Annual Practice Support, Transformation and Communication Report
Instructions and Narrative Report

RAE Name	Colorado Community Health Alliance
RAE Region #	7
Reporting Period	SFY22-23
Date Submitted	June 5, 2023
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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 Networks. As part of that responsibility, RAEs are required to maintain necessary communications with network providers and provide them practice support and transformation.

Instructions: In the narrative section below please concretely describe your achievements/successes, challenges, and any plans for change in strategy relative to:

- the types of information and administrative, data & technology **support** and trainings provided to network providers, including promoting the use of telehealth solutions and the Dept.-adopted eConsult platform (once adopted);
- the practice **transformation**, to advance the Whole-Person Framework and to implement the Population Management Strategy, provided to network providers; and
- your **communication**, both proactive and responsive, with network providers and other health neighborhood partners as dictated by section 3.9.2 of the contract and other oversight entities, as well as promoting communication among network providers.

RAEs may attach samples of communications and/or hyperlinks to online communications.

Practice Support:

Achievements/Successes:

Over the course of state fiscal year 2022-2023 (SFY22-23), CCHA successfully implemented its practice support strategies as outlined in the Network Management Strategic Plan. Leveraging the multidisciplinary team, CCHA collaborated with primary care and behavioral health providers in numerous ways, with the vision of aligning providers to the goals of the Accountable Care Collaborative (ACC) program and implementing initiatives to help providers increase their capacity and quality of services provided to Health First Colorado members. CCHA promotes network development and provides ongoing support to practices in an effort to ensure the provider network can effectively meet the needs of our enrolled Health First Colorado members. As outlined in our Network Management Strategic Plan, CCHA's practice support team, comprised of network managers, practice transformation coaches (PTCs), population health, care coordinators, community liaisons, and informaticists, functioned as an aligned team in SFY22-23, to operationalize CCHA's strategies for practice support and transformation, including collaborating among the provider network on Key Performance Indicator (KPI) measures, Behavioral Health Incentive Program (BHIP) measures, and other performance initiatives. Highlights from SFY22-23 include:

- KPI Strategies – CCHA distributed all earned KPI funds to network providers and community partners in SFY22-23.
    - CCHA's Provider Incentive Program was updated to focus exclusively on KPI performance for Accountable Care Network (ACN) providers and KPI performance plus ongoing performance improvement activities for primary care medical providers (PCMPs).
    - CCHA PTCs collaborated with high-volume practices to help providers focus on promoting well visits and re-engaging members who missed appointments.
    - CCHA PTCs collaborated with DentaQuest and dental providers to provide clarity around who can bill for oral evaluation KPI services.
    - CCHA continues working with the Department of Health Care Policy and Financing (HCPF) and ACN practices to understand how KPIs are calculated and where there are calculation disparities (particularly with well visits).
- BHIP Strategies – CCHA distributed $2.9M to BH providers for performance on quality metrics, workforce development plans and community incentive projects.
    - CCHA continued to expand the Behavioral Health Quality Incentive Program to providers to improve outcomes on pre-established regional performance targets, such as discharge from psychiatric inpatient placement, and engagement in substance use treatment. Incentive payments are offered to reward high-performing providers for their contributions in meeting or exceeding benchmarks on measures.
    - CCHA added the Behavioral Health Facility Incentive Program to improve outcomes on discharge from inpatient placement and reduce hospital readmissions.

o Practice transformation coaches collaborated with high-volume BH providers to understand measurement benchmarks and improve performance.

CCHA continues to serve as a central point of contact for network providers regarding Medicaid services and programs, and other regional resources that are available to members. Offering robust services, including general information, administrative support, training, data systems and technology support, and practice transformation; CCHA staff collaborate with providers in a variety of ways. Further, CCHA has established mechanisms to align priorities among the network via our administrative payment model and various incentive programs that encourage collaboration among the network.

Tools and Resources:
- Practice support team – The diverse roles that make up CCHA's practice support team, including Network Managers, Practice Transformation Coaches (PTCs), Population Health, Care Coordinators, Community Liaisons and Informaticists, continued to serve as trusted resources for our network providers.
- Provider Portal – CCHA continues using our provider portal to share data securely with physical health (PH) providers and to allow them to pull their own data at their convenience.
- Secured File Transfer Protocol (SFTP) - CCHA provides a SFTP connection for faster distribution of health data to notify attributed behavioral health care coordinators/providers of relevant information on members' clinical care and service level utilization.
- Availity – As CCHA's Designated Electronic Data Interchange (EDI) Gateway, Availity allows BH providers to verify member's eligibility and benefits, submit authorization requests, share supporting documentation, verify claims status and payment information efficiently, conveniently and securely.
- FindHelp (formerly Aunt Bertha) – CCHA offers a social determinant of health (SDOH) resource search engine to BH providers through CCHA's Find Help Community Resource Link. Providers can assess SDOH needs, search for resources and submit referrals for community-based organizations through the CCHA Find Help site.
- Communication Resources – Including comprehensive website resources, printed materials, and targeted special bulletins, CCHA offers a broad array of communication resources to network providers, as further detailed in our Communication Plan.
- Care Coordination Programs and Referrals – CCHA continues to incentivize practices to develop their own evidence-based programs to support population health management for their attributed members. This is supplemented by CCHA's care coordination programs. Providers submit referrals to CCHA to facilitate additional support to help meet member needs and fill gaps.

