

Annual Practice Support Plan
Instructions and Narrative Report

RAE Name	Rocky Mountain Health Plans
RAE Region #	1
Reporting Period	SFY20-21
Date Submitted	September 1, 2020
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Purpose: Regional Accountable Entities (RAEs) are responsible for improving health outcomes and increasing value in their respective regions through supporting their Provider Network. As part of that responsibility, RAEs are required to provide practice support and transformation strategies to network providers. This report outlines each RAE’s plan to accomplish this task.

Instructions: Please provide a narrative that outlines your strategic approach to supporting and transforming provider practices to increase value and to improve health outcomes and the experience of care of members. The narrative must include details regarding the following:

- the types of information and administrative support, provider trainings, and data and technology support offered and implemented with network providers;
- practice transformation strategies offered to network providers to help advance the Whole-Person Framework and to implement the Population Management Strategy; and
- the administrative payment strategies used to financially support and advance the capacity of network providers.

Where relevant, please provide supporting evidence for the respective approaches. Evidence can include but is not limited to: peer-reviewed research, operational excellence, and public feedback.

Please include how your strategy has or has not evolved since the previous year’s submission. Please provide evidence to support these changes.

Please limit your plan to no more than five (5) total pages and use concise and concrete language.

Practice Support Plan Narrative

Instructions: Please provide a narrative that outlines your strategic approach to supporting and transforming provider practices to increase value and to improve health outcomes and the experience of care of members. This narrative must include the details outlined above.

Types of information and administrative support, provider trainings, and data and technology support offered and implemented with network providers

Rocky Mountain Health Plans (RMHP) offers providers information and resources about the RAE in the [Provider Resources](#) section of our website, rmhp.org.

RMHP developed a comprehensive manual for Primary Care Medical Providers (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 Region 1 Members. RMHP updates this guide at least annually, informed by new information and feedback from providers.

RMHP offers information to providers on pertinent and timely topics. Most recently, RMHP recently developed a [Telehealth Toolkit](#) for practices, designed to assist practices in either beginning or sustaining telehealth. Topics covered include engaging patients in telehealth, gathering informed consent, designing workflows, assessing pros and cons of various vendors, using data to drive success, and payment and regulation changes, especially those impacted by COVID-19.

RMHP offers helpful information and self-management tools for practices participating in the Accountable Care Collaborative. RMHP posts current clinical practice guidelines on the RMHP website at <https://www.rmhp.org/learning-center/helpful-resources/quality-improvement>.

RMHP offers the following trainings to the RMHP provider network:

- *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 on the [Provider Training](#) webpage on the RMHP website.
- *RMHP's Population Management Strategic Plan:* RMHP provides information on our Population Health Management Plan at forums including Region 1 Regional PIAC meetings and Accountable Health Communities Model (AHCM) community meetings.
- *Use and proper submission of COMPASS data or the current Colorado Office of Behavioral Health's data collection tool for 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 Poverty and Bridges to Health and Healthcare
 - Disability Competent Care
 - Affirming Care for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ+) Individuals (in development with planned dates in Fall 2020)

- *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 Key Performance Indicators (KPIs) are a standing agenda item at our quarterly Regional Performance Improvement Advisory Committee (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:* RMHP is developing a training for providers that will include principles of recovery and psychiatric rehabilitation.
- *Trauma-informed care:* RMHP is offering a webinar-based series on trauma-informed care, with seven unique topics/sessions, facilitated by Dr. Mike Barnes. The series is available to all physical and behavioral health providers, including crisis providers, as well as non-clinical staff members. The webinars occur every other month throughout 2020 and into the beginning of 2021.
- *Other trainings identified in consultation with the Department:*
 - Mental health treatment for individuals with a brain injury, facilitated by the Brain Injury Alliance of Colorado
 - Screening, Brief Intervention and Referral to Treatment (SBIRT), facilitated by Peer Assistance Services

RMHP offers the following data and technology support to the RMHP provider network:

- *Alternative Payment Model (APM):* RMHP supports PCMPs in the Region 1 network that are participating in the Department's Alternative Payment Model (APM) in a number of ways, including collecting claims and structural measures. RMHP is also supporting Region 1 PCMPs in gaining access to the Colorado Data Analytics Portal (CDAP) so that they can download their member level detail for the APM measures. Each APM eligible practice in RAE Region 1 is assigned an RMHP Quality Improvement Advisor (QIA) and Clinical Informaticist (CI) that provides regular providing support.
- *Attribution:* RMHP provides PCMPs with a monthly report detailing their RAE member attribution panel. There are two tabs on the report:
 - Practice Summary: Summary of attributed RAE members by aid category and payment tier and corresponding per member per month payment information
 - Patient List: RAE member information, which can be used for outreach purposes
RMHP Prime practices receive Prime member attribution information via monthly RMHP Prime practice reports. RMHP shares the reports with practices through a secure file sharing platform called ECG Quick Connect. Practices can download the report from ECG Quick Connect at their convenience within a designated timeframe. RMHP provides support to practices that are new to using the ECG Quick Connect platform so that they can quickly and easily access their reports.



