COLORADO
Department of Health Care Policy & Financing

Annual Practice Support Plan

Instructions and Narrative Report

RAE Name	**Colorado Access**
RAE Region #	**Region 5**
Reporting Period	**SFY2021-2022**
Date Submitted	**8/2/21**
Contact	**Cassidy Smith**

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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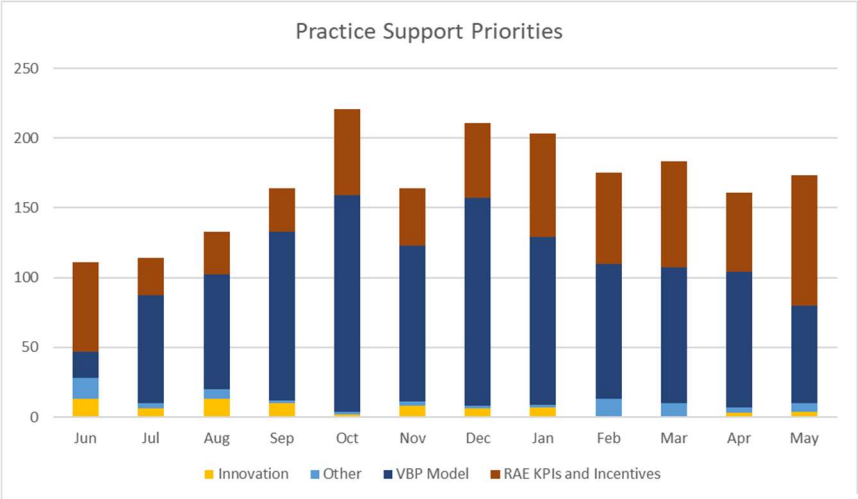
Practice Support Plan Narrative

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.

PRACTICE SUPPORT: *The practice support strategies the Regional Accountable Entity (RAE) will offer to help practices progress along the Framework for Integration of Whole-Person Care.*
Throughout SFY 2020-2021, the Colorado Access (COA) practice support team coached practices to advance Accountable Care Collaborative programs to improve provider satisfaction and member care. COA led efforts to align organizations such as 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 lead one united support team to providers.

The practice support team at Colorado Access saw a substantial increase in provider meetings this fiscal year. The cumulative annual visits rose from 144 to 397 year over last year, representing a 276% increase. This growth can be attributed to growing the team, as well as the increased frequency and engagement of providers during the public health emergency. Practice facilitators were an added resource to assist overburdened practices with reporting needs, workflow adaptations and general support in keeping up with fast moving information as the pandemic evolved and shifted demands of practices. Due to the high-level engagement with providers, Colorado Access was able to quickly respond to provider needs, including financial support and investments, which ensured dollars helped support member care in areas in most need because of the impact of COVID-19. The key priority areas covered with provider during these meetings are outlined below.