In addition to offering a variety of tools and resources to network providers, CCHA works to receive continual feedback regarding areas of need/opportunities for CCHA to better serve network providers. In SFY22-23, CCHA conducted the annual BH provider satisfaction survey.

Results indicating provider satisfaction has increased scores on timeliness of claims payment, accuracy of claims payment, clarity of remittance advice, obtaining prior authorization, the UM process overall, timeliness of information sharing for care coordination, clarity of information sharing, and sufficiency of information sharing in 2022 as compared to 2021. The number of BH providers rating their overall satisfaction with CCHA as satisfied or very satisfied increased by 15.5%. CCHA is encouraged by these positive responses and will continue to strive to promote provider satisfaction. Furthermore, CCHA launched its inaugural PCMP and Community Partner survey in May 2023 to assess satisfaction in working with CCHA. CCHA will use the results to identify opportunities to improve our operations, enhance provider satisfaction, and inform future strategies.

In SFY22-23, CCHA provided informational and administrative practice support to the network covering a broad range of priority areas for the State, including:

- Public Health Emergency (PHE) Continuous Coverage Unwind Support – CCHA developed a user guide with timeline information to educate network providers about the member redetermination process. To further support identifying members, network managers and PTCs amended the monthly roster files shared with all physical health network providers to include member redetermination dates, and other information used to support this process. Providers use this information to inform member engagement processes.
- Provider Revalidation – Further, during the second half of SFY22-23, provider revalidation processes resumed at the state-level, and CCHA pivoted to communicate that action will be required of network providers to maintain enrollment as a Medicaid provider. Many providers are not current with revalidation as some requirements were waived during the PHE. To support providers through this important change, CCHA began including revalidation information in monthly CCHA provider newsletters to help providers prepare and understand what to expect, including: how to verify their revalidation due date, when to anticipate notifications to begin the revalidation process, and where to find additional resources. Pending further details from HCPF, CCHA is also planning to conduct targeted provider outreach and will provide as much support as possible to ensure timely completion of revalidation.
- Telehealth Policy Updates – CCHA continues to support the use of telemedicine to deliver quality behavioral health services following the end of the PHE on May 11, 2023. Following that, providers can only bill procedure codes that are already eligible to bill per their contract or outlined in the Telemedicine Services Exception Code Appendix. CCHA has provided ongoing communication about this change leveraging our newsletter and bulletins to inform providers.
- Customer Service & Provider Inquiry Response Time – In a continual effort to improve customer service experience, CCHA prioritized implementing new contract requirements outlining a two-day turnaround response time for provider inquiries. Over the course of this year, CCHA has implemented tracking on this requirement and demonstrated compliance through our Call Line Statistics report.

- Statewide Standardized Utilization Management (UM) Guidelines – CCHA collaborated with other Regional Accountable Entities (RAEs) and HCPF to define uniform statewide UM standards for assessing the most appropriate level of care for children and youth referred for residential treatment. These criteria will be utilized for UM processes starting July 1, 2023, and CCHA has been communicating this change to providers via the Behavioral Health Provider Bulletin.
- Provider Orientation – Network managers continued to offer orientation to newly contracted PCMP providers, offering information on topics such as the CCHA Provider Portal-including a demonstration and training including how to pull member reports, financial reports, how to submit care coordination referrals, ordering materials, etc. Further, CCHA implemented new monthly BH provider orientation sessions to support onboarding of BH providers and sharing current Medicaid information. These sessions are targeted to new providers but open to the entire network and offer an overview of CCHA including systems and resources.
- Provider Information – Maintaining provider information to support providing the most up-to-date information for CCHA's Find A Provider tool. CCHA frequently reminds providers to keep their information up to date via our provider newsletters. Additionally, staff continue to conduct the annual Office Systems Review (OSR) process for the PCMP network to maintain updated information. In an effort to collect greater information about the characteristics of the provider network in support of our health equity initiatives, staff revised the OSR form in 2022. The new form allows providers to voluntarily include information about the race and ethnicities of our contracted physical health practitioners and inquire about special populations they serve (such as transgender, people with disabilities, minorities, shared race or ethnicity, HIV positive, obesity, SUD, high risk pregnancy, non-English speakers, etc.).
- eConsult – As the Department finalizes vendor procurement and contracting for the statewide Medicaid Electronic Consultation (eConsult) platform, CCHA will communicate this information to the network and encourage participation. Under the current timeline, CCHA expects the platform to go live in winter 2024 and will monitor implementation timelines.

Provider education remains a priority for CCHA to ensure accurate and relevant information is shared with network providers, particularly as the state and national landscape has changed over the course of the COVID-19 pandemic and now during the PHE Continuous Coverage Unwind. During SFY22-23, CCHA distributed educational materials and training to providers on an ongoing basis through various channels, including the CCHA website, print communications (provider manuals, newsletters, etc.), virtual trainings (such as recorded webinars), provider orientations and open forums, email blasts, and the CCHA Provider Portal. CCHA offered education and trainings on a wide range of topics this year, outlined below.

