the RAE and promote successful delivery of health care services to our Members.

The following are key components of the guide:

- Know the Terminology
- What is the RAE?
- Implications for Primary Care Practices
- RMHP's Vision for Value Based Payment
- Primary Care Medical Provider (PCMP) Payments and Attribution
- Primary Care Frequently Asked Questions
- RAE Key Performance Indicators (KPIs)
- RAE Tiering for New PCMPs and Ongoing Demonstration of Criteria
- RMHP Payment Reform Initiative for Medicaid Expansion (RMHP Prime)

The guide is updated at least annually, informed by new information and feedback from providers. The guide was recently updated to include a new section on supplemental resources for patient care with information on the CareNow telehealth platform and the Rural Interpreting Services Program (RISP) Pilot, information on how to get involved in the statewide PIAC and its subcommittees and the Regional PIAC, and an overview of the types of data available to practices to monitor their KPI performance.

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

Contractually Required Trainings for Providers

Colorado Medicaid Eligibility and Application Processes

RMHP is developing a webinar-based training on Medicaid eligibility and application processes that will be accessible online.

Medicaid Benefits

RMHP is developing a webinar-based training on Medicaid benefits that will be accessible online.

Access to Care Standards

RMHP is developing a webinar-based training on access to care standards that will be accessible online.

EPSDT

RMHP offers webinar-based trainings on EPSDT coding and billing, the comprehensive EPSDT benefit, and best practices for supporting families to obtain timely preventive care for children. The trainings are presented in a 30-minute webinar format and are accessible online at:

<https://www.rmhp.org/i-am-a-provider/provider-resources/provider-trainings>

The Contractor’s Population Health Management Plan

RMHP provides information on our Population Health Management Plan at forums including our Regional PIAC meetings and Accountable Health Communities Model (AHCM) community meetings.

Use and proper submission of the Office of Behavioral Health COMPASS tool for both assessment and reporting of Mental Health and Substance Use Disorders

RMHP is participating in the development and deployment of the COMPASS tool to make data collection simple while meeting state and federal guidelines.

Cultural Responsiveness

- **Bridges Out of Poverty³ and Bridges in Health and Healthcare⁴:** Bridges Out of Poverty is a unique and powerful model that has helped millions of service providers and businesses whose daily work connects them with the lives of people in poverty. Bridges in Health and Healthcare expands upon these concepts and offers insight into helping under-resourced individuals achieve better health outcomes. Eve Presler with RMHP facilitates the trainings. Eve is a Certified Trainer of the Bridges Out of Poverty and Bridges to Health and Health Care framework. The trainings help practices:
 - Create a true mental model of poverty
 - Compare the 3 social classes
 - Understand how poverty thinks and communicates
 - Describe the hidden rules of poverty
 - Increase awareness of tools and resources that can assist
- **Disability Competent Care Training:** RMHP offers disability competent care trainings, facilitated by the Colorado Cross-Disability Coalition, to providers throughout the region. We are able to offer AMA PRA Category 1 credits to participating physicians. Using a case study model, the training walks through the following concepts:
 - Basic requirements of Americans with Disabilities Act (ADA)
 - Effective Communication requirements of ADA and best practices including how to communicate with people with cognitive and psychiatric disabilities
 - Psychosocial issues and disability cultural competency
 - Functional treatment including pain management, durable medical equipment and quick review of community-based treatment options
 - Resources available - practices are given an electronic toolkit of resources which they can use on an ongoing basis

Member Rights, Grievances, and Appeals

RMHP will incorporate information on Member rights, grievances, and appeals in our training on Medicaid benefits, which will be offered via webinar and accessible online.

Quality Improvement Initiatives, Including Those to Address Population Health

Quality improvement initiatives and KPIs are a standing agenda item at our quarterly Regional PIAC meetings, and our initiatives around social determinants of health are routinely discussed at Accountable Health Communities Model (AHCM) meetings. Quality improvement initiatives are also addressed through RMHP's Practice Transformation programs, newsletters, and learning collaboratives. In addition, RMHP has developed one-page handouts that include embedded resources, interventions, and data tips, on each of the KPIs to distribute to practice staff at learning events. The goal of the handouts is to enable practice staff to understand the KPIs, describe how their practice's performance on KPIs affects their payment, and provide practice-level interventions that would improve the measures.