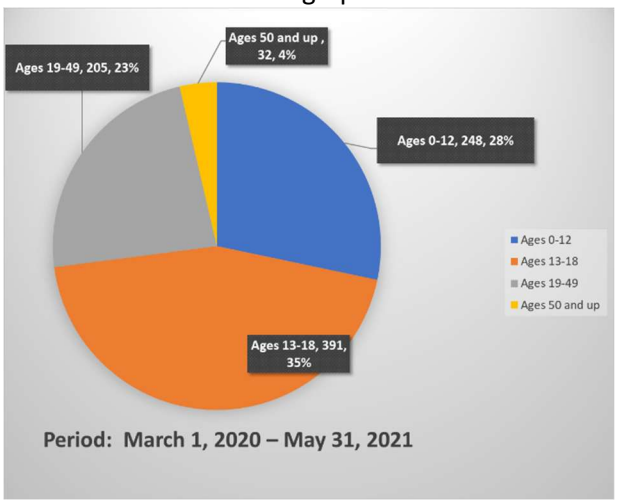


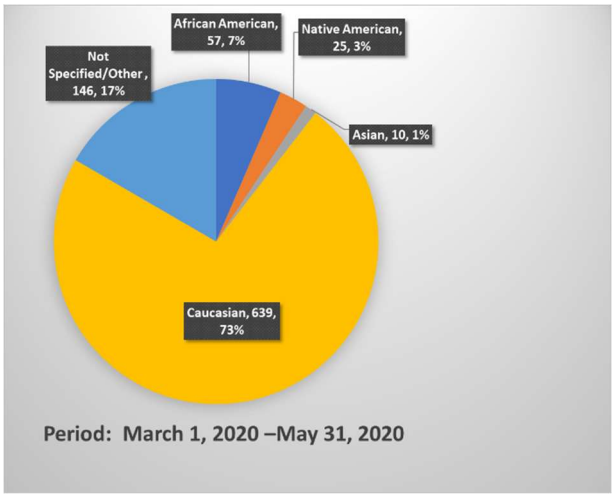
Value-based payment (both the APM and the Colorado Access program) is the top priority area the practice support team worked with providers on this year. The second top priority area is KPIs and Incentive measures.

Region 5 - Key Outcomes for 2020-2021	Response Rate (%)	Sites Scoring Max PMPM	Average Scores
2020	95%	37%	92%
2021	99%	54%	95%

A key pillar of the Colorado Access value-based payment model includes the continued use of an assessment regarding clinical practice requirements that align with the Department of Health Care Policy & Financing (the Department) ACC requirements. The assessment conducted in February 2021 has marked the end of the third cycle, with the cycles two and three directly incorporated in the two administrative PMPM payments models. Additional documentation was required this cycle to strengthen provider oversight and standardize demonstration of medical home criteria.

Throughout SFY 2020-2021, the practice support team at Colorado Access continued leveraging the Virtual Care Collaboration and Integration (VCCI) program where behavioral is delivered virtually. This service expanded to include direct to consumer (DTC) services where patients could conduct an appointment with a behavioral health clinician from their home. Due to the increased behavioral need brought about by COVID-19 and the improved access provided through DTC, VCCI saw a 25% increase in direct telehealth encounters compared to last year. Colorado Access is now conducting a more in-depth analysis regarding demographics to understand gaps in care and access as part of the ongoing commitment to health equity and improving health disparities. Below summarizes demographic statistics of members utilizing VCCI over the last year.





In addition supporting practices with VCCI, the practice support team continued the encounter rate model for behavioral health where an enhanced rate is paid for integrated care codes that would otherwise not be reimbursable. Below summarizes the utilization of this program, comparing data from encounter rate providers to a similar cohort of providers who are not participating in this model.

RAE 5

	Unique Members	Unique Claims	Average Visits	Average Costs
Encounter Rate Members	405	759	1.87	$262.93
Non-Encounter Rate Members	59	325	5.51	$547

In analyzing diagnosis codes of these two groups, the top diagnoses billed by encounter rate providers do not meet diagnostic criteria for a “mental illness” identified in the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5). For example, clinicians are coding diagnoses such as “illness, unspecified” (deferred diagnosis) and “worries” in integrated care. For non-encounter rate providers, diagnosis codes are more specific and meet criteria for a DSM diagnosis which means more traditional therapy services are being provided. Due to the diagnoses and billed services, encounter rate sites see more members for potentially less severe illnesses resulting in more members seen per day. As encounter rates sites see members for visits three and beyond, coding and diagnoses align more closely with non-encounter sites which indicates that as members come back for subsequent sessions, a better presentation starts to come together. Philosophically, the way utilization differs and aligns between these two cohorts reflects the best practices of integrated care where clinicians function as part of the medical home team to support brief interventions addressing member needs before members require ongoing psychotherapy and treatment. Based on the triage taking place through integrated care, cost savings in substantial for members seen in integrated care versus traditional outpatient therapy.

Colorado Access also noted the cost savings between members in these two cohorts over the same period. The next phase of this analysis will include looking at health outcomes to determine the long-term impact of integrated vs. psychotherapy interventions to both cost and member health.

Drawing on the success from this year, the practice support team plans to continue the momentum built this year by increasing provider oversight through engagement. Outcomes of this will include iterating the payment model again, increasing focus on emergency department utilization for ambulatory sensitive conditions and addressing the ever-growing mental health crisis through both VCCI and the encounter rate model. Further, to align with the Department's priority populations, the practice support team is implementing two programs targeting the maternal and perinatal populations. One way to address this is through improved support to pediatric practices by connecting mothers who score high on depression screening directly to behavioral health services. Another is through aligning payment incentives for women's health providers to ensure dollars tie to health outcomes for this population.