- Disability & cultural competency trainings – CCHA provides various cultural competency trainings and resources on our website, including the Caring for Diverse Populations Toolkit, and My Diverse Patients Training site, LBGT terminology and pronoun guides,

and LGBT Hotline information. This information is regularly promoted in our provider newsletter and behavioral health bulletin.

- Health First Colorado Academy – CCHA promotes training on a variety of topics as part of the Health First Colorado Provider Academy, which is highlighted in our provider newsletter and includes a monthly feature on various provider trainings and resources related to member care. Topics included:
    - o Medicaid Benefits and Services (including an overview webinar, detail on dental benefits, Health First Colorado Nurse Advice Line, highlights on benefit changes such as family planning benefit expansion, Supplemental Nutrition Assistance Program (SNAP) benefit updates, etc.)
    - o Grievances and Appeals
    - o Colorado Medicaid Standards for Unlicensed Practitioners Policy
    - o Access to Care Standard Requirements
    - o Early and Periodic Screening, Diagnostic and Treatment (EPSDT) webinar training
    - o Caring for Diverse Populations Toolkit
    - o Advance Care Planning
    - o Updates to the Unform Service Coding Standards Manual
    - o Guidance for Coding of Evaluation and Management Services for New and Established BH Patients
- BH Provider Education Series – CCHA implemented new engagement and training opportunities for BH providers in SFY22-23, including:
    - o BH Provider Education Series – Focusing on a specific topic each month (including Availity Tools and Overview, coding manual changes, documentation standards, and BH provider manual review), CCHA staff provide up-to-date information on current initiatives, changing policies/programs and other topics as requested. For example, the team provided an overview and answered questions on the 411 audit during the May session, and provided an overview of the scorecard process as CCHA was able to provide all 160 participating providers with a scorecard with their specific results. Participation in this education series has increased since implementation, and CCHA expects to continue to offer this resource.
    - o Open Mic Sessions – Offering BH providers a monthly forum to engage CCHA staff, exchange information, and receive updates and reminders. These forums have provided stakeholders an opportunity to ask questions and share feedback with the CCHA team.
    - o BH Provider Bulletin – Continued to publish this monthly communication resource to provide behavioral health-specific information in a concise, bulleted format to the BH provider network. More information is detailed in the Communication section of this report.

Annual Practice Support Plan

In SFY22-23, CCHA leveraged the previously outlined outreach strategies to engage and train the BH network on new initiatives at the state and local level, and on changes to policies that impact the network. Topics included:

- Implementation of the new Colorado Medicaid Standards for Unlicensed Practitioners Policy – In an effort to increase access to behavioral health services, CCHA collaborated with other RAEs to develop aligned standards to permit unlicensed/pre-licensed clinicians to render services to Health First Colorado members. The policy outlines standards for supervision and organizational requirements and is published on [CCHA's website](#), in addition to Frequently Asked Questions (FAQs) and an online attestation form for providers to submit compliance. Prior to the February 1 go-live date for this change, CCHA communicated this information through multiple communication vehicles, including the BH provider bulletin, and shared by CCHA Provider Experience staff with their provider contacts in each region.
- Implementation of SB22-156 Medicaid Prior Authorization and Recovery of Payment Act Requirements – CCHA has operationalized the updated requirements around this legislation, including removing requirements for prior authorization for psychotherapy services. CCHA has provided ongoing education around this change, including more recently clarifying prior authorization is still required for all services, including outpatient psychotherapy; for all out-of-network providers, providers are considered out-of-network until their credentialing is complete and the contracts are dually executed.

Challenges:

There were several key events this year that significantly impacted network providers' ability to collaborate in new/additional initiatives. First, CCHA would like to acknowledge the tragedy of the Club Q shooting in Colorado Springs, which had a profound impact on the Colorado Springs community, including Health First Colorado members and the provider network. CCHA's member support, care coordination, community liaison, and quality teams quickly pivoted to engage and offer support to member and provider networks during this time. Additional details on response efforts are provided in the Communication section of this report. Second, workforce shortages and high turnover rates that have materialized over the course of the COVID-19 pandemic continue to affect the provider network's ability to focus on continuous quality improvement initiatives. Third, the surge of triple-demic illnesses, including COVID-19, influenza and RSV diverted significant resources dedicated to well visits toward sick care. Finally, known statewide gaps in specialized programming across the state, such as behavioral health (BH) respite, adolescent substance use disorder (SUD) and residential treatment center (RTC), and eating disorder services, continue to have an impact to the network. CCHA recognizes the impact these events had on the network over the course of this fiscal year.

