



**Annual Practice Support Plan**  
*Instructions and Narrative Report*

<b>RAE Name</b>	<b>Northeast Health Partners</b>
<b>RAE Region #</b>	<b>2</b>
<b>Reporting Period</b>	[SFY20-21 07/01/2020 – 06/30/2021]
<b>Date Submitted</b>	<b>July 31, 2020; September 4, 2020</b>
<b>Contact</b>	<b>Alma Mejorado, Provider Relations Director</b>

**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.

Northeast Health Partners (NHP) is committed to serving the Members and their needs, ensuring Members can access necessary information and services critical to health improvement, and supporting the providers essential to Member care. NHP understands that supporting providers and practice staff is key to developing a strong system of care to improve the health and wellness of Health First Colorado (Medicaid) Members through Whole Person Care as outlined in the Population Management Strategy. The Practice Support Plan for fiscal year 2021 was developed with the overarching goal of improving the health outcomes and experience of care for NHP Members. As the plan for fiscal year 2022 is drafted, NHP will include more specific details, such as metrics, timelines and dates. The plan will also include detailed action steps in order to layout how each objective will be accomplished over the next fiscal year based on findings from fiscal year 2021.

Northeast Health Partners (NHP), Regional Accountable Entity (RAE) for Region 2, delegates network management responsibilities to Beacon Health Options. On NHPs' behalf, Beacon seeks to educate both providers and practice staff about the needs of Health First Colorado members and the RAE's resources and support tools. In order to meet these responsibilities, Beacon offers provider trainings, practice support and practice transformation services to network providers through Provider Support Calls, Town Halls and one-on-one provider supports. Beacon also develops PCP contracts that incentivize providers to improve health outcomes and the experience of the care of the members.

During Fiscal Year 2020, NHP adapted its provider outreach plan to maintain communication with providers to ensure they received the information needed to serve Medicaid Members. During the first 9 months of the year, NHP conducted two Town Halls, 44 provider on-site visits, and 13 virtual trainings or Provider Support Calls. After COVID-19 crisis, NHP moved to virtual outreach and training. In order to provide timely information to providers during this period, Provider Relations hosted weekly calls with PCPs and Behavioral Health Providers from March to May 2020. Once the information and process changes related COVID-19 stabilized, Provider Relations returned to monthly Provider Support Calls. From March until the end of the year, NHP conducted 20 virtual Provider Support Calls and 28 provider meetings through phone calls and video conferencing. NHP understands the value of performing on-site visits with providers to build relationships and increase engagement. However, NHP is monitoring the public health crisis to maintain appropriate health measures for its staff and contracted providers. This is the reason NHP will continue to conduct provider visits and trainings through phone calls, video meetings at least through December 2020 and, when appropriate, initiate in-person visits.

### **Practice Support Goals**

During the fiscal year, NHP plans to prioritize the following three goals intended to engage and support providers to assist them in improving health outcomes for Members.



## COLORADO

Department of Health Care  
Policy & Financing

**Goal #1** – Each quarter conduct a minimum of one meeting with Primary Care Providers (PCP) practices to render education and support regarding Key Performance Indicators (KPI) and Performance Measures, administrative support, and Data and technology support. Provider visits will be conducted through phone calls, video meetings, and when appropriate in-person visits.

**Goal #2** – Increase the number of individuals trained at the end of fiscal year 2021 from fiscal year 2020 by 10%. The trainings will be offered to contracted behavioral health and primary care providers based on relevance of the training topics through monthly group training forums, as well as, individual provider trainings. Provider training utilization will be reported through conferencing software or through provider sign in and monitored on a quarterly basis. The trainings conducted will cover: General information and administrative support, data and technology support, Practice Transformation, and Key Performance Indicators (KPI) and Behavioral Health Performance Measures.

**Goal #3** – Provide forums for providers including monthly provider support calls, quarterly Town Halls, and the Healthy Community Collaborative to support collaboration of population management activities. Participation of the forums will be reported through conferencing software or through provider sign in. Forums are an important piece of the engagement plan as they facilitate an environment for collaboration and idea sharing amongst peers to increase efficiencies. Participants will be surveyed to measure the outcome of the forums. Tracking of invitations will be reviewed through Constant Contact to inform where providers have received, read, and respond to those communications sent out.