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

Colorado Access launched a new payment model January 1, 2021 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, adhering to their contract with the RAE by demonstrating best practices of a medical home, and engaging with the Department's APM program. High performing providers with strong care coordination capabilities are also awarded an enhanced payment for their ability to engage complex members and their ability to report care coordination activities.

The model will evolve again on July 1, 2022. Below summarizes the breakdown of members types, as well as how providers performed in the model compared to last year.

	Jan-Jun 2021		**SFY21-22**	
Utilizer Rate PMPM	**Practices (%)**	**Population (%)**	**Practices (%)**	**Population (%)**
Minimum	16 (19%)	15,321 (14%)	15 (18%)	11,106 (8%)
Middle	35 (42%)	28,984 (26%)	45 (54%)	62,123 (47%)
Maximum	32 (39%)	66,192 (60%)	24 (29%)	58,326 (44%)
Total Sites	83	110,497	84	131,555

Evolution of this model will continue to shift from process to outcome measures in 2022. Practices performing well in this model will be invited to participate in the pilot program currenting operating with Kaiser that pays PMPM based 100% of health outcomes of members. For practices performing in the minimum to middle tier, the practice support team will continue to coach them in this evolution to prepare them to perform as incentives are increased tied to outcomes.

PMPM Rate by Member Type (as of June 2021)		
Member Type	PMPM Rate	Attributed Lives
Utilizer	$1.00 - $7.65	117,931
Non-Utilizer	$0.50	13,277
Complex	$5.00 - $18.90	4,832

Engagement rate expectations decreased by two percentage points to address the reduction in primary care utilization spurred by the COVID-19 pandemic. Expectations surrounding compliance with medical home best practices increased by 10%, so that providers must achieve a minimum of 80% compliance with their COA

provider agreement to receive any credit for this metric. Moving forward, expectations around engagement will increase and incentives will continue to shift toward engaged members, rather than unengaged and non-utilizing members. The complex member payment is now determined by provider performance on two metrics: claims engagement and individualized care plans with complex members. Care planning engagement is weighted twice the value of claims engagement to incentivize a more intensive focus on the special health care needs of complex members. Providers with more than 200 members were also incentivized to implement an intervention that addresses control of chronic conditions, with the goal of reducing preventable emergency department (ED) visits associated with poorly controlled chronic conditions. For the value-based payment PMPM model in effect from January to June 2021, the great majority of practices earned the set middle PMPM rate. This trend has continued for SFY 2021-2022. Of note, this also represents a little over half of the members attributed to PCMPs in this region.

As part of the Colorado Access commitment to efforts around diversity, equity, and inclusion this year, the future impact was analyzed of these two most recent models on practices owned by marginalized genders and/or people of color. Thus far for both models, most practices owned by marginalized groups have earned the minimum or middle utilizer PMPM rate, whereas most non-marginalized owned practices have earned the middle or maximum utilizer PMPM rate. Colorado Access plans to expand on both data analysis additional support for these practices and their communities in the future. Analysis for the upcoming year includes stratifying performance data by race and ethnicity distinguishes the need for outreach versus clinical interventions. Analyzing the engagement rate as part of the capitated payment model serves as a leading indicator to understand trends by demographic groups and the degree to which they are engaged with their medical home. Colorado Access plan to continue more rigorous analysis of these indicators and how they correlate to performance on KPIs, condition management outcomes and utilization across the health care system.

To operationalize the new payment models, Colorado Access launched a data visualization tool (provider performance scorecard) last Fall. The scorecard visualizes prioritized metrics to providers, reflecting both value-based payment performance and ACC KPI performance. In launching the scorecard, all PCMPs were invited for virtual meetings with practice support facilitators and data analysts to review the new tool and their data (see table below). An overwhelming majority of practices responded and were engaged, including some providers previously not engaged at all. One provider had not responded to any prior outreaches, but following the receipt of their scorecard, met with the practice support team four additional times specifically around how to improve their performance on these metrics.