Plans for Change in Strategy:

Based on the above accomplishments, CCHA is encouraged that our foundational strategies for supporting our provider network are successful to help ensure effective care delivery, meet member needs, reduce barriers and duplication, and furthering progress to achieve ACC goals and performance. As the healthcare landscape continues to shift, CCHA will continue to evolve its strategies to achieve these goals. Planned practice support strategy shifts for SFY23-24 include:

- Leveraging one-time ARPA funding, CCHA will implement the High Intensity Outpatient Services Program by partnering with selected awardees to address gaps in the BH service array and expand the availability of these services for our members throughout the region.
- Informed by forthcoming results from the PCMP and Community Partner Satisfaction Survey, CCHA will assess strengths and identify opportunities to improve our operations, enhance provider satisfaction, and adapt future strategies.

Practice Transformation:

Achievements/Successes:

CCHA's practice transformation efforts align with the goals of the ACC to enhance the region's capacity to offer comprehensive Medical Home services and increase the utilization of wellness and preventive services among Health First Colorado members to ultimately improve health outcomes and reduce costs. Furthermore, CCHA's practice transformation strategies support HCPF's Alternative Payment Model (APM) program, Prescriber Tool - Real Time Benefit Inquiry, and other priority state-level initiatives to maximize engagement and offer a coordinated approach to network providers.

Provider Financial Support and Incentives

CCHA also offered financial support and incentive programs in SFY22-23 to further incent the goals of the ACC, continuing to tailor programs to the evolving needs/priorities of our local communities and the State. Specifically, CCHA distributed funds through the following initiatives:

Tiered Payment Model (PCMPs) – CCHA maintained the tiered payment model for PCMPs for SFY22-23, as aligned with CCHA's Population Management Framework. Through this model, CCHA distributed enhanced funding and resources to aid PCMPs who care for our most complex members, and further incentivized providers who offer condition management programming on select conditions. Providers who are contracted at Level 2 (referred to as PCMP+) offer condition management programs to establish more referral relationships with relevant specialist/PCMPs. Level 3 (ACN) providers received an additional rate to also provide care coordination services to delegated members. In SFY22-23, CCHA had 25 PCMP+ (Level 2)

providers, and in SFY23-24, has contracted an additional two sites that moved from being Level 1 to Level 2 PCMP+. All ACN providers will also continue on as Level 3.

PCMP Incentive Program – CCHA remains committed to distributing 75% of earned KPI incentive dollars back to PCMPs through the PCMP Incentive Program (the remaining 25% is distributed to community partners or providers through the Community Incentive Program). Provider performance is weighted across categories for practice transformation, key performance indicators and cost and utilization. PCMPs with attribution of 300 members or greater and rural providers are eligible for CCHA's incentive program.
- In SFY22-23, CCHA paid $1,701,645.79 in incentives to 31 PCMP practices in Region 7.
- To encourage providers to pivot and focus again on well care and prevention as the healthcare field transitions away from PHE operations, CCHA modified the PCMP Incentive Program in CY2023 to allocate more dollars to KPI performance.

BH Quality Provider Incentive Program (BHQIP) – CCHA has implemented the BHQIP, which provides incentives to eligible BH network providers for supporting quality care and service to its Medicaid members with BH needs. Centered around improving clinical quality indicators, health outcomes, and a focus on prevention and appropriate follow-up, the BHQIP creates efficiencies, reduces inappropriate utilization, and increases the value of services. Providers participating in the program who meet pre-determined quality, service, and utilization goals are eligible to receive incentive payments annually.

Through May 2023, CCHA distributed $2.90 million in incentive payments to providers and community partners in both regions based on performance, leveraging earned BHIP dollars from the State. Distributions included:
- $371,644 in Foster Care Incentives distributed to eight BH practices for supporting foster care screening and performance improvements in Region 7.
- $911,680 in funding for three community mental health center (CMHC) workforce development proposals, which incorporated diversity, equity, and inclusion hiring panels.
- $519,402 distributed to incentivize integrated behavioral health and increase rates of depression screening.
- Funded four telehealth iPad kiosks placed in rural community-based organizations to support telehealth access.
- CCHA exceeded our goal of enrolling 40 providers in our BH incentive programs and has enrolled 50 providers in the BHQIP and BH Facility Incentive Program (BHFIP) for CY 2023.

BH Social Determinants of Health (SDOH) Provider Incentive Program (SDOHPIP) – CCHA continued the CY2022 SDOH Incentive Program, with eight practices enrolled in this program, utilizing the FindHelp platform to assess and refer members to SDOH resources. The SDOHPIP was designed to offer incentives to BH providers to screen for SDOH needs, submit appropriate SDOH-related diagnosis codes on their claims, refer members to relevant community-based

organizations (CBOs), and update the status of those referrals to indicate that a member attended that appointment. Providers received $15,069 in FY22. Due to low participation in the program, CCHA has discontinued this incentive program but continues to offer the FindHelp search tool free of charge to all providers for SDOH assessment and referral to community-based organizations.

BH Facility Incentive Program (BHFIP) – In CY2023, CCHA implemented the new Behavioral Health Facility Incentive Program, with participation from five hospitals with value-based quality metrics on readmission rates and outpatient follow-up.

