

Colorado Access
*Practice Support Plan for
Regional Accountable Entity
Region 5*

RAE CONTRACT > STATEMENT OF WORK > EXHIBIT B > 12

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The contractor shall have a written practice support strategy that includes, but is not limited to, the following information:

- The types of information and administrative support, provider trainings, and data and technology support the contractor will offer and make available to network providers.
- The practice transformation strategies it will offer to help practices progress along the Framework for Integration of Whole-Person Care (For more information, see <https://www.colorado.gov/healthinnovation/resources-9>).
- The administrative payment strategies the contractor will use to financially support providers.

The Colorado Access Practice Support Strategy, and related, contractual Practice Support Plan, has been developed using:

- A. Elements detailed specifically by the Colorado Department of Health Care Policy and Financing in the Regional Accountable Entity (RAE) Request for Proposals/draft contract (Section 5.14).
- B. The Colorado Access vision for a regionally transformed system; focused on improving health outcomes through a shared agenda that is collaboratively developed by the regional providers, Regional Accountable Entity (RAE), and other important stakeholders, and prioritizes mutually reinforcing activities.

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Executive Summary

The Colorado Access practice support plan describes the high-level goals for each type of practice support required in the Regional Accountable Entity (RAE) Statement of Work. Each annual practice support plan report will detail specific activities and accomplishments as related to annual objectives of the concluding and upcoming fiscal years. The Colorado Access Practice Support Strategy and related contractual Practice Support Plan have been developed using elements detailed specifically by the Colorado Department of Health Care Policy and Financing (the Department) in the RAE Request for Proposals/draft contract. The Colorado Access vision for a regionally transformed system is focused on improving health outcomes through a shared agenda that is collaboratively developed by the regional providers, RAE, and other important stakeholders, and prioritizes evidence-based, mutually reinforcing activities. Colorado Access is in a unique situation, as the two Colorado Access regions are both predominantly urban and have several providers who are contracted in both regions. As a result, most practice support activities/interventions are the same based on regional needs but are customizable and targeted based on individual practice needs. Colorado Access practice support activities are consistent for members throughout the network, including up to 90,000 members in Region 5 who are enrolled in Denver Health Medicaid Choice (DHMC). These members are served by Denver Health providers who are contracted with both the Managed Care Organization (MCO) and the RAE. While the MCO support activities are different and outlined in Denver Health Medical Plan's report, the members and providers attributed to the MCO benefit from the Colorado Access work outlined in this report. Further, as the Denver Health Medical Plan (DHMP) is a closed network, Colorado Access does not work directly with DHMP, per se, on practice transformation efforts. However, DHMP delegates provider responsibilities and network provider roles to Denver Health and Hospital Authority (DHHA), which administers Denver Health primary care clinics. These clinics function as ECPs within the COA network and receive the same practice transformation support and training that all COA ECPs receive. Through this direct support of DHHA clinics and providers, COA is, by extension, supporting and collaborating with DHMP in all practice support functions, including those within the Whole Person Framework. For further information, please refer to updated Provider Support Plan, which has been updated to specifically target the whole person framework requirement.

The types of information and administrative support, provider trainings, and data and technology support the contractor will offer and make available to network providers

INFORMATION, ADMINISTRATIVE SUPPORT, AND COMMUNICATION

1

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.

PROVIDER TRAINING

2

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

DATA SYSTEMS AND TECHNOLOGY SUPPORT

3

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.

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

PRACTICE SUPPORT

4

Deliver practice support and assistance based on the pay for performance measures and other program aims in order to help practices adopt evidence-based approaches that meet the needs of their populations.

The administrative payment strategies the contractor will use to financially support providers.

ADMINISTRATIVE PAYMENT

5

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

1

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.

