

Health First Colorado – Northeast Health Partners, Region 2 Practice Support Plan July 1, 2019 – June 30, 2020

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Executive Summary

Northeast Health Partners (NHP), Regional Accountable Entity for Region 2, delegates network management responsibilities to Beacon Health Options (“Beacon”). Beacon seeks to educate both providers and staff about needs of Health First Colorado members and RAE’s available resources and support tools to meet those needs with the highest quality of care.

Provider Relations Director, on behalf of Northeast Health Partners, reviewed this practice support plan one year after initial submission to the Healthcare Finance and Policy Department (Department) in June 2018. The Director of Provider Relations also serves as the liaison between the Department and network providers to ensure that all supports to network providers are coordinated, does not duplicate existing services, and keeps the Department informed of our activities with providers. The plan is updated annually and submitted to the Department by July 31st of each year by the Executive Officer on behalf of the Director of Provider Relations or their designee.

This plan will assess the practice supports implemented in Year 1 of the contract and outline focus areas for Year 2 through:

- Types of information and administrative support, provider trainings, and data and technology support available to network providers;
- Practice transformation strategies we offer to help practices progress along the integrated care continuum via the State Innovation Model (SIM) framework for integrated, whole-person care; and
- Administrative payment strategies the regional organization will use to support providers.

Provider Communication and Training

During the first year of the RAE contract (July 1, 2018 – June 30, 2019), the Provider Relations Department assigned representatives to communicate with large and small volume providers and office staff regularly to ensure they have the information and tools needed to adhere to program requirements. They conducted on-site visits to obtain demographics updates, educate on their contracts, address inquiries, conduct trainings, and share any relevant information for their practice.

The primary focus of Provider Relations staff is to use these interactions to build trust and rapport with the provider and its practice. It allows Provider Relations to engage with providers

and their staff to deliver information related to program goals such as administrative support, provider trainings, data and technology support, and practice transformation framework.

During the first year, 27 site visits were conducted by Provider Relations Department.

The first year of the contract served to educate providers about the transition of Health First Colorado to Accountable Care Collaborative 2.0 (ACC 2.0), primarily:

- Understanding of Northeast Health Partners as the Regional Accountable Entity for the Region.
- Clarifying the relationship of Beacon Health Options (Beacon) as the Administrative Service Organization (ASO) and its process and procedures.
- Understanding of their contract and responsibilities as a Primary Care Providers (PCP) and Behavioral Health provider.

Provider Training Strategy

Beacon uses a team approach to manage activities for provider training that incorporate goals of provider communication and provider network management:

- General information and administrative support
- Provider trainings
- Data and technology support
- Practice Transformation
- Key Performance Indicators (KPI) and Performance Measures

Beacon, on behalf of the regional organization, initiated self-service tools and interactive training platforms to enhance communication with the providers and their staff. This allowed providers to select a modality that best fits their practice and ensure all providers receive the same level of training. Throughout the year, providers receive resources to build and maintain their knowledge regarding Health First Colorado, in addition to, activities specific to the regional organization and other specialty information, as needed. Content of the various communication and training platforms includes:

- Liability of payment
- Practice guidelines
- Authorization procedures
- Documentation requirements
- Grievance and appeal system
- General information about Health First Colorado
- Health First Colorado's eligibility and application processes
- Health First benefits
- Other, as identified/needed.

Additionally, various platforms are used to meet the RAE requirement to make trainings and updates available to providers every six (6) months for the following topics:

- Colorado Medicaid eligibility and application process
- Medicaid benefits

- Access to Care standards
- EPSDT
- The Population Health Management Plan
- Use and proper submission of the Colorado Client Assessment Record for Members (CCAR) or the current Colorado Office of Behavioral Health's data collection tool for mental health and substance use disorders.
- Cultural responsiveness
- Member Rights, Grievances, and Appeals
- Quality improvement initiatives, including those to address population health
- Principles of recovery and psychiatric rehabilitation
- Trauma-informed care

Webinars

Provider Relations continues to use webinars to educate network providers on the Health First Colorado program information. Webinars inform providers of their rights such as prohibited provider discrimination and unrestricted member-provider communication as well as their roles and responsibilities. Webinars are also be used to provide annual training to update or remind network providers of their contract responsibilities or change that impact their practice. The information presented in the webinars will be available through the website used as a self-service training module.

