Annual Practice Support Plan
Instructions and Narrative Report

RAE Name	Rocky Mountain Health Plans
RAE Region #	1
Reporting Period	SFY21-22
Date Submitted	July 30, 2021
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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 RAE and Prime Members. RMHP updates this guide at least annually, informed by new information and feedback from providers. The guide was most recently updated and disseminated to providers in May 2021.

RMHP offers information to providers on pertinent and timely topics. As an example, in 2020 RMHP developed a *Telehealth Toolkit* for practices, designed to assist them 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 Quality Improvement page on the RMHP website.

RMHP offers the following trainings to the RMHP provider network, many of which are accessible on-demand on the RMHP website's Provider Trainings page:

- **Colorado Medicaid eligibility and application processes:** RMHP has developed a webinar-based training on Medicaid eligibility and application processes that is accessible online.
- **Medicaid benefits:** RMHP has developed a webinar-based training on Medicaid benefits that is accessible online.
- **Access to Care standards:** RMHP has developed a webinar-based training on access to care standards that is accessible online.
- **Early and Periodic Screening, Diagnostic and Treatment (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 webinar format and are accessible online. Additionally, RMHP updates and disseminates the *EPSDT Provider Resource Guidebook* to providers annually.
- **RMHP's Population Management Strategic Plan**: RMHP provides information on the Population Management Strategic Plan at forums including Regional Program Improvement Advisory Committee (PIAC) meetings and Accountable Health Communities Model (AHCM) community meetings.
- **Cultural responsiveness:** RMHP offers trainings on a variety of topics including the following:
    - 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
  - Native American Cultural Awareness
  - Undoing Implicit Bias
  - Interacting with Individuals Who Are Deaf, Hard of Hearing or DeafBlind
- **Member rights, Grievances, and Appeals:** Member rights, grievances, and appeals information is incorporated in our training on Medicaid benefits, which is 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 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. RMHP developed one-page handouts that include resources, interventions, and data tips, on each of the KPIs and also hosted a series of webinars titled "Coding to Support KPIs" in 2021. The goal of the handouts and webinars 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.
- **Trauma-informed care:** RMHP offers a webinar-based series on trauma-informed care, with seven unique topics/sessions, that is accessible online.
- **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 (BIAC)
  - 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:

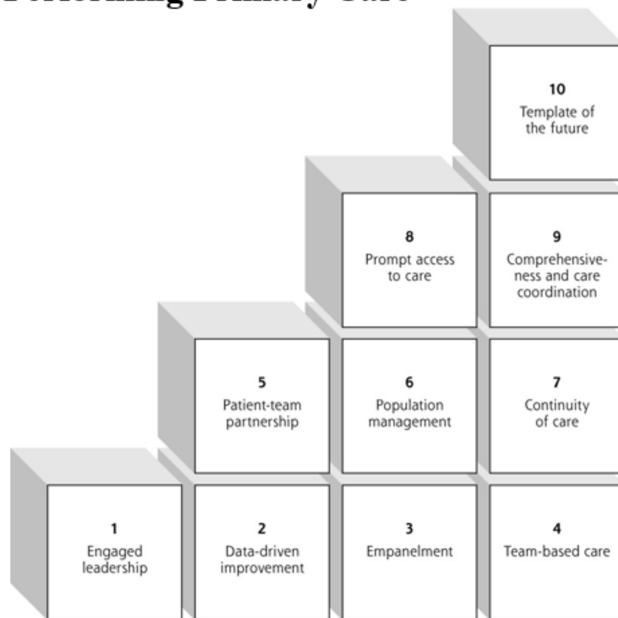
- **Alternative Payment Model (APM):** RMHP supports PCMPs in the Region 1 RAE and Prime network that are participating in the Department's Alternative Payment Model (APM) in multiple ways, including collecting structural measures. RMHP supports Region 1 PCMPs in gaining access to the Colorado Data Analytics Portal (CDAP) so that they can download their member level claims detail for the APM measures. RMHP also collaborates with the partners of Health Data Colorado (HDCO) to support eCQM work in the APM practices. Each APM practice in RAE Region 1 is assigned an RMHP Quality Improvement Advisor (QIA) and Clinical Informaticist (CI) that provides regular 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 (PMPM) payment information
  - *Patient List*: RAE member information, which can be used for outreach purposes

  Prime practices receive Prime member attribution information via monthly RMHP Prime practice reports. These reports are shared 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.
- **Behavioral Health Incentive Program (BHIP):** RMHP is actively engaged with the behavioral health provider network around the incentive measures. For example, RMHP facilitates a

monthly Region 1 Community Mental Health Center (CMHC) BHIP Collaborative work group that is focused on performance improvement opportunities, decreasing barriers, and sharing best practices across the region. RMHP also 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.

- **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. The toolkit is designed to help practices understand how to leverage the population and performance information available on the CDAP. Practices receive a quarterly email with a snapshot of their current KPI performance extracted from 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 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 measurements include

[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*

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.

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

- The PT team has developed a Diabetes Gaps in Care pilot program aimed at closing patient care gaps on A1c testing and Diabetes Eye Exams. Practices will be engaged in a 6-month high-touch intervention program that is data driven and focused on transforming practice processes around coding and patient recall systems that may be inadvertently contributing to increased gaps on these key metrics.
- 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.
- The PT Team developed an ED utilization pilot program that helps practices identify drivers of unnecessary ED utilization in their practice. This program starts with data exploration and a brainstorming session with the practice to uncover possible factors influencing unnecessary ED utilization. The practice will be asked to think about factors such as language used when patients call for appointments, patient access, and social determinants of health. After the initial discovery phase, the practice - with the support of RMHP - will move into a module-based program to improve KPI and Prime Medical Loss Ratio (MLR) metrics.

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[2] as well as Bodenheimer's and Sinsky's[3] 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.

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 Prime. The PT team will use the same approach in SFY 21-22 that was used in SFY 20-21. The MLR metrics for SFY 21-22 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 will soon send out monthly ED reports to practices to supplement their Prime attribution report data which has ample Member-level utilization data. 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.

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. In addition, the four CMHCs are offered an opportunity to participate in an alternative payment model program that incentivizes the provision of services like peer and community-based services that are not as sustainable in a typical fee schedule.

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, RMHP recently updated this model to distribute more financial support to those practices caring for the most complex patients. Practices at the highest tiers of the network can be eligible 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.