Information, Administrative Support, and Communication¹ 2018 Accomplishments:

- A. Deliver signature personal customer service and increase our annual number of provider contacts through multiple modalities (i.e. telephonic, email, in-person, virtual)
 1. The provider relations team managed 55,859 individual contacts with providers over the last 12 months in their ongoing support and education of the network. Additionally, provider relations has done multiple outreaches to providers on such things as Alternative Payment Model (APM) measures, adoption of the Data Analytics Portal (DAP), RAE panel sizes and open and closed panels. These outreach activities, along with day-to-day support of the provider network has increased the number of provider contacts and strengthened connections with contracted providers. These strengthened relationships with providers have led to a more proactive approach to issues resolution on the part of both providers and Colorado Access.
 2. Team members from AccessCare Services, practice support and provider relations frequently conduct joint in-person meetings with primary care providers to maximize sharing of information and relationship development. Providers have responded favorably to this “tag-team” approach and stated their appreciation of the Colorado Access effort to streamline points of contact. The internal coordination allows providers to have all questions answered at once by the correct subject matter expert, which contributes to reduced provider burden, less duplication of work among internal teams, and improved provider satisfaction.
- B. Increase the quantity and quality of informational material that is available to practices (by increasing the frequency of monthly provider newsletter and email updates to once per month) to provide concise, targeted information.
 1. In FY 2018-19 Colorado Access was able to expand the reach of the Navigator provider newsletter to more than 6,000 providers in the network and increased the frequency to monthly. The number of articles was also increased and the content was organized by line of business to ensure that providers can easily find relevant and helpful information. In addition to the expansion of the newsletter, materials were developed for providers to educate them on Colorado Access support areas such as telehealth, practice supports, quality improvement and population health.
 2. Colorado Access has supported providers in their understanding of alignment and efficiencies across Medicaid and other state programs through tactics such as: synthesis and summary documents, newsletter updates, in-person consultation, etc.

¹ Future Practice Support annual reports will include an evaluative summary of the concluding year’s accomplishment highlights as well as the objectives for the coming year.

- C. Increase the quantity and quality of in-person provider trainings by organizing a minimum of three practice forums in 2018-19 that give primary and specialty care providers, community partners, and other RAE stakeholders, including the Department, opportunities for information sharing and prepared presentations about integrated care and other relevant training topics.
1. In FY 2018-19, Colorado Access hosted three provider forums and one provider networking opportunity with attendance between 80 and 150 providers and/or clinic staff members. The trainings and topic discussions provided were relevant to the mission and success of the RAE. Topics have included key performance indicator (KPI) overview, telehealth, behavioral health documentation strategies, trauma informed care and a training on the Department's Data Analytics Portal. Behavioral health providers have now been added to these forums to promote whole person care and the integration of behavioral and physical health within the RAE.
 2. In the past year, Colorado Access, through the provider relations team, held pre and post RAE go- live town hall meetings to kick off the implementation of the RAE, educate providers on relevant changes they could expect, and gave an overview on the RAE in general. Additionally, there has been education on the APM program and how it aligns with other Medicaid initiatives. Colorado Access has also supported the adoption of the Department's Data Analytics Portal to help providers understand and align the KPIs with the rest of their work caring for Medicaid members.

Information, Administrative Support, and Communication² 2019 Proposed Activities:

- A. Continue to deliver personalized customer service and increase the annual number of provider contacts through multiple modalities (i.e., telephonic, email, in-person, virtual) to increase provider satisfaction as measured year over year.
- B. Increase the quality of informational material that is available to practices with more varied content for providers and more precisely tracking readership to measure effectiveness. Also expand the information about provider services through the Colorado Access website to increase provider understanding of RAE goals and objectives.
- C. Conduct a minimum of three provider forums in 2019-2020 that include both behavioral and physical health providers along with specialty care providers, community partners, and other RAE stakeholders, including the Department, and measure attendee satisfaction at each to measure relevance and usefulness of presented information.
- D. Continue to support providers in their understanding of alignment and efficiencies across Medicaid and other state programs through tactics such as synthesis and summary documents, newsletter updates, in-person consultation, targeted training, etc. to help limit the burden on providers in their day-to-day work of serving members.
- E. Conduct a provider survey to assess the level of satisfaction with Colorado Access and utilize responses to gauge additional educational and training needs of providers. This tool will help measure the effectiveness of outreaches, training-webinar, training-informal, in-person trainings, and provider services to ensure provider satisfaction.