Principles of Recovery and Psychiatric Rehabilitation

Dr. William Elsass, Behavioral Medical Director at Optum, is developing a training for providers that will include principles of recovery and psychiatric rehabilitation. The trainings will primarily be given in-person.

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

⁴ <https://www.ahaprocess.com/store/bridges-to-health-and-healthcare-book/>

Trauma-Informed Care

RMHP is developing a webinar-based series on trauma-informed care and has met with a number of experts in the field to collect information. Sub-topics we are considering offering include:

- Trauma informed care for children and adolescents
- Neurobiology of trauma & promoting resiliency
- Trauma informed care as part of primary care visits
- The role of trauma in medical unexplained symptoms / somatization disorders
- Engaging family members in trauma informed care
- Secondary trauma for healthcare providers & compassion fatigue

In addition, trauma-informed care trainings have been offered at RMHP's Practice Transformation learning collaboratives.

Other trainings identified in consultation with the Department

We will be offering a webinar-based training on *Delivering mental health treatment to individuals with brain injury*, facilitated by the Brain Injury Alliance of Colorado in August 2019.

Additional RAE Provider Trainings

- **Value-Based Contracting (VBC) Office Hours:** Each month, RMHP's Practice Transformation team facilitates a Value-Based Contracting Office Hours webinar for our provider network to learn about relevant topics and ask questions. The webinars are currently held on the third Tuesday of each month at 12:15pm. Each month the series rotates between the following three initiatives: RAE, Prime and CPC+. Examples of topics covered at the RAE-focused webinars include attribution, short-term behavioral health services in the primary care setting, a demonstration of the CareNow telehealth platform, KPIs, and the Alternative Payment Model (APM).

RMHP Primary Care Medical Provider 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 (See Measurement Suite for benchmarks) • 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 Health First Colorado Members (RAE and RAE-PRIME Members) • 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 Medical Home Payment = \$3.50 PMPM • 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 • RAE Geographic Attribution Payments: \$2.00 PMPM • 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 tier
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

Tier 2 – Advanced Participation

Profile

Masters 2 Graduate or CPC Classic Graduate or Current CPC+ Track 1 Participant

Demonstration

- 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 (*See Measurement suite for Benchmarks*)
- 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 Health First Colorado Members with equitable panel management across all RMHP lines of business. All policies, procedures, patient applications, etc. will be subject to RMHP review
- Medicaid APM/ FQHC APM Score = (at least) 51 – 75%

Reimbursement Enhancement

- RMHP RAE Medical Home Payment = \$3 PMPM
- 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
- RAE Geographic Attribution Payments = \$2.00 PMPM

Incentive Eligibility

- Eligible for KPI Pool distributions – relative to tier

Resource Supplementation

- 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

Tier 3 – Foundations Participation

Profile

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)

Demonstration

- 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 (*See Measurement suite for Benchmarks*)
- Performs satisfactorily (80%) on RMHP Tier 3 Assessment performed every 6 months
- Open to Health First Colorado Members. Intermittent or limited availability for new Health First Colorado Members
- Medicaid APM/ FQHC APM Score = (at least) 26 – 50%

Reimbursement Enhancement

- RMHP RAE Medical Home Payments = \$2.25 PMPM
- 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
- RAE Geographic Attribution Payments = \$2.00 PMPM

Incentive Eligibility

- Eligible for KPI Pool distributions — relative to tier

Resource Supplementation

- 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 • RMHP RAE Geographic Attribution Payments = \$2.00 PMPM • 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 tier
Resource Supplementation	<ul style="list-style-type: none"> • Attribution reports • Feedback reports upon request • Practice Transformation resources with \$10K incentive for Foundations program participation