High Intensity Outpatient Services Program – In support of SB19-222 and the goal to expand the behavioral health safety net system in Colorado, CCHA is collaborating with HCPF to expand access to community-based behavioral health services. CCHA issued a Request for Proposal (RFP) in Q3 and will be administering one-time funding to contracted behavioral health providers through the American Rescue Plan Act (ARPA) to develop and expand programming for high-intensity outpatient behavioral health services.

- Key priority areas of service expansion include behavioral health respite, multi-systemic therapy, wraparound services, psychosocial rehabilitation, comprehensive community support services, assertive community treatment and intensive evidenced-based models in clinical specialties, i.e., biofeedback, Adaptation and Development after Persecution and Trauma (ADAPT), Trauma Systems Therapy (TST), Functional Family Therapy (FFT).
- Eleven behavioral health providers were selected to receive a total of $2 million in the first round of distribution of High Intensity Outpatient Program funding.

Community Incentive Program (CIP) – Established to fund innovative projects that address high-priority community and member needs, CCHA's CIP re-invests 25% of earned KPI funding for innovative services that are not billable Health First Colorado benefits or are used to support organizations with starting a new resource or service. For 2023, CIP focus areas include PHE unwind activities, DEI activities, behavioral and physical health access, supports and services for children and families, and SDOH.

- In CY2022, CCHA distributed $1.4 million across both regions to 22 entities to fund unique projects. A few outcomes include:
  - Children's Hospital Colorado Foundation worked to strengthen the hospital's holistic model of care by addressing social determinants of health in the clinical setting to enhance overall care coordination for Health First Colorado members. In 2022, Children's created a Family Health Navigator (FHN) dashboard to provide detailed information members and support care delivery and filled the FHN position. This project continues into 2023 as Children's works to enhance capacity for FHN services.
  - Penrose St. Francis Health Services implemented a "curbside peer/patient connection" with a team of community peers intended to increase access to the continuum of BH services by improving transitions of care for patients presenting

at their facility with SUD or BH concerns. In 2022, Penrose Hospital saw a 40% reduction in high utilizer visits. Their Behavioral Health Specialists provided services to 275 patients, 111 of whom were CCHA members. Of the 275 patients, 93 received a warm handoff to available resources in the community. Additionally, Penrose-St Francis worked closely with the CCHA Transitions of Care team to enhance the referral/hand-off process.

- CCHA evolved the program in CY2023 by adding key pieces to the requirements for eligibility and exclusions. Specifically, CCHA required all applicants to provide information on how their program will implement processes that will address health equity; CCHA added a PHE Unwind component, allowing applicants the opportunity to apply for funds to assist members through the process of updating their address and providing assistance if eligibility is lost; and finally, CCHA added an eHealth focus area of connecting members within our regions to virtual memberships or services and supports.
- In CY2023, CCHA received over 55 applications for the 2023 funding cycle, which CCHA considers a huge success for this program. CCHA is projected to award $2.9 million dollars over the course of the year to the 34 selected community organizations with programs focused on PHE unwind activities, DEI activities, behavioral and physical health access, supports and services for children and families, and SDOH.

Practice Transformation Coaching

In alignment with our incentive programs, CCHA practice transformation coaches work directly with practices to continue quality improvement activities among the physical and behavioral health networks. PTCs work with practices by sharing quality improvement (QI) tools, aid in establishing QI teams, and support in meeting ACC initiatives, such as understanding and participating in the Alternative Payment Model (APM) and meeting the KPI and BHIP performance metrics. Highlights of CCHA's SFY22-23 coaching activities include:

Primary Care Medical Provider (PCMP) Network:
- Performance Improvement – PTCs continued monthly QI meetings with coached practices to discuss practice initiatives and establish workflows, review performance, and maintain practice information. CCHA modified the PCMP Incentive Program in CY2023 to include a new incentive measure that encourages practices to implement a Plan-Do-Study-Act (PDSA) cycle project. Further, CCHA implemented QI meetings with several additional PCMP practices this year across Regions 6 and 7.
- KPI Performance and Strategies – Given trends in KPI performance and challenges meeting the pre-established targets as set by HCPF, CCHA PTCs prioritized KPI performance with practices over the course of this SFY, focusing collaborations on high-volume providers and helping practices brainstorm and implement strategies for continued improvement. While CCHA continued to struggle achieving the established performance targets for many KPIs this year, coaches achieved great success in the following collaborations:
  - o Behavioral Health Engagement – In alignment with KPI and APM, PTCs supported several practices in developing workflows for depression screening

and follow-up in the primary care setting, Additionally, CCHA has collaborated with Diversus, who is considering establishing a BH co-location with a PCMP in Florissant. CCHA is also collaborating with a practice leveraging ARPA funds to expand clinic in rural Park and Teller counties, potentially adding BH and food pantry services.