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2

Develop training modules for each training topic required by the RAE contract and expand diversity in training modality

Provider Training³ 2018 Accomplishments:

- A. Deliver provider training that supports regional health strategy initiative, KPIs, and other RAE program aims.
 - 1. The provider relations team conducts monthly webinars that are available to any contracted provider. These trainings include important details on how to interact with Colorado Access as well as an overview of the RAE. The provider relations team is also available to provide in-person training at the provider's location, when requested. Since July 2018, the Colorado Access provider relations team has conducted more than 2,800 trainings by webinar, in person, or over the phone. Some of the trainings include a RAE overview, training on both the Colorado Access and the Department provider portals, the APM, attribution and payments, and KPIs.
 - 2. Colorado Access has contracted with AccessCare Services to conduct educational "lunch and learn" presentations. These have been offered to 29 provider entities utilizing the Virtual Care Collaboration and Integration (VCCI) program. These presentations focus on a wide variety of topics, such as depression and anxiety, ADHD, bipolar disorder, weight management/eating behaviors, and creating crisis protocols. They are led by a licensed professional counselor and psychiatrist, and discuss information related to clinical diagnosis, assessment, and prescribing psychotropic medications. Throughout this series, providers are encouraged to bring case questions for the specialists to answer.
- B. Update the Colorado Access training inventory and ensure all contractually required training topics are available and kept up-to-date in an ever-changing environment.
 - 1. The provider relations team developed 18 new provider training modules per the RAE contract that support the efforts of the RAE program aims. All trainings that are outlined in section 12.9.3 are available to contracted providers. Trainings are also made available through the Colorado Access website and the provider relations team provides individual practice level trainings in person or by webinar.
- C. Develop a tracking mechanism and have capability to report on which providers completed which trainings using which modalities by the end of FY 2018-19
 - 1. Colorado Access has been working to develop an online interactive training tool that will allow for on-demand video trainings to the provider network. This tool will allow for tracking the number of trainings taken by the provider network, as well as embedding learning questions to monitor provider understanding.
- D. Improve the availability of diverse training modalities at end versus start of FY 2018-19.

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1. Colorado Access has been working to develop video trainings to supplement the current PowerPoint and webinar-based trainings. Exploration has also begun into a new web-based tool that allows providers to view these videos on demand. Additionally, Colorado Access is looking to develop educational videos for providers that are available on the Colorado Access website.

Provider Training ⁴2019 Proposed Activities:

- A. Continue to update and deliver provider training that supports regional health strategy initiative, KPIs, and other RAE program aims.
- B. Update the Colorado Access training inventory and ensure all contractually required training topics are available and kept up-to-date in an ever-changing environment.
- C. Leverage the Colorado Access internal training systems to provide on-demand interactive training materials to providers online while allowing for better tracking and reporting.

DATA SYSTEMS AND TECHNOLOGY SUPPORT

3

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.

Data Systems and Technology Support ⁵ 2018 Accomplishments:

- A. Identify and document the most significant unmet data needs of practices.
 1. Many practices shared an inability to identify youth in foster care or track the members assigned to them. Colorado Access was able to address this by posting monthly member lists, by contracted entity, to the Colorado Access Provider Portal and has trained all practices with an attribution of more than 1,000 members on how to access and filter these reports to get member lists that are actionable for them. Providers noted that monitoring their status in meeting the Department's KPI's had been a challenge given the delay in updated data being posted to the Department's Data Analytics Portal.
 2. KPI data has been a frequent need identified by providers. To help build further trust in the Data Analytics Portal as the ultimate source of truth, Colorado Access has developed individual practice site reports that will clearly outline how many service types are needed to meet KPI targets for both the practice site and region. These reports are intended to complement DAP data and help providers prioritize KPI activities in support of their members and Colorado Access regional goals. These reports will be made available through the new provider portal which allows for sharing data securely.
- B. Assist providers in developing capacity to access, analyze, and use data.
 1. While practices vary in their level of sophistication in the development and use of registries to track patients with chronic and/or co-occurring conditions, 87% responded in the PCMP Assessment that they had the ability to query their electronic medical records to determine patients with specific conditions. Conducting some "deeper dives" into claims data to assess how many contracted providers' assigned

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members are receiving care from other providers will provide a clearer picture of possible misses in engagement.

