



Annual Practice Support Plan
Instructions and Narrative Report

RAE Name	Colorado Access
RAE Region #	Region 3
Reporting Period	SFY20-21
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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.



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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.

INFORMATION, ADMINISTRATIVE SUPPORT, AND COMMUNICATION: *Improve the quality and effectiveness of relationships with providers by maintaining high levels of contact and developing new and iterative tactics for enhancing Medicaid understanding and driving patient outcomes. Improve provider understanding of alignment and efficiencies across Medicaid and other evolving payment models.*

With more than 14,000 provider support interactions annually, the Colorado Access (COA) provider relations team is continually supporting the provider network by delivering high touch, personalized customer service through multiple modalities (telephonic, email, in-person, virtual). In response to the COVID-19 pandemic, Colorado Access expanded use of webinars and virtual meetings with providers. For SFY 2020/21, COA will continue to build upon these relationships to further enhance provider familiarity with, and effectiveness in, delivering services to Health First Colorado members. Communication and training strategies will incorporate lessons learned and feedback from providers during the COVID-19 emergency and will continue to include modalities such as the use of virtual meetings and support, timely newsletter distribution, individually tailored practice support, and enhancements to COA's provider portal and company website to allow providers the ability to self-help when appropriate.

Training and Information Sharing

For SFY 2020/21, COA will continue distributing its monthly informational newsletter to the entire network, for a total of 12 newsletters. Each edition will include timely Medicaid information related to policy, programming, and operations. In addition, COA will distribute ad hoc informational newsletters as situations dictate—for example, if COVID-19 requires further updates due to operational changes. COA will convene at least two (2) provider forums and will aim to hold one per quarter, for a total of four (again, depending on the arc of COVID-19). COA will distribute invitations to its entire primary and behavioral health network, with a goal of engaging with at least 50 providers per forum. COA will plan agendas for each forum based on feedback from providers and policy/operational imperatives that are passed down from the Department. In order to more effectively channel training efforts, Colorado Access will launch a new training platform during SFY 2020/21 which will allow COA to target trainings to providers who have not yet received them. This tool will also monitor training rates on important topic areas. Colorado Access will use data from claims, prior authorization requests, customer service calls, and grievances to proactively target provider education and support.

Web Site and Provider Portal

During SFY 2019/20, COA enhanced its Provider Portal to include information on COVID-19 risk factors, as related to each provider's ACC panel. For SFY 2020/21, COA will continue to seek areas of opportunity for further enhancement to the Provider Portal and work to include information pertinent to priority populations as outlined in the RAE contracts. COA will build upon successful enhancements



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to the Provider Portal with the aim of empowering providers to quickly and securely gain access to reporting, informational materials, and other important resources. By enhancing self-help functionalities, COA provider relations staff will be able to channel further effort toward proactive initiatives and high-impact provider touches.

Colorado Access improved the provider section of the Colorado Access website in order to make it easier for providers to find and utilize provider resources and supports. COA maintains a provider manual and other important provider information online. To improve its utility, COA updated the user interface of the site to make it easier to navigate. For SFY 2020/21, COA will be making updates to website tools including authorization requirements, eligibility and claims lookups, complaint and appeals information and dispute resolution mechanisms.

Practice Support

Throughout SFY 2019/20, Colorado Access's Practice Support team coached practices to advance Accountable Care Collaborative programs in order to improve provider satisfaction and member care. COA worked closely to align efforts with groups like Colorado Regional Health Information Organization (CORHIO) and Pediatric Care Network (PCN) on both key performance indicators (KPIs) and the Alternative Payment Models (APM). The alignment with these groups alleviated provider burden as Colorado Access held joint meetings, aligned messaging and worked together to serve as one united support team to providers. For SFY 2020/21, COA will continue to convene these partnerships, with the aim of further building communication platforms that align ACC performance expectations with the data that providers have access to and the supports they receive from COA. During SFY 2019/20, Colorado Access had 188 unique meetings with providers related to APM work. Of these 188 visits, 70 of them were conducted jointly with PCN, CORHIO, Colorado Children's Healthcare Access Program (CCHAP) and/or other Regional Accountable Entity (RAE) representatives. COA will aim to meet those numbers during SFY 2020/21 and will solicit consistent feedback from providers on how to best make data accessible, understandable, and actionable.

In order to ensure Colorado Access is meeting the needs of the contracted network, Colorado Access conducts a series of provider surveys throughout the year. These surveys assess the level of satisfaction providers have with provider supports and Colorado Access utilizes responses to gauge additional educational and training needs of providers. This ongoing feedback loop helps continually improve provider education, training and communication supports over time and increases provider satisfaction; and will continue throughout SFY 2020/21.