- o Oral Evaluation and Dental Services – PTCs collaborated with several practices to conduct Plan-Do-Study-Act (PDSAs) cycles for improving dental screenings and services. In Region 7, PTCs identified a new dental partner open to collaboration with CCHA and is actively supporting engagement with the pediatric office next door to identify how the two can open up a shared scheduling system to support scheduling dental appointments directly before or after the well child check occurs.
- o Child and Adolescent Well Visits and Vaccinations – Given rates of well visits decreased in the fall/winter of 2022-23 due to the triple-demic environment, CCHA PTCs shifted focus in Q3Q4 to support increased outreach and engagement for well visits among the provider network. Some practices have created templates for outreach, are testing recall systems and gearing up for additional engagement opportunities this summer. Further, coaches are supporting practices in connecting to Vaccines for Children (VFC) program workflows. PTCs participated in a statewide COVID-19 vaccination collaborative, brainstorming how to use state data around all vaccines.

- Prescriber Tool – To support HCPF's implementation of the real-time prescription benefit inquiry tool, CCHA offered a one-time financial incentive to network providers to encourage them to participate. Further, PTCs and network managers outreached providers directly to provide education on the platform and encouraged them to participate prior to the initial July 2022 deadline. CCHA was able to outreach and support 90 practices with the attestation and over the course of this year has supported practices that are upgrading/changing electronic medical record (EMR) systems and supporting them through the attestation process.
    - o Following the initial attestation process, approximately 55 sites in R7 were unable to connect to the RTBI tool due to limitations with EMR functionality.
- Care Coordination Referrals – PTCs continued to educate practices on CCHA's care coordination services, and process for referring complex high-need members to CCHA. CCHA has targeted select high-volume PCMPs to increase referrals and bi-directional communication.
- Alternative Payment Model (APM) – In Q2, CCHA collaborated with Contexture (the regional health information exchange) for 2022 APM data and supporting practices in completing their 2022 attestations for structural measures. In Q3 coaches worked with practices to select measures for 2023 APM and validated structural measure completion for 2022. PTCs continue to support practices around APM related quality improvement, including sharing data and facilitating tracking any workflow changes. Additionally, PTCs

Annual Practice Support Plan

provide education to PCMPs around opportunities to participate in APM2 and changes coming with the upcoming prescriber tool APM.

- Network Adequacy Monitoring – PTCs and network managers continued ongoing network adequacy monitoring tasks, including completing the annual Office Systems Review (OSR) tool to maintain current provider information including whether the provider is accepting new Medicaid members. Additionally, PTCs and network managers complete appointment timeliness assessments among the network, as collected through the Third Next Available Appointment (3NA) process.
  - Further, CCHA's coaching team facilitated the ACC Learning Collaborative meeting in April, providing education for RAEs and HCPF on 3NA data collection and how CCHA leverages this model to gauge true appointment availability.
- Health Equity Collaborations – CCHA's cross-department health equity group, comprised of PTCs, Population Health, Community Liaison, and Care Coordination staff, among others, began engaging network providers in identifying local health equity gaps, underlying causes and potential interventions. A few examples include collaboration with the local Area Agency on Aging, who is working on diversity and special need populations and how to incorporate into primary care and case management; and discussions with local providers representing diverse backgrounds specifically focused on Diversity, Equity and Inclusion initiatives and how CCHA can align and support.

Behavioral Health (BH) Network:
- BH Coaching – CCHA successfully onboarded BH Practice Transformation Coaches (PTCs) this year to enhance our transformation efforts across the provider network. Coaches supported a total of 142 behavioral health practices this year, with 77 in Region 7, helping to resolve claims processing issues, improve quality metric performance and develop improvement projects for the High Intensity Outpatient Program.
- 411 audit – Provided all 164 providers who participated in this audit with a score card with their specific results to help promote ongoing improvements in the accuracy of encounter data and audit submissions. Educational materials outlining standards, common errors and a Self-Audit checklist were distributed to guide providers on recommended corrections. A Provider Education Series presentation was held to review results and findings with providers and further support improvement efforts.
- Expanding high intensity outpatient services to Youth in Region 7 to distribute funding to partners targeting expansion of High-Fidelity Wraparound, BH respite, neurofeedback, SUD and BH Intensive Outpatient Program (IOP), trauma treatment, mobile response unit, and IOP. CCHA is currently requesting State approval to award $123,0000 to Kids Crossing for expansion of BH respite and neurofeedback, $208,000 to Dale House for expansion of psychosocial rehabilitation services and supported housing/employment services, $150,000 to Palome for expansion of psychosocial rehabilitation services and mobile response unit, $200,000 to Patterson Center for Resiliency for expansion of Teen BH/SUD IOP and trauma systems therapy, $197,000 to Consultants for Children for

expansion of high-fidelity wraparound, and $200,000 to Collective Health Partners for expansion of Youth IOP services.

- Performance Improvement Projects (PIP) – CCHA staff supported BH providers in implementing practice transformation initiatives with the goal to increase rates of depression screening. The 2022 PIP was successfully concluded, and the SMART Aim goals and statistically significant improvement over baseline were achieved on both targets in Region 7. CCHA contributed to the evaluation of the success and impact of PIP process to inform future PIP cycles. SFY24 PIP strategy and partnerships are currently underway.
- Community Mental Health Center (CMHC) Collaboration Meetings – Staff continued to collaborate with Beacon and the CMHC on an ongoing basis, at least quarterly, to enhance coordination among the crisis system, with a focus on improving collaboration, communication, data sharing, etc.
- BHIP Quality Improvement – CCHA staff worked to achieve benchmark improvements for 3 of 10 measures. CCHA is reviewing performance details to determine disbursement and working with the State on changes to incentive measures for SFY23-24.