2. In the fall of 2018, the Provider Enhanced Payment Report (PEPR) was developed, which provided member demographic information that was unavailable through the DAP at the time. Colorado Access has added attribution reason and eligibility codes to the report to make it easier for providers to sort and filter member level data in one place to help them meet their goals. With each revision to the report, a summary of changes has been provided, as well as clear definitions and action steps to ensure that Colorado Access helps with data analysis and use, but also to ensure that the data provided is complementary and not duplicative to what already exists.

Data Systems and Technology Support⁶ 2019 Proposed Activities:

- A. Assist more providers in their capacity to access, analyze and use data to drive performance on RAE initiatives and priorities.
- B. Expand upon the number and types of data and reports that are pushed to providers through the Colorado Access provider portal in order to give providers more tools to meet regional KPIs/incentives.
- C. Continue to improve upon our standardized tool to evaluate provider performance.

PRACTICE SUPPORT



Deliver practice support and support assistance based on the Pay for Performance Measures and other program aims in order to help practices adopt evidence-based approaches that meet the needs of their populations.

Practice Support⁷ 2018 Accomplishments:

- A. Develop materials to educate providers about methods, principles, best practices and benefits of practice support.
 1. This year, all Colorado Access provider-facing departments created standardized flyers that highlight the services and supports they offer. This collaborative effort resulted in streamlined communication to providers, as well as strengthening the brand presence. Further, the content developed will feed the new Colorado Access website provider section.
- B. Develop a process/best practice for evaluating practice strengths, weaknesses, and feasible practice support goals as aligned with regional priorities, the right level of practice support, and individualized practice support plans.
 1. An assessment tool was developed with the intention of determining the readiness of primary care medical providers to meet contractual obligations and RAE Key Performance Indicators. COA will utilize results from the assessment to direct providers to needed trainings and resources with a focus on those

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which already exist both internally and within the community, and will evaluate the success of interventions offered to practices to help inform development of any future/ongoing interventions. The assessment was sent out in waves between mid-October 2018 and early Jan 2019 to 123 contracted PCPs in Regions 3 and 5, representing 276 individual clinics. Data was collected on 93% of the individual clinics within Regions 3 and 5. Follow-up validation was conducted with 57 practices with attribution of 1,000 or more members who had indicated activation in addressing the state's primary care key performance indicators. Additional guidance on implementing best practices and/or improving workflows, where indicated, were offered depending upon the identified needs and interests of the PCPs. The PCPs were also asked about processes they had in place to address high cost health conditions including asthma, COPD, diabetes, and hypertension. The Practice Support Team is exploring how other PCPs might replicate identified promising or best practices interventions described during the validation visits.

Over the next SFY, Colorado Access will work to align expectations, deliverables and work demands of providers as they pertain to PAC, the performance plan work, and practice support tools. This includes aligning the target populations identified, support tools made available, deliverables, focus areas, etc. The PAC SFY1920 milestones will focus on improving coordination across the inpatient and outpatient systems, with milestones focused on creating shared learning opportunities across the network. Please review the forthcoming SFY1920 PAC work plans due to the Department in mid-September for more information.