Year one of the RAE contract relied on Webinars as the primary source of direct training to providers throughout the region. Providers and their staff reported Webinars was the most convenient training platform because they could stay informed about Health First Colorado and the RAE, while meeting their responsibilities within the practice. Based on this feedback, Provider Relations will continue to utilize Webinars to educate providers and pursue methods to increase provider engagement.

Town Halls

Provider Relations, in coordination with the regional organization and other departments, will establish travelling Town Halls. The topics for training will be driven from provider assessments for practice transformation, contract requirements, quality and utilization data, and provider needs or requests. The initial plan was to conduct the Town Halls every six months. After assessing the need to have a higher presence and engagement with providers in their community, Provider Relations changed to plan from semi-annual to quarterly. Provider Relations conducted four (4) Town Halls during the first year. The intent is to continue to the quarterly Town Halls for the first six months of the second year and re-assess their effectiveness based on the frequency. The provider's participation of the Town Halls is voluntary and we are continuously seeking new approaches to increase engagement. These include trying different locations, times, topics and presenters.

Provider Online Services

The regional organization, through its' website, has an online, provider self-service application that contains a multidisciplinary curate library of practice support tools based on contract requirements. NHP receives provider feedback that is used to develop and update the materials in the provider section of the RAE website, which are available at the following link: www.northeasthealthpartners.org . The RAE website hosts the trainings for download and review including topics on: Medicaid benefits, Access to Care standard, EPSDT, cultural responsiveness and other topics required by the RAE contract (Section 12.9.3). The website also includes the Policy and Procedure Manual for Providers (Provider Manual) which is reviewed and updated annually and is available at the following link: <https://www.northeasthealthpartners.org/providers/provider-handbook/>

The initial plan was that the Provider page of the RAE website would house recordings of Webinars and Town Halls, as well as presented materials, as a self-paced training and resources. However, due to the recording quality of the Webinars and Town Halls, we post the documents of the presented materials for access. On a monthly basis, Provider Relations updates the Provider Training landing page of the RAE website and provider alerts for self-service training. Provider Relations continues to promote the regional organization website as reference materials during visits and trainings. Providers reported appreciating a centralized location to reference training materials for personnel use or to train new staff.

Other Training Modalities

The Provider Relations Department continues to use a variety of communication tools to facilitate relationship building and interaction with providers. Provider Relations staff uses well-established methods such as the website, Provider Handbook, and newsletter to distribute the information to providers. The newsletter is a national communication from NHP to contracted providers. The newsletter allows the inclusion of a section for Colorado Medicaid, when deemed appropriate. The Provider Handbook is reviewed annually by subject matter experts to maintain accurate information.

Most importantly, staff have the capacity to send network providers email communications when there is actionable information that benefits their practice through ConstantContact/provider alerts. To ensure RAE requirements are met, training topics are available to providers every six (6) months, periodic provider alerts are also sent to the network to inform providers of the Provider Online Services available to them including the new, updated and on-going trainings available on the website for review.

Below is the list of trainings completed during the first year. It includes the dates and platform/modality used.