### **Provider Trainings:**

*Provider Support Calls* - Provider Relations has a calendar of monthly Provider Support Calls through ZOOM and uses them to train network providers on Health First Colorado program. It includes both contractually required trainings as well as other trainings that are educational to providers. Provider Support Calls offer updates or reminders to network providers of their contractual responsibilities or changes that impact their practice. This may include referencing information shared with them through the Provider Handbook, Provider Alerts or available on the website. The information presented in the calls are shared with attendees through email and available on the website to use as a self-service training module. Information about the website is shared with providers during the Provider Support Calls. Here is the link to the section in the NHP's website for Provider Support Calls:

<https://www.northeasthealthpartners.org/providers/provider-support-calls/>

Training areas include: Health First Colorado (Medicaid) Eligibility and Application Process; Health First Colorado Covered Benefits for State plan and RAE responsibility; Access to Care Standards; EPSDT; the RAEs Population Management Strategy; Cultural Responsiveness; Member Rights; Grievances and Appeals; Quality Improvement Initiatives, mental health and SUD documentation standards, including those to address Population Management; Principles of Recovery and Psychiatric Rehabilitation; and Trauma-Informed Care. 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 has been on hold pending the launch of the new program, COMPASS. Other training or education content areas available include Care Coordination; Suicide Prevention; Condition Management; and Collaboration with Specialty Providers, Brain Injury, COVID-19, and healthcare disparities.



*Provider Online Services* - Through the NHP website, providers have an online, self-service application that contains trainings and other resources to access based on need. It serves as an archive of previous trainings for reference and education. Additionally, NHP releases the annual Policy and Procedure Manual for Providers (Provider Manual) to inform provider on Health First Colorado benefits, eligibility and application process; Grievance and Appeals; Liability of Payment; Practice Guidelines; Authorization Procedures; and Documentation Requirements. This information is also shared with providers through the Provider Support Calls and Provider Alerts. NHP created a Provider Manual specific to Primary Care Providers and another for Behavioral Health Providers and they are available in the Provider section of the website:

<https://www.northeasthealthpartners.org/providers/provider-handbook/>. The Provider Manual dedicated to Primary Care Providers focuses on Contractual requirements as well as HCPF's Data Analytics Portal (DAP), Key Performance Indicators, Care Coordination resources, and the range of Administrative, Data and Technology Services to support their Practice Transformation. Here is the link in the NHP's website for Provider Online Services: <https://www.northeasthealthpartners.org/providers/>

*Individualized Provider Training* Individualized education and additional training will be available based on the practice's request or identified need to aide their efforts to improve operations, health outcomes and/or member experience. The primary point of contact, which may be either Primary Care Provider Quality Manager (PCPQM) for higher volume practices or Provider Relations staff for smaller practices, will coordinate on-site or virtual meeting to deliver the training with the practice.

*Town Halls* - Providers and community stakeholders are invited to participate in town halls. Town halls are meetings aimed at opening conversations relating to the needs of Medicaid members served in the region, allowing providers and stakeholders accessibility to RAE leadership to share needs, gaps, and successes. Information, updates, upcoming events may also be shared at these virtual or in-person events.

### **Practice Supports: Administrative, Data and Technology Services**

Providers have a primary point of contact at NHP that conducts periodic interactions through in-person visits, Zoom Conference meetings, and electronic communications to understand the individual needs of practices. The primary point of contact, which may be either Primary Care Provider Quality Manager (PCPQM) for higher volume practices or Provider Relations staff for smaller practices, responds to the provider's request. The assigned staff will schedule an individualized provider training to discuss and address the provider's needs leveraging internal resources and provider online services, when appropriate. Topics for training and discussion include Member Attribution Process; Per Member Per Month (PMPM) Payments; Care Coordination; access to and utilization of HCPF's Data Analytics Portal (DAP); Alternative Payment Model (APM); Key Performance Indicators (KPI), and Member Dismissal Support.