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- *Behavioral Health Incentive Program*: RMHP is actively engaged with the behavioral health provider network around the incentive measures and offers 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.
- *Key Performance Indicators*: RMHP helps practices access and understand the Key Performance Indicator (KPI) data available on the Colorado Data Analytics Portal (CDAP). RMHP has developed a CDAP Toolkit for practices that is nearly ready for publication. The toolkit is designed to help practices understand how to leverage the population and performance information available on the CDAP. In addition, RMHP produces quarterly KPI reports in Excel format for PCMPs that detail the KPIs met that quarter and the practice's payment based upon the KPI performance, the practice's tier in RMHP's value-based payment model and the practice's Member attribution panel. RMHP shares these reports with practices through ECG Quick Connect (described above).

Practice transformation strategies offered to network providers to help advance the Whole-Person Framework and to implement the Population Management Strategy

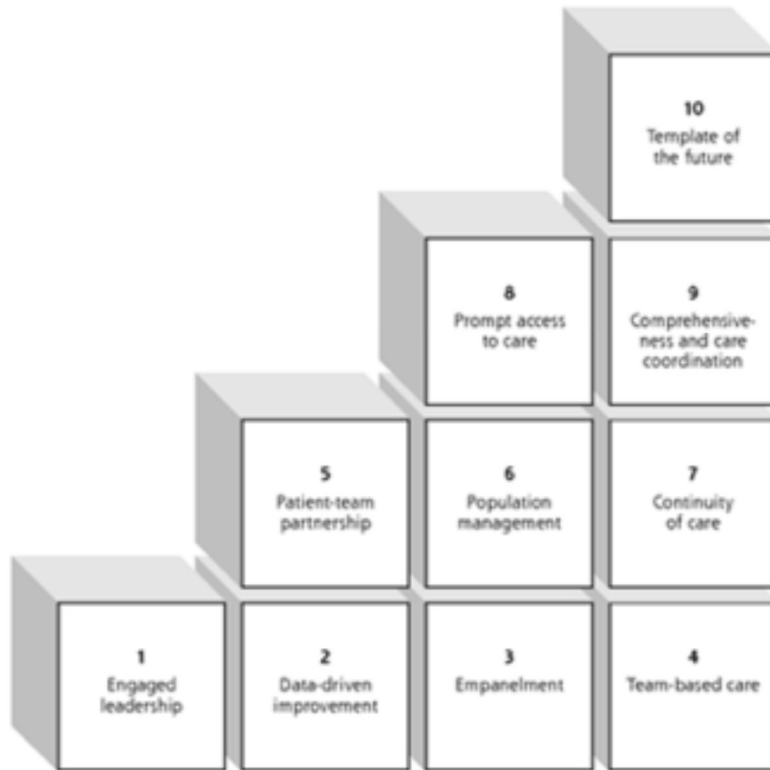
The Practice Transformation (PT) Team at Rocky Mountain Health Plans (RMHP) has partnered with practices located in the Western half of the State of Colorado for over a decade, to develop a community of advanced practices by fostering quality improvement at the practice level between physicians and patients 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.

Practices are engaged in a stair-step trajectory of advancing curriculums based on Bodenheimer's *The 10 Building Blocks of High-Performing Primary Care*¹ which are incorporated in program curriculum. Additionally, data evaluation and analysis is used throughout all programs. This allows practices to monitor their program performance and make program changes based on measured outcomes. Value

¹ Bodenheimer, T., Ghorob, A., Willard-Grace, R., & Grumbach, K. (2014). *The 10 building blocks of high-performing primary care*. *Annals of Family Medicine*. Retrieved 7 June 2016, from: <http://www.annfammed.org/content/12/2/166.full>



The 10 Building Blocks of High-Performing Primary Care



framework:

- The PT team's Integrated Behavioral Health Advisor (IBHA) worked with a practice to expand upon their team based care strategy. The IBHA consulted with the practice team to establish workflows and processes around warm-hands offs, daily huddles, screening tools, and tracking measurable outcomes. Additionally, the practice and the IBHA focused heavily on bridging the gap between medical and behavioral health documentation requirements.
- A Quality Improvement Advisor (QIA) from the PT team provided consultative support to a newly formed primary care practice. The practice and the QIA collaboratively developed a strategic plan to incorporate care management services in the clinic. The care management program is successfully embedded and the practice is conducting transitional care management services with patients who have recently been discharged from the hospital or have had an ED visit. In addition, the practice has fully implemented a chronic care management (CCM) program. The practice and QIA are now focused on incorporating the care plan into their electronic health record in an actionable way.

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 Aim: as well as Bodenheimer's and Sinsky's³ 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.

measurements include practice reported and actionable quality metrics, patient experience, and total cost of care. There is a strong focus on the advanced use of health care information technology.

One element of practice transformation includes comprehensive care that extends beyond traditional medical services and accounts for various needs along the biopsychosocial spectrum. RMHP's Practice Transformation Team offers a variety of structured and unstructured ways to support practices in developing models of integrated behavioral health that are clinically, operationally, and financially sustainable.

The following examples exemplify how RMHP's practice support efforts align with the population management strategy and whole-person



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Practices participating in the Practice Transformation program offerings are provided educational support which is uniquely tailored to meet the needs and learning goals of the practice. This is accomplished by using a variety of techniques including: face to face coaching, webinars, learning collaboratives, newsletters, eCQM toolkits, RMHP podcasts and modules.

RMHP has a Medical Loss Ratio (MLR) Quality Program in place for RMHP Prime. The PT team will use the same approach in SFY 20-21 that was used in SFY 19-20. The MLR metrics have been updated for SFY 20-21 to include: CQM 137: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment, Health and Housing Initiatives, and Emergency Department (ED) Utilization Reduction. The PT team collects CQM data quarterly to provide validation and consultative services to practices to help improve their performance on applicable metrics. RMHP also provides toolkits to practices that are specific to the CQMs included in the MLR measures list. The toolkits include measure specifications as well as suggestions on implementing standardized workflows that support the measure.

In addition, RMHP develops and disseminates PAM (Patient Activation Measure) monthly reports – that are inclusive of ED utilization rates – to Prime practices for quality improvement purposes. Upon review of these reports, practices may be encouraged to initiate quality improvement projects in relation to their performance on the metrics. RMHP will provide reporting at a systems level for the implementation of the Health and Housing Initiatives MLR metric.

Administrative payment strategies used to financially support and advance the capacity of network providers

RMHP utilizes payment strategies that incentivize best practices and increased capacity in both our Behavioral Health and Physical Health Networks. In our behavioral health model, the four Community Mental Health Centers (CMHCs) in Region 1 are paid on a per member per month (PMPM) capitated basis for most outpatient services. Each center is assigned a catchment area in which they receive monthly capitation payments for the patients in that area. The centers are then subject to a risk corridor for fee-for-service payments made to independent behavioral health providers. As a result, the centers are incentivized to increase their capacity, treat patients, and reduce avoidable costs.

For the physical health network RMHP utilizes two basic payment models, one for the RMHP Prime Network and one for the RAE non-Prime network in which RMHP is not the payer.

- For RMHP Prime, RMHP reimburses PCMP providers through a global payment for all evaluation and management (E&M) services. This creates an incentive to increase capacity and increase their attribution under RMHP's methodology. Additionally, practices' monthly global payments are risk adjusted in order to direct more financial support to practices that are caring for more complex patients. RMHP's attribution model is based upon evidence of a meaningful relationship between the Member and the provider, which includes claim experience or a Patient Choice Form. A Patient Choice Form is a document that must be signed by both the patient and the practice acknowledging that they are in a meaningful PCMP relationship. Attribution must be continuously re-established in order for the practice to continue receiving the global payments.
- In the non-Prime RAE physical health network, practices receive a variable PMPM for the purpose of providing resources to improve practice performance and expand capacity. The network is tiered based upon the practice's performance in those areas. The highest level of PMPM payment is reserved for those practices that are performing at a high level and are open to new Medicaid patients. Additionally, practices at the highest tiers of the network can be eligible



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to enter into a Community Integration Agreement with RMHP. These agreements provide additional funding to practices to provide services such as community health workers, integrated behavioral health, and case management.