Topic	Platform/Modality	Date
Colorado Medicaid eligibility and application process	Provider Handbook	7/1/2018
	Provider Alert	8/1/2018
	Town Hall	2/28/19
Medicaid Benefits	Provider Handbook	7/1/2018
	Webinar	8/21/19
Access to Care Standards	Provider Handbook	7/1/2018
	Webinar	5/17/2019
EPSDT	Provider Handbook	7/1/2018
	Town Hall	2/28/19
	Webinar	4/30/2019
Population Health Management Plan	Provider Handbook	9/30/19
CCAR	Provider Handbook	7/1/2018
	Provider Alert	10/1/2018
Cultural Responsiveness	Provider Handbook	7/1/2018
	Webinar	5/17/2019
Member rights, Grievances, and Appeals	Provider Handbook	7/1/2018
	Town Hall	2/28/2019
Quality Improvement initiatives, including those to address population health	Provider Handbook	7/1/2018
	Website	7/1/2018
	Town Hall	10/19/2019 2/28/19
Principles of recovery and psychiatric rehabilitation	Provider Handbook	7/1/2018
Trauma-informed care	Website	7/1/2018
Colorado Psychiatric Access and Consultation for Adults & Kids (C-PAC)	Provider Handbook	7/1/18
	Town Hall	10/19/18 5/29/19
Other trends identified in consultation with the Department	N/A*	N/A*

*N/A – Not Applicable. During the first year, there were no other trends identified in consultation with the Department

The Provider Training Work Plan for the first year of the contract was completed. All tasks to develop and deliver training are part of the established process of provider engagement.

Table 1: Provider Training Work Plan Year 1

Task	Resources	Completion Date
Webinars		
Determine Provider Education Needs and Schedule (See Table 2: Operational Practice Support Work Plan)	Provider Relations	Complete
Create, update and maintain Curricula	All departments	Complete
Develop and submit Invitations	Provider Relations	Complete
Record and upload Completed Webinar to the Provider Website	Provider Relations	Complete
Town Halls		
Determine Schedule and Location	Provider Relations	Complete

Prepare Town Hall ideas and materials	All departments	Complete
Develop and submit Invitations	Provider Relations	Complete
Record and upload Completed Webinar to the Provider Website	Provider Relations	Complete
Provider Online Services - Website		
Identify Website Requirements (See Table 3: Operational Practice Support Work Plan)	IT & Provider Relations	Complete
Create and Complete Website Plan Document Outline.	IT & Provider Relations	Complete
Create Website Rollout plan with specific deliverable dates.	IT & Provider Relations	Complete
Coordinate with Communications and IT to create draft Website Content in Development Site.	IT & Provider Relations	Complete
Make ongoing day-to-day changes via standard publishing requests.	IT & Provider Relations	Complete
Provider Newsletter		
Create newsletter template	Provider Relations	Complete
Create newsletter distribution calendar	Provider Relations	Complete
Determine Newsletter approval process and following the regular approval process	Provider Relations	Complete
Prepare article submission ideas for the newsletter editions.	All departments	Complete
Develop first provider newsletter	Provider Relations	Complete
Provider Handbook		
Create draft provider handbook based on items outlined in the RFP for Behavioral Health and PCMP networks	Provider Relations	Complete
Send draft provider handbook to subject matter experts to incorporate detail.	Provider Relations	Complete
Post final provider handbook on the provider websites.	Provider Relations	Complete
Provider Alerts		
Create and maintain an email address for providers to add their email addresses to an email distribution list	Provider Relations	Complete
Email distribution list will serve as a list serve for provider updates and/or alerts.	Provider Relations	Complete
Post Provider Alerts to the Provider section of the Website with date and subject of alert in chronological order.	Provider Relations	Complete

Practice Support Strategy

Providers receive a range of information promoting Health First Colorado as part of their training of the regional organization. Provider Relations employ periodic interactions with Provider and their staff in-person, over the phone and electronically, to understand the individual needs of the practice. Depending on the identified need, either provider relations or another member of the interdisciplinary team will offer training or resources to the PCP.

Providers benefit from the expertise of an interdisciplinary team composed of representatives of Care Coordination, Information Technology (IT), Provider Relations and Quality Management Departments that connects periodically to review specific providers, gathered during provider interactions, and address practice support needs. Members of this team follows up with the provider directly through e-mail, conference calls, or in-person visits.