DATA SYSTEMS AND TECHNOLOGY SUPPORT: *Support providers in data systems and IT and health technology needs, identify and understand the data needs of providers. Create a process for data requests and interpretation support.*

Much work has gone into the data reporting available through the Colorado Access provider portal. COA has added the Department's COVID-19 risk level (cumulative) to the original Provider Enhanced Payer Report (PEPR) to indicate which members attributed to a contracted entity have greater risks associated should they contract the virus. As a result, the entire network now has access to this information to help prioritize member outreach and ensure those at highest risk are connected to their



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medical home. Further, Colorado Access can produce member level detail of this COVID-19 risk data for those providers that have capacity to outreach their populations during this time. To date, these files have been shared with more than 60 practices sites, which improved their ability to be data driven in a pandemic, while also keeping members engaged in needed care. For SFY 2020/21, COA will continue to enhance data reporting via the Provider Portal and PEPR reports. Work will center on including data pertinent to priority populations, as identified by the Department, in conjunction with COA's Population Health and Health Strategies teams.

Beyond COVID-19, Colorado Access established a summary-level report to quickly visualize status of wellness and dental-related KPIs. The report shows provider site-specific KPI rates, as well as the whole region's current KPI rate, in relation to their RAE's Tier 1 and Tier 2 goals for the given KPI. This report also includes the calculated minimum number of additional qualifying claims required for a provider to reach Tier 1 or Tier 2 for the given KPIs. It is noteworthy that for this report, Colorado Access is using internal calculations (based on the Department's KPI methodology document) to produce KPI rates that follow only a two-month lag. This was in response to the continued provider demand for KPI metrics to be in real-time for performance improvement interventions to be better implemented, while accounting for some claims runout. Moving into the next fiscal year, Colorado Access will build upon this success to further enhance provider data to include stratified sub-populations for provider targeted outreach such as diabetes, members released from Department of Corrections, high-risk maternity and those at risk for COVID-19.

PROVIDER TRAINING: *Develop provider-centered content for each training topic required by the RAE contract and expand diversity in training modality.*

Colorado Access's Provider Relations team will continue to update and deliver provider trainings that support regional health strategy initiatives, KPIs, and other RAE programs. Near the end of SFY 2019/20, COA launched a new online training system to provide on-demand interactive trainings to providers while allowing for better tracking and reporting. The trainings accommodate in-learning questions, scoring, and certificates of completion. The system also allows Colorado Access to monitor which providers have started, completed or not taken the trainings to better target providers who need follow up or further education. COA will use the platform to better understand training that is selected by providers, which will further guide future topics for inclusion in the tool.

In March 2020, Colorado Access organized a telehealth training that was made available to all physical and behavioral health providers across the network. This training focused on the quick changes Colorado Access made in expanding the code set that could be billed by telehealth, as well as how to document correctly to ensure quick payment. The training was attended by more than 200 participants. Due to the heavy interest in telehealth and the success of the initial training, Colorado Access will continue to evolve this strategy to ensure providers are investing in telehealth infrastructure that can exist beyond COVID-19.

As part of the Colorado Access commitment to expand educational opportunities for providers, and in response to the rapidly changing COVID-19 landscape, the practice support team launched provider resource groups in April 2020. These groups offer a peer-to-peer learning environment, in hour-long



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sessions, with a focus on issues providers are facing in their daily practice. Webinars are built around presentations from two to three providers or outside experts around a specific topic, followed by discussion. Four topics were explored in the months of April and May: Small Business Funding Opportunities During COVID-19, Maximizing Telehealth Services, Outreach Strategies to Message Patients About Needed Care, and Data Sources to Help Prioritize Patients. Attendance ranged from seven to 22 participants at each event, with 30 unique practices participating over the four events, and response from providers was extremely positive. Colorado Access will continue with this support for SFY 2020/21, with plans to hold at least four (quarterly) support groups, with topics identified through input and feedback from providers.

PRACTICE SUPPORT: *The practice support strategies it will offer to help practices progress along the Framework for Integration of Whole-Person Care.*

Throughout SFY 2020/21, the practice support team at Colorado Access will continue to implement a flexible telehealth model. Colorado Access is skilled in rolling out fully integrated, in-person telehealth platforms, as well as leveraging the Virtual Care Collaboration and Integration (VCCI) program where behavioral is delivered virtually. Due to the strong collaboration between practice support and VCCI teams, the VCCI program saw an increase of 38.5% in utilization for curbside consultations with providers and direct care services, and COA expects to increase this utilization during the coming fiscal year. For SFY2020/21, Practice Support will continue to collaborate with the VCCI team to help the VCCI program reach its targeted goal of increasing the number of total discrete services it provides by 20%. In addition, the VCCI Program is targeting January 2021 to begin offering an eConsult component to its VCCI program. This modality of telehealth will allow VCCI's participating practices to communicate directly with psychiatrists and clinicians through a web-based platform for behavioral health consultation and guidance.