NHP is establishing a report request process for practices within FY2021. This system will mirror the Hospital Transformation Report request process that has been in place for the past year and received positive feedback from hospitals. In addition to helping practices understand performance outside of what is provided in the DAP, this process will also allow NHP to collect insight on what reports and analytics are most meaningful to practices working on practice and process improvement. NHP is developing a "KPI Dashboard" to build on the standard Key Performance Indicators (KPI) reports to enhance existing Practice Performance reports that support improvement initiatives within practices. These efforts assist practices to make improvements in care and may align with the APM measures chosen by practices. Ad hoc and



standard reports can be used to analyze current performance and guide Practice Transformation discussions with providers. In addition to providing data reports, NHP provides information on available data systems, as well as, contact information who can assist with those systems.

NHP continues to support PCPs by disseminating data extracts that identify members that may require additional care. The Admissions, Discharge, and Transfer (ADT) report is disseminated on a daily basis and identifies those members that are currently or have recently been admitted into a hospital. The Daily Census report is another daily file that is disseminated that identifies members currently admitted to a hospital for behavioral health reasons. Additionally, the Nurse Advice Line report is sent out Monday – Friday and the Health Needs Survey is sent out every Wednesday to care coordinators to help them understand the needs of their members.

### *Support for Telehealth Services*

With the recent expansion of telehealth services many providers are requesting to continue to utilize telehealth. We are working with providers to understand how they will be able to continue to use telehealth and if offering services after hours via telehealth is an option. For FY 20-21, one of the three Network Adequacy Goals is to increase telehealth services. NHP will increase the number of primary care and behavioral health providers that use telehealth services by 10% by the end of the fiscal year. NHP has incorporated strategies into its Provider Support Plan to work with providers to capture the number of providers who render telehealth service including for after-hours appointments.

NHP will offer the providers training on how to optimize telehealth in their practice. NHP plans to continue communication with providers regarding telehealth services through its various communication platforms including Provider Support Calls, Newsletter and Individual Provider Outreach to educate, promote and utilization of telehealth services, especially as practices return to in-person patient care. We will discuss with the providers their hours of operations and the service they offer through telehealth, including telehealth for after-hours availability. NHP will target primary care and behavioral health providers, which may have capacity to add or expand telehealth services within their practice for after-hours availability. NHP utilizes Provider Support Calls to educated providers on the billing guidelines and documentation requirements for telehealth. Also, the Provider Support Calls forum allows providers to share information with their peers and crowdsource best practices for implementing telehealth. NHP will continue to use this forum to leverage peer-to-peer support. Additionally, NHP connects providers with national resources on implementing telehealth and will include to the NHP website. NHP will use internal system solicit feedback from Member and Family Services when they assist a Medicaid Member to obtain after-hours appointments through telehealth. The feedback will be monitored to gauge need for after-hours availability and demand for telehealth services. NHP will review and update the plan based on provider and member feedback, as well as, the effectiveness of the provider outreach to ensure after-hours availability needs are met.

### **Practice Transformation**

Our Practice Transformation philosophy is to engage with practices and utilize quality improvement tools to support them in achieving practice goals and regional priorities.

Specific Practice Transformation functions of the Primary Care Provider Quality Managers (PCPQMs):



## COLORADO

Department of Health Care  
Policy & Financing

- A single point of contact to support practices with optimizing practice workflows and systems.
- Ongoing support and coaching for quality improvement (QI) activities utilizing standard QI tools and develop the infrastructure and processes that lead to improved health outcomes.
- Utilize practice assessments to identify opportunities within practices to be included in the annual quality improvement plan.
- Assist practices with improving performance related to Key Performance Indicators (KPI) and meeting Alternative Payment Model (APM) measure selection goals as it applies to the Performance Pool.
- Provide individualized support to practices to improve access to care, patient satisfaction, and BH integration.
- Explore opportunities to include specialty care and behavioral health providers into the Practice Transformation strategy in the upcoming year.
- Teach practices how to utilize available data that support population health plan efforts and risk stratification of patients who are high risk.
- Work with practices to understand individual clinical pathways for condition management to develop standards of care successful in our region.