2. The practice support team has developed a strong collaboration with AccessCare Services, a subsidiary of Colorado Access, in order to provide telehealth workflow implementation in the primary care setting. This work has expanded behavioral health access for members and reduced the provider burden and expense to get an integrated care program up and running. Additionally, the practice support team has provided telehealth workflow implementation trainings to 15 primary care clinics to ensure that best practices for integrated care are scaled throughout our network.
- C. Develop a process/best practice for aligning RAE practice supports with practices' existing work and relationships with their designated practice transformation organization (PTO) or in collaboration with a third-party PTO, if applicable.
1. As a payor and State Innovation Model (SIM) PTO, Colorado Access worked closely with practices to help them apply for SIM. Colorado Access is contracted with 21 practices in Region 5 who are SIM practices through cohorts 1, 2 and 3. Although Colorado Access was not chosen as a PTO by any of the SIM practices, close collaboration with those practices chosen ensured that they were helped to further support their integrated care program through workflow assistance, financial assistance, partnership with mental health centers, and technical assistance when requested. Rather than duplicating efforts, practice facilitators made certain SIM activities were closely aligned. This past quarter, the Colorado Access practice support team attended all SIM learning collaboratives, which provided the opportunity to network with SIM providers, as well as reinforce support of the program goals and objectives. Colorado Access is now working with all of the SIM practices in Region 5 to help them sustain their integrated care programs now that SIM funding and support has concluded.
 2. The Colorado Access practice facilitator who works with enhanced clinical partners (ECPs) has aligned work with shared providers participating in the Accountable Care Network (ACN) program from Colorado Community Health Alliance (CCHA). As a result, CCHA and Colorado Access have joint meetings with five shared entities. This has aligned KPI work, streamlined reporting, and minimized the provider

burden for those who participate with multiple RAEs. The feedback from providers has been overwhelmingly positive and Colorado Access is consistently told by shared providers that the spirit of collaboration is one of the most positive things to come from the RAE program.

Practice Support⁸ 2019 Proposed Activities:

- A. Expand upon the brand building work completed this year by standardizing, marketing and packaging practice support tools to ensure practices are met where they are and add value to their work.
- B. Continue focused and in-person practice facilitation work with prioritized practices identified by the provider assessment results to drive KPI performance and increase incentive dollars flowing into the network.
- C. Implement a two-phased approach to support identified practices for whom high numbers of impactable members have been identified and drive cost containment activities for high cost members.

ADMINISTRATIVE PAYMENT



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

Administrative Payment⁹ 2018 Accomplishments:

- A. Develop a Colorado Access alternative payment model and a means of evaluating success.
 - 1. Colorado Access has developed an alternative payment model utilizing the Accountable Care Collaborative (ACC) administrative payment dollars. This model pays network PCPs above the required \$2.00 minimum as a base payment, and PCPs can then earn additional funds by performing value-adding services or otherwise engaging the ACC model in additional ways, such as focusing on containing health care costs, integrating their practices, providing population management and care coordination, among others. These additional funds are stratified by pediatric and family/adults PCPs.
 - 2. As Colorado Access values its regional partners and wants to ensure the success of the APM, Colorado Access deliberately engaged the regional governing councils to collectively guide the distribution of the physical and behavioral health incentive dollars in a manner that rewards regional performance, guides providers towards active participation in the regional goals, and is also both transparent and defensible.
 - 3. In incentivizing PCPs to provide services beyond the standard, fee for service (FFS) reimbursable codes, and in employing the regional governing councils in development and assessment of the model, Colorado Access enhanced engagement of providers with members and the regional ACC focus.
- B. Align the APM with RAE pay for performance goals, leading indicators toward those goals, and other RAE program aims.
 - 1. To prepare practices for APMs, the Colorado Access director of payment reform and a medical director cross-walked measures that aligned with other programs like SIM and CPC+ to help practices align

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existing work, while maximizing APM potential. This work helped practices choose their measures and improved confidence in the APM program.

- C. Work collaboratively with practices to develop the alternative payment model.
 - 1. With the current model, Colorado Access identified practices capable of differing levels of performance, and developed incentives for each. Alongside this, the practice support team works with practices to ensure mutual understanding of regional goals and assists in helping them succeed. Additionally, one intent of engaging the regional governing councils in building the model was to work collaboratively so as to ensure mutual ownership of the process and outcomes, thereby leading to greater chances of success.
 - 2. Colorado Access will utilize the regional governing councils both to provide provider-level input on how the model is working over the coming year, and to review performance on key metrics as a barometer of the success of the model and where it might be improved upon.

Administrative Payment¹⁰ 2019 Proposed Activities:

- A. Continue aligning the alternative payment model with RAE pay for performance goals, leading indicators toward those goals, and other RAE program aims.
- B. Move provider payments from a 100% population based payment (PMPM) to a hybrid population-based base payment and various incentives based on structural, process, and outcome measures that correlates with the Department's APM.

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