The scorecard, now named the RAE Practice Metrics Summary or PMET (per provider feedback), will be updated with greater utility for PCMPs for SFY 2021-2022. A complementary tool, the RAE Metrics summary (RMET), serving as a dynamic dashboard of all locations (de-identified) will also be shared later in SFY 2021-2022, reporting greater context of performance among peer locations. As part of the monthly data review with practices, performance among cohorts will be regularly reviewed so providers can continue to see their performance as it compares to the region and begin to see their performance among provider peers (i.e. pediatric practices in the region). Colorado Access also continued development on the incentive sharing program that rewards providers for their contributions toward meeting the regional well visit and dental KPIs. Models were designed in collaboration with the joint Region 3 & 5 Governing Council to ensure that dollars were fairly distributed across providers doing the most work to meet the region's goals. Well visit performance payments will shift in Quarter 3 of the upcoming year to be distributed to providers in direct proportion to their contribution to the numerator through their completion of qualifying visits. Dental visit payments are split 50% for PCMP dental visits that contributed to the numerator and 50% for providers with the highest percentage of

their attributed panel that had received a qualifying dental visit. This model incentivizes primary care providers to encourage their patients to attend to their oral health.

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

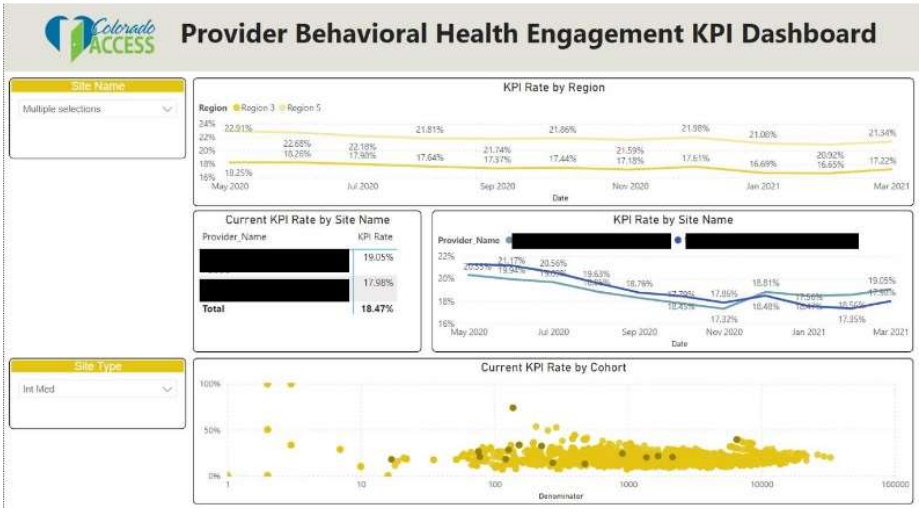
Colorado Access launched a new Learning Management System (LMS) for providers that is managed by the provider relations team. In the coming year, the LMS will allow training to be more robust and interactive with the added capability of embedded surveys to assess learning and comprehension. The LMS was also utilized to conduct a PCMP provider COVID-19 needs survey May of 2021. Results of this survey will directly impact the strategy for provider support in the upcoming year.

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 has continued hosting Provider Resource Groups (PRG) monthly. The group offers a peer-to-peer learning environment with a focus on issues providers are facing in their daily practice. Webinars are scheduled for an hour, with presentations from two to three providers or outside experts around a specific topic, followed by discussion. Topics have included screening for domestic violence, COVID-19 vaccine updates from Colorado Department of Public Health & Environment (CDPHE), culturally competent care for members who identify as transgender, maternal health, and addressing the health impacts of racism. Providers continue to share positive feedback for these sessions and are key to informing future topics to ensure sessions add value to provider experience. The practice support team plans to continue to offer the PRG monthly. A few upcoming topics include COVID-19 vaccine administration for pediatric practices, behavioral health screening in primary care for non-integrated practices and addressing ED utilization for members with ambulatory sensitive conditions.

In addition to the PRG, Colorado Access also launched two additional peer learning opportunities to better support providers and deliver on Department priorities. The first of these includes KPI workgroups where two cohorts of providers convened monthly who collectively focused on the well/dental KPI and the behavioral health KPIs. Providers who were performing at or near baseline were selected with the goal of reaching Tier 2 performance. This venue allowed Colorado Access to engage with new providers in new ways and preliminary data illustrates that the cohort outperformed the region and saw improved KPI performance despite the challenges brough about COVID-19, growing attribution and increased baselines for performance. The second additional peer learning opportunity was focused on complex member work. Colorado Access convened all community mental health centers (CMHCs) and eight enhanced clinical partners (ECPs) for the purpose of improving the co-management of complex members who are attributed to both ECPs and CMHCs. The population of focus was approximately 800 members between regions and through a series of convening meetings, partners identified key data elements to be shared bi-directionally across organizations for the purposes of improving co-management and have recently begun to explore standardized mechanisms for more efficient information sharing. This work will continue into the next fiscal year to align with changes to the complex member definition and the population will include members defined as complex who are attributed to an ECP **and** attributed to a CMHC. Colorado Access will continue support of this work through data sharing with both ECPs and CMHCs, along with convening these groups with focused agenda to leverage the clinical and operational expertise of these partners to improve the co-management of this member population across the system.