*Alternative Payment Model (APM) Support for Practices* - As the first half of 2020 has brought unique challenges to the 2019 APM reporting, NHP is eager to start pushing ahead in the support of practices with 2020 APM measure selection. APM activities include:

- A weekly sub-workgroup with a focus on ensuring APM support to practices is occurring and ensure all internal teams are involved in the process.
- Onsite PCPQM meetings with practices to discuss APM at a quarterly frequency, though practices can request additional support as needed.
- Weekly meetings with CORHIO to collaborate on Electronic Clinical Quality Measures (eCQM) support to relevant practices. This collaboration includes a working document to track progress.
- Working with the primary care practices that qualify for APM to support them in measure selection and documentation. The strategies employed to support each practice will depend on the APM measures selected, including engaging CORHIO for eCQM measures, periodic review of claims data, and scheduling touchpoints to prepare and validate their structural measures.
- Education and support on best practices and strategies for improving APM performance.

*Key Performance Indicators (KPI) Support for Practices* - As mentioned above, NHP has established a multi-departmental workgroup to focus on the KPI performance for its network practices. As a function of the workgroup, a “KPI Dashboard” will be developed by end of August 2020, which will aggregate data by group practice instead of by site currently available through HCPF’s Data Analytics Portal (DAP). PCPs with multiple practice sites may gauge their performance across their practices and as a whole to determine strategies to improve performance. PCPQMs will work with practices on KPI alongside other Practice Transformation initiatives and efforts during onsite visits.

*Practice Transformation for Small Practices* - The Practice Transformation for small volume practices with no participation in APM incentive program will be offered practice transformation assistance by Provider Relations appropriate to their capacity. NHP will leverage Provider Support Calls to share information about





## COLORADO

Department of Health Care  
Policy & Financing

practice transformation activities. This 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), educate on how to review their Key Performance Indicators, capitalize on their Care Coordination Entity's resources, and the range of Administrative, Data and Technology Services supports. As small practices across the region have varying needs, Provider Relations will use individualized provider trainings to deliver education and practice supports as part of the overall Provider Support Plan for the region.

All PCP practices will be offered training regarding the Population Management Framework defined by HCPF as the paradigm for treating members via whole-person care. Training will be conducted through provider forums, as well as printed materials which will be accessible via NHPs' website. Trainings specifically requested by Providers will be offered on an as-needed basis.

### **Administrative Payment Strategies**

Northeast Health Partners is modifying PCP contracts for Fiscal Year 2021 to focus financial incentives with those practices offering services above and beyond baseline primary care services for their active/utilizing attributed members. Delegation of care coordination services will be limited to Northern Colorado Health Alliance (NCHA) and with the region's three Federally Qualified Health Centers (FQHCs), Peak Vista Community Health Center, Salud Family Health Centers and Sunrise Community Health. Identified as the region's "accountable entities," for their work in care coordination, payment to these entities will be tiered to incentivize engagement of complex members in care coordination services. Non-delegated PCPs have the opportunity to earn dollars above their Per Member Per Month (PMPM) if they implement vetted condition management programming.

For behavioral health providers, NHP plans to further expand existing case rate agreements with inpatient levels of care. Plans involve expanding quality metrics as well as an analysis of other levels of care for potential Value Based Payment (VBP) contracting.

### **Practice Oversight**

Practice oversight is a key element to ensuring that services are being rendered in an appropriate manner as laid out in the PCP contracts. NHP has developed a practice oversight strategy to maintain communication and report progress with providers and compare the standing of similar providers across the network. Starting first quarter 2021, NHP will implement specific oversight which connects to contractual requirements which may include:

- Appointment Availability, and After hour's emergency availability,
- Care coordination for accountable PCP or coordinating care with the Care Coordination entity,
- KPI measure performance, Performance Pool, and Alternative Payment Model (APM),
- Cultural competency training and/or policy,
- Submitting as necessary when there are changes and deletions to their staff or rendering provider network, and member dismissal.

NHP will create a coordinated activity timeline and findings by area of oversight and a combined description of practice performance. The findings of the practice oversight will inform the targeted outreach for practices to improve areas of low performance, opportunities for education and support, and planned trainings.



### **Provider Network Sub-Committee**

The Provider Network Sub-Committee was designed to oversee network development functions and network management activities. During the annual evaluation of the committee relative to the requirements of the RAE contract, the committee members determined that it would better serve the needs of the network to dissolve the committee. Starting in the first quarter of fiscal year 2021, NHP will incorporate feedback from providers through Performance Improvement Advisory Committee (PIAC), Health Neighborhood Collaborative, as well as, provider Town Halls and Support Calls, and transition the monitoring of network to regular reports to the Board no less than quarterly.