Population Health & Condition Management Activities
As described in detail in the SFY22-23 Population Management Strategic Plan, CCHA's Population Management Program is built upon understanding the populations served, aligning interventions to meet members' needs, supporting providers, and forming strong community partnerships. Further, CCHA applies feedback from the Program Improvement Advisory Committee (PIAC) to develop, evaluate, and modify CCHA's population health interventions.

Over the course of SFY22-23, CCHA's teams provided diverse methods of support to drive population health strategies among our provider network. Highlights include:
- Care Coordination - CCHA updated its member referral workflow to clearly outline timelines and communication expectations for staff, network providers and community partners when sending or receiving referrals to CCHA to support timely communication of member needs.
- Data sharing – CCHA shared member-level data with network providers to help practices prioritize members. Shared data includes elements such as:
  - Member stratification, including detailed data and complex member lists to practices to support identifying their complex high-need and high-cost members who may benefit from care coordination and wrap-around services or refer them to CCHA for care coordination
  - Members with less than one HbA1c reading within the last 12 months
  - Last A1c reading, if available
  - Less than one visit a year with their PCMP
  - Members with recent hospitalization or emergency department utilization, including those who received care for a mental health condition
- Referrals to Community Partners - CCHA continues working with providers and the broader health neighborhood and community to identify existing programs and

collaborations to promote connecting members to needed services to support whole-person health.

- o CCHA partners with different community organizations to expand the types of resources/programs available and offer linkages for members to help address SDOH. For example, CCHA continues to partner with Project Angel Heart (PAH) to offer medically tailored meals to members with diabetes who discharge from the hospital. This program aims to reduce readmission and ensure members have access to nutritious meals tailored to their condition. Our analysis indicates great success at reducing health care costs for members receiving this support, and we plan to expand to other conditions in the future.

CCHA works to improve member health outcomes by developing and evaluating evidence-based interventions and programs to support condition management for complex members, diabetes, and maternity. In addition, CCHA continues to leverage the expertise of its provider network, referral relationships with the health neighborhood and community, and its person-centered care coordination model as a multi-prong approach to helping members manage their health.

- **Complex:** CCHA's complex member definition and stratification process remained stable for SFY22-23, as initially implemented in the fall of 2021. CCHA continues to collaborate among the network regarding our most complex high-need members, encouraging referrals and collaborative complex case reviews where indicated. CCHA delegates outreach and care coordination to ACNs (Level 3) for their attributed members, and Single Entry Points (SEPs) and Community Centered Boards (CCBs) support outreach and care plan development to shared complex members. Specifically, CCHA works with the entities to share monthly stratified member lists, standardize workflows, and establish bi-directional communication expectations for collaboration around complex members. Entities are reporting outcomes of care coordination activities to CCHA, allowing CCHA to maintain oversight through quarterly monitoring. CCHA has provided ongoing education to these entities and regularly hosts complex member case reviews to provide coordinated resources and reduce duplication regarding complex members who cross multiple systems.
- **Chronic Condition Management Program**: At the beginning of SFY22-23, CCHA launched a chronic disease management program to support members with chronic conditions, expanding the framework of our diabetes program to provide enhanced condition management services to members experiencing a broader array of conditions wishing to better manage their condition.
- **Maternity:** CCHA has revamped our outreach strategy for high-risk pregnant women to help connect them to maternal-fetal medicine (MFM) specialists, when appropriate. Community liaisons and care coordinator supervisors outreached OB/GYNs and MFM practices to provide education on how CCHA can support their CCHA patients by providing care coordination, connecting members to community resources to address health-related social needs, and providing free health education information to members. CCHA encouraged these providers to sign up to our Specialty Care Provider Newsletter mailing list to receive information from CCHA on an ongoing basis regarding our services and how to refer members to CCHA.

CCHA recognizes that the provider network is the most effective at engaging members in managing their chronic conditions, as many members prefer receiving support at a place of

service that they trust. Through CCHA's tiered payment methodology, CCHA continues to incentivize practices to develop their own evidence-based programs to support population health management for their attributed members. In alignment with HCPF's priority areas, CCHA's tiered payment model incentivizes practices to focus on members with diabetes, maternity, asthma, and complex needs, and encourages Level 2 and 3 providers who offer condition management programs to establish more referral relationships with relevant specialists and PCMPs who have expertise in a specific area, such as diabetes management, or obstetrics and gynecology (OB/GYN).

- To support standardized delivery of member experience and place of service access, CCHA conducted quarterly leadership meetings with each ACN provider. The meetings facilitate strategy alignment with CCHA and ACN providers to meet members' care coordination needs and strengthen collaboration at various levels of our respective organizations.
- This year, CCHA created an external care coordination programs supervisor position. This supervisory role facilitates case consultation processes and provides clinical guidance and support to ACN providers regarding care coordination/management processes and improvement.