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.*

Colorado Access improved the provider section of the website to make it easier for providers to navigate and utilize resources and support. Self-guided trainings and resources are now offered through the learning management system to meet the providers practice needs outside of normal hours of operation. During SFY 2021-2022, updates will be made to website tools, including new authorization requirements, eligibility and claims lookups, complaint and appeals information and dispute resolution mechanisms. These updates will allow for self-service access for providers and will avoid them having to call customer service for resolution or updates.



During SFY 2020-2021, Colorado Access is creating a reporting dashboard on provider performance data. This will include state-of-the-art dynamic dashboards with visualizations reflecting KPI performance. Colorado Access practice support staff utilizes this data in practice meetings to improve provider performance on P4P measures and additional priority metrics. The data offered will continue to expand this coming fiscal year, including additional demographic data as part of the commitment to addressing health disparities and inequities.

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.*

To maximize positive provider experiences, more than 15,500 providers among our two regions were engaged with to provide comprehensive onboarding and connected the provider with an assigned representative. Colorado Access implemented a team-based care model to enhance high touch, personalized customer service. This model includes a team assigned to each PCMP that includes a senior provider relations representative, practice facilitator/coach, data analyst, and an internal administrative representative who aims to increase efficiency, avoid duplication, and continue to provide high quality support to providers. The model is a people-centered solution to provider engagement that assumes providers can contact anyone on the various provider engagement teams and will receive the support they need seamlessly. The model will continue into the upcoming year and will adjust if needed based on provider feedback.

In response to the COVID-19 pandemic, Colorado Access expanded use of webinars and virtual meetings with providers. For SFY 2021-22, COA will continue to build upon these relationships to further enhance provider familiarity with, and effectiveness in delivering services to Health First Colorado (Colorado's Medicaid Program)

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 the COA provider portal and company website to allow providers the ability to self-help when appropriate.

Colorado Access has continued leveraging three communication tools for keeping its network well informed. The Navigator still serves as the monthly newsletter with timely Medicaid information. Colorado Access added ad hoc newsletters (e.g., COVID-19 updates impacting operational changes) to ensure providers have the most up-to-date information on important topics. A second edition was added each month bringing the total newsletter reach to 24 issues per year. The second edition features articles that highlight partnerships with providers and how their work with Colorado Access is helping make a difference in their practice and the care of their members. Additionally, this section includes a series titled Connecting the Dots, which features articles that illuminate social factors leading to health inequalities and disparities. This information will enhance existing efforts of the network by providing resources as well as exploring current trends, local champions, and best practices. The open rate of these newsletters continues to exceed the industry standard of 18%, with average open rates at around 23%. Furthermore, Colorado Access has continued hosting provider forums but have evolved to a virtual format. During this reporting period four forums were hosted, several of which focused on implications of new payment models. For the upcoming year, Colorado Access will have a forum focused on ED utilization where an adult and pediatric ED provider will share their experience with members. Members who frequent the ED were interviewed to share their experience and the hope is to engage primary care on the opportunities for them to play a role in reducing utilization for ambulatory sensitive conditions. Planning is underway for a behavioral health focused forum that will cover substance use disorder (SUD), families first, and other relevant topics.

In order to ensure the needs of the contracted network are met, 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 2021-22. In addition, the Colorado Access provider engagement team engaged a contractor in early 2021 to understand the provider journey for PCMPs and their experience with all provider teams such as contracting, provider relations, and practice support. This feedback has been used to inform strategic planning for the upcoming year. Provider feedback was instrumental in prioritizing opportunities in effort to add maximum value to the network with the goal to strengthen provider relationships and optimize provider operations. The immediate priorities for this work include improving synergy across all provider teams at Colorado Access, as well as delivering more actionable and frequent data regarding attributed populations. Updates to this work will be provided in the next report.