During the first year, the team's practice supports activities focused on educating PCPs about the transition to the Accountable Care Collaborative 2.0 (ACC 2.0) requirements as a contracted provider and assist them to meet the requirements. **The focus was driven largely by PCP requests to understand ACC 2.0 and its impact on their practice. As a result, the interdisciplinary team provided support** and education on:

- Member Attribution process,
- Per Member Per Month (PMPM) payment process,
- Care Coordination requirements,
- Technical Assistance: access and utilization of HCPF's Data Analytics Portal (DAP),
- Alternative Payment Model,
- Key Performance Indicators (KPI), and
- Member Dismissal Policy.

The initial plan was that once the practices competently managed the requirements, then the practice support activities would transition to develop and implement their practice transformation plan. Beacon appropriately anticipated that the majority of the practices would require at least one year understanding and managing their ACC 2.0 requirements.

During the second year of the contract, the regional organization and providers are better positioned to engage in practice transformation. The required Practice Assessments for all PCPs will inventory of the PCPs practice transformation activities, capacity and resources to become a care management delivery systems.

Practice Transformation Strategy

Provider Relations, in collaboration with Quality Management, Care Coordination and Information Technology, present to providers and their staff the importance of practice transformation and offer on-going operational support that will ultimately integrate into practice transformation. Providers who progress on the continuum of the integrated medical home may be eligible to increase the functions within the PCP practice, receive enhanced PMPM payment, and be eligible to receive additional earnings from the KPI bonus pool.

Practice Assessments

The required Practice Assessments for all PCPs will inventory the PCPs practice transformation activities, capacity and resources to become a care management delivery system. This may include operational support, sharing of clinical tools, client materials and data systems and technology that support and enhance provider capacity and quality of care.

During the first year of the RAE, PCP practices were encouraged to complete a practice assessment. Because of the provider engagement, eleven (11) PCPs completed a practice assessment. Of these, four (4) PCPs achieved Collaborative level and four (4) PCPs achieved

Accountable level and were delegated full Care Coordination functions. All other providers remained in the Contributing level.

Starting July 1, 2019, under new PCP contracts, providers are required to participate in a practice assessment. Providers that completed an assessment at the start of the RAE are required to re-asses to track their progress. Additionally, Accountable level providers underwent their first in-person annual Appraisal. **The practice assessment for each PCP will be completed as the new PCP contract is executed. It is estimated that the PCP contracts will be executed by end of first quarter of 2020. As a result, the practice assessments will be completed on a rolling basis with an estimated completion timeline of the second quarter of 2020.**

Providers that achieved Collaborative level, the transitional level, are required to complete a Practice Assessment to demonstrate their progress to become an Accountable level provider. Under the new PCP contract, PCPs can remain at the Collaborative level no longer than two fiscal years. During the second year, the three (3) PCPs remaining as Collaborative level will engage in a Practice Transformation Plan to address their areas of improvement and achieve Accountable level. Family Physicians of Greeley completed their second Practice Assessment and demonstrated Accountable level to start on the new fiscal year (July 1, 2019).

Practice Transformation Activities

Beacon anticipates that the majority of the PCPs will remain in the same level from the first to second year. Providers will be expected to engage in practice transformation based on their capacity and resources.

PCP practices that participate in incentive programs will be segmented to work closely with the Quality Management Division (Quality Management) as part of their Practice Transformation Plan. **The action items may include the use of the plan-do-check-act (PDCA) cycle to create quality improvement activities. The practice will review their quality measures, identify measure(s) to focus for improvement, and develop specific activities to impact the measure, and track the effectiveness of the activities to adjust for measurable improvement.**

Additionally, Quality Management will leverage its *Learning Collaboratives* to bring similar practices together to share best practices and conduct peer-to-peer quality improvement activities, as well as, identify common metrics across RAE efforts and State incentive programs to streamline quality improvement activities.

Examples of incentive programs include:

- Alternative Payment Model (APM),
- State Innovation Model (SIM), and
- Comprehensive Primary Care Plus (CPC+), or
- Submit data for CQM, PQRM measures.