Colorado Access will continue to work on increasing availability of integrated care services for members through the encounter rate program which pays a fixed rate for a set of codes that are not usually billable. When comparing July 2018 to February 2019 and July 2019 to February 2020, Region 3 paid claims increased from 725 to 1407, an increase of 94%. This increase in both in-person and virtual programs reflects improved access and utilization of integrated care and effectively delivers on the mission of the RAE to move practices along the framework of whole-person care—and indicates an opportunity to continue this practice. COA will evaluate the encounter rate program within context of new Value Base Payment (VBP) methodologies to identify ways to best enhance the efficacy of both.

By leveraging strong relationships and previous success in workflow implementation, the practice support team was able to assist providers who had no telehealth experience migrate from an in-person model of care to a virtual platform with the onset of COVID-19. This work will continue, as appropriate, and the practice support team will work with behavioral health and medical providers to implement sustainable and efficient telehealth workflows to support members through this challenging time, while also leveraging the VCCI program to fill gaps when needed. Moreover, COA found success in utilizing member-level COVID-19 risk data in order to assist providers in creating outreach campaigns to their patients. This helped providers outreach members, specifically those with chronic health care conditions. Practice facilitators educated providers on identifying individuals with a mental health



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diagnosis and promoted the VCCI model for behavioral health care in the primary care setting. This work will continue in SFY 2020/21, with an eye on expanding to incorporate priority populations, as identified by the Department.

Lastly, the team has been selected as a practice transformation organization through the Innovation Support Program (ISP) offered through the University of Colorado. The first phase of this program was to help assigned clinics move through a series of building blocks to establish a telehealth model for both physical and behavioral health needs. The next phase of the program, beginning in SFY 2020/21, will move through a series of quality improvement building blocks in order to achieve certain clinical quality measures that include: BMI Screening and follow up plan, initiation and engagement of Alcohol and Other Drug Dependence Treatment, and diabetes support. COA will coach practices in achieving progress in the defined areas of leadership, data driven QI, empanelment, team-based care, patient and family engagement, population management, continuity of care and access, comprehensiveness and care coordination, and value based contracting. Please note that while work will begin, in earnest, for all the defined coaching areas, all will not be fully achieved during SFY 2020/21, and work will continue beyond.

ADMINISTRATIVE PAYMENT: Increase the number of practices able to be successful under alternative/value-based payment Medicaid models.

Colorado Access has worked to evolve the administrative payment from a flat per-member-per-month (PMPM) capitation model into a value-based payment capitation model that rewards providers for engaging a larger proportion of their attributed patient panel and adhering to their contract with the RAE. The new model also incentivizes providers to perform well in the Department's primary care APM program and engage more intensively with members that have complex health care needs. A provider's new capitation rate is dependent on each of their practices' ability to meet the criteria. When Colorado Access first modeled how incorporating these elements would impact payments, Colorado Access saw that the new PMPM payment ranged from \$2 to \$7.25, with 63% of sites earning at the lower end between \$2-\$3 PMPM (representing 44% of attributed members), 27% of sites earning at the higher end between \$5.85-\$7.15 (49% of attributed members), and the remaining 9% of providers falling in the middle (\$3.25-\$5.65 PMPM) for the other 7% of members. As hoped, low-performing practices will see a reduction in their previous capitation rate and high-performing practices will likely see a capitation rate increase. Per recent feedback from the Department, Colorado Access will be adjusting the model to pay capitation only for utilizing members, defined as those that have engaged with the Medicaid health care system in the past 18 months. The components of the model were selected to reward efforts to increase member access to care, to ensure that providers provide services consistent with contractual PCMP requirements, to align with the Department's payment reform initiatives, and to reward providers for their successes in engaging members that require complex care.

To operationalize this new model and push providers toward value-based payment and improved member health outcomes, Colorado Access is launching two complementary data visualization tools: Provider Performance Dashboard (offers high-level view of all network providers) and the Provider Performance Scorecard (provider-specific, in-depth view). In establishing these novel tools, Colorado



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Access will more effectively measure and report clinical performance, helping promote performance improvement with providers in prioritized areas. These two tools will launch in early August 2020.

Colorado Access also developed an incentive sharing program that rewards providers for their contributions to the region meeting the behavioral health incentive measures. Models were designed in collaboration with the Region 3 Governing Council to ensure that dollars were fairly distributed across the providers doing the most work to meet the region's goals. Four of the five behavioral health metrics pay out using a 50/50 hybrid model where 50% of dollars are paid out for provider partnership and 50% for provider performance on the metric. Partnership payments are meant to serve as an "attribution proxy" and reward the top 100 providers by claims volume for their contributions in engaging and serving the behavioral health needs of the region. Performance payments are distributed to providers in direct proportion to their contribution to the numerator through their completion of timely qualifying visits. The depression screen follow-up measure pays out using a 100% performance model, where 60% of dollars are proportionally split across primary care providers that performed depression screens (with a positive or negative outcome) and 40% of the dollars are proportionally split across providers that performed timely follow-up visits. This model incentivizes primary care providers to increase the number of screens that they administer to their patient panels. It also incentivizes providers to orchestrate efficient patient hand-offs between the primary and behavioral health care settings.