The Practice Transformation Plans for the practices engaged in incentive programs are primarily Collaborative level providers. Thus, their plan will include connection with the Department of Care Coordination to prepare for full delegation of Care Coordination functions so they can demonstrate improvement during the next Practice Assessment cycle. Finally, these practices will be required to contribute and receive data about their attributed members to meet contractual requirements. Their plan will include the Department of Information Technology to offer technical assistance to maximize the available member data to improve the practice's outcomes. The action items may include tracking of proper and timely care coordination reporting, as well as, use of member data on the HCPFs Data Analytics Portal (DAP) and care coordination tool.

The Practice Transformation Plans for smaller practices, with no participation in incentive programs listed previously, will receive practice transformation assistance appropriate to their capacity. Beacon, on behalf of NHP, will leverage the provider training platforms such as Webinars, RAE Website, Town Halls and Provider Alerts to share information about practice transformation activities. The Practice Transformation Plans for these providers will include opportunities to connect with local and State resources and other similar practices to learn how to:

- Maximize the HCPF's Data Analytics Portal (DAP),
- Improve their Key Performance Indicators, and
- Capitalize on their Care Coordination Entity's resources.

Practices at this level have reported benefiting the most from individual interactions with Provider Relations, Quality Management and other departments as it allows them to drill down to their situation and implement processes customized to their practice. Small practices will receive periodic on-site visits as part of the overall Provider Support Plan for the region.

Accountable Annual Appraisals

Primary Care Providers who achieved Accountable level on the first year of the RAE were required to complete an annual appraisal in accordance with their contract to assess the PCMP continues to meet the requirements of the agreed upon functions or performance on KPI measures. The findings of the appraisal assisted in determining the PCMP designation for the new fiscal year. Each PCMP received an Accountable PCMP Annual Appraisal Tool scored by the interdisciplinary team and used to assess your performance. It focused on:

- Audit results for Care Coordination activities
- Effective performance of Care Coordination
- Provider Network reporting with timeliness and accuracy
- Engagement in KPI measures (i.e. submission of Care Compacts)

PCMPs that did not demonstrate meeting the minimum requirements of the Accountable PCMP received a Performance Improvement Plan. If they do not demonstrate improvement within the stated period and sustain compliance month over month, then they will be designated a

Contributing PCMP. All PCMPs scheduled a 6-month follow up to review the progress as an Accountable level provider.

All of the four (4) Accountable level PCPs completed their first annual appraisal of which two (2) PCPs received a Performance Improvement Plan (PIP). One agreed to the PIP and is working to demonstrate improvements and scheduled a 6-month follow up review. One agreed to return to the Contributing PCP for the new fiscal year as the PCP would not be able to meet the requirements of an Accountable level PCP and wished to continue participating in the ACC program with Northeast Health Partners.

The Practice Transformation Work Plan (Table 3) for the first year of the contract was completed. All tasks are part of the established process of provider engagement.

Table 2: Practice Transformation Work Plan Year 1

Task	Resources	Completion Date
Practice Assessment Tool		
Identify requirements for Practice Assessment Tool	All departments	Complete
Create and Complete Practice Assessment Plan Document Outline	IT & Provider Relations	Complete
Create Rollout plan with specific deliverable dates	IT & Provider Relations	Complete
Contact Providers and offer conduct Practice Assessment	Provider Relations	Complete
Upload Practice Assessments on NAAC Tool (or other desktop application, if NAAC Tool not fully functional)	Provider Relations	Complete
Practice Transformation Plan		
Create a multidisciplinary team schedule	All departments	Complete
Develop Practice Transformation Plan on NAAC Tool (or other desktop application, if NAAC Tool not fully functional)	All departments	Complete
Communicate with practices on transformation plan and available tools (See Table 3: Operational Practice Support Work Plan)	Provider Relations	Complete
Track progress of Practice Transformation Plan on NAAC Tool (or other desktop application, if NAAC Tool not fully functional)	All departments	Complete

Table 2.1: Practice Transformation Work Plan Year 2

Task	Resources	Estimated Date	Completion Date
Practice Assessment Tool			
Identify requirements for Practice Assessment Tool	All departments	7/1/19	7/1/19
Create and Complete Practice Assessment Plan Document Outline	Quality & Provider Relations	8/1/19	8/1/19
Create Rollout plan with specific deliverable dates	Quality & Provider Relations	8/30/19	On Target
Contact Providers to conduct Practice Assessment as PCP contracts are executed - Rolling	Quality & Provider Relations	9/1/19-12/31/19	Rolling

Complete Practice Assessment - Rolling	Quality & Provider Relations	10/1/19-12/31/19	Rolling
Upload Practice Assessments on NAAC Tool (or other desktop application, if NAAC Tool not fully functional) – Rolling	Quality & Provider Relations	11/1/19-1/31/20	Rolling
Practice Transformation Plan			
Conduct multidisciplinary team reviews of Practice Assessments	Quality, Care Coordination, Information Technology, Provider Relations	11/1/19-1/31/20	Rolling
Develop Practice Transformation Plan on NAAC Tool (or other desktop application, if NAAC Tool not fully functional)	Quality, Care Coordination, Information Technology, Provider Relations	11/1/19-2/28/20	Open
Communicate with practices on transformation plan and available tools (See Table 3: Operational Practice Support Work Plan)	Provider Relations	11/1/19-2/28/20 (Ongoing)	Open
Track progress of Practice Transformation Plan on NAAC Tool (or other desktop application, if NAAC Tool not fully functional)	Provider Relations	6/30/20 (Ongoing)	Open

NAAC Tool

During the initial plan, the intent was to have the results of the assessment to develop a practice transformation plan that connects the provider to a variety of material and resources made available through the regional organization. Then the interdisciplinary team would track the provider’s progress in achieving practice transformation plan using available data and population analysis. The Network Assessment and Action Communication (NAAC) tool would coordinate activities with the provider to assist them in achieving their practice transformation plan.

The RAE considers the development of a tool to coordinate activities with providers valuable. After the lessons of the first year, there is a need to evaluate how the NAAC tool will function and interact with other systems and processes within the organization to best coordinate provider support functions and assist the RAE in achieving its contractual goals. During the second year, there will be an emphasis on the NAAC Tool with review of identified requirements, development and implementation no later than March 1, 2020 While the NAAC tool is evaluated, Provider Relations and the interdisciplinary team is continuing to store the completed practice assessment tools and tracking the practice progress on desktop applications such as excel spreadsheets and share drives.

Table 3: Operational Practice Support Work Plan for Year 1 and continue Year 2

Task	Resources	Completion Date
Practice Support Tools		
Identify requirements for support tools based on RFP and contract <ul style="list-style-type: none"> Operational Practice Transformation 	All departments	Complete

<ul style="list-style-type: none"> • Clinical Screening Tools • Data Systems and Technology • Training materials for non-medical staff 		
Create, update and maintain materials based on the requirements	All departments	Complete
Post final materials on the provider websites	IT and Provider Relations	Complete
Review and maintain materials	Provider Relations	9/30/19
NAAC Tool*		
Identify requirements for NAAC Tool	All departments	Complete, pending review 9/30/19
Create and Complete NAAC Tool Document Outline	IT & Provider Relations	10/30/19
Create Rollout plan with specific deliverable dates	IT & Provider Relations	12/31/19
Conduct training on utilization of NAAC Tool for participants of the interdisciplinary team	All departments	2/1/20-2/28/20
Implement use of NAAC Tool	All departments	3/1/20

*Note: The electronic system allows individuals and departments to document key interactions with providers, including tracking assessments, action or training plan, and document other related activities. While the NAAC Tool is developed and implemented, Provider Relations will use desktop applications to track the interactions with providers and departments. The information gathered during this period will be transferred to NAAC Tool once fully functional.

Provider Network Sub-Committee

The Provider Network Sub-Committee, which reports to Quality Committee, designed to oversee network development functions and network management activities. They ensure that providers receive appropriate technical support and training, as well as, drive practice transformation. The committee meets regularly and uses available data and reports to ensure the regional organization meets or exceeds contract requirements on:

- Network Adequacy;
- Provider support and training; and
- Practice Transformation.