Update on SFY22-23 Practice Transformation Goals

In our SFY22-23 Network Management Strategic Plan, we defined process and outcome goals to measure our continued commitment to quality. We are pleased to report the following progress.

Process Measures:
- Number of practices who participate in at least ten quality meetings annually
  - Goal: At least 50% of practices eligible for the PCMP Incentive Program will participate in at least ten quality meetings annually.
  - Update: Preliminary data indicates approximately 50% of eligible PCMP practices across both regions participated in at least 10 quality meetings. QI meetings will continue throughout the month of June and updated progress will be included in the Network Management Strategic Plan.
- Continue to collaborate with HCPF to increase engagement and utilization of the Prescriber Tool Real Time Benefit Inquiry (RTBI) Module
  - Goal: 75% of providers who have completed the Prescriber Tool attestation in Phase 1 of the project will actively engage and pursue additional phases of the Prescriber Tool implementation.
  - Update: CCHA continues to promote the use of the Prescriber Tool and educate providers on the importance of this tool, however this goal is currently on hold with HCPF as there are no additional phases of the tool available to providers since the submission of last year's plan.
- Number of BH practices that receive coaching by BH practice transformation coaches (PTCs)
  - Goal: CCHA will establish connections between BH PTCs and at least 10 BH practices in each region.

- Update: BH PTCs engaged 77 behavioral health practices in coaching to resolve claims processing issues, improve quality metric performance and develop improvement projects for the High Intensity Outpatient Program.
- Number of practices who participate in Behavioral Health Incentive programs
  - Goal: At least 40 practices eligible for BH provider incentive programs (BHQIP, BHFIP and SDOHPIP) will enroll for calendar year 2023.
  - Update: CCHA exceeded our goal of enrolling 40 providers in our BH incentive programs and has enrolled 45 providers in the BHQIP and 5 hospitals in the BHFIP for CY2023. The SDOHPIP was discontinued at the end of CY22.

Outcome Measures[1]:
- Improve member health outcomes, increase access to appropriate services, and improve provider satisfaction.
  - Goal: CCHA will achieve the tier 1 goal in at least 3 Key Performance Indicators, as defined by the SFY22-23 KPI Specification document.
  - Update: In R7, CCHA started the year by meeting oral evaluations, and began meeting prenatal visits in Q2. CCHA also met half of the 0-30 month well visits measure but failed to meet 0-15 months. CCHA has seen improved rates across all WV so we are hopeful that with continued quality improvement efforts, we may get closer to the KPI goals throughout the summer.
- Number of complex high-need members engaged in extended care coordination (ECC) who are connected to healthcare services (defined as at least one visit to PCMP or specialist within the last year)
  - Goal: CCHA will establish a baseline during the first reporting period, then determine a goal.
  - Update: In Q1Q2, 93.2% of complex high-need members enrolled in ECC had at least one visit with a PCMP or specialist. In Q3Q4, the results were 93%.
- Number/percent of members with a diagnosis of diabetes who have at least one well visit with their PCMP or specialist in the last 12 months
  - Goal: 75% of members with a diagnosis of diabetes have at least one visit with their PCMP or specialist within the last 12 months.
  - Update: In Q1Q2, 95.5% of members with diabetes had at least one well visit with a PCMP or specialist. In Q3Q4, the results were 99.5%.
- Number/percent of members with a diagnosis of diabetes who had at least one HbA1c done in the last 12 months
  - Goal: 90% of members with a diagnosis of diabetes have at least one HbA1c done in the last 12 months.
  - Update: CCHA did not meet this goal in SFY22-23. In Q1Q2, 30.7% of members with diabetes had at least one HbA1c test completed within the last year. In Q3Q4, the results were 31.1%. CCHA believes these do not accurately reflect true performance due to our limited access to laboratory data.
- Number of members who attend a behavioral health follow-up appointment within 7 days from discharge from an inpatient placement for a BH condition:

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[1] Claims-based metrics for Q3Q4 are underreported due to incomplete claims run-out at the time of submission of this report.

Annual Practice Support Plan

- o Goal: CCHA will achieve the improvement target as defined in the SFY22-23 BHIP Specification document.
- o Update: CCHA did not achieve the targets for follow-up within 7 days of an inpatient hospital discharge for a mental health condition in SFY22. A Transitional Care Track has been implemented with a CMHC in Region 7 to support aftercare planning for members discharging from the ATU. A process improvement workgroup will be established to operationalize the utilization of daily census information, reduce duplication, and expand the process to inpatient facilities.
- Number of members who receive a BH screening upon entering foster care
  - o Goal: CCHA will achieve the improvement target as defined in the SFY22-23 BHIP Specification document.
  - o CCHA did not achieve the targets for behavioral health screening or assessment for children in the foster care system in SFY22. However, CCHA established a notification process for new foster/kinship placements with El Paso County Department of Human Services (DHS). The caseworker outreach process is underway, and a clinical pathway was established with Palomé Child and Family Specialists to promote and facilitate access to a BH screening.

Challenges:

As noted above, various factors impacted the provider network this year including workforce shortages and the surge in triple-demic illnesses, which caused many providers to divert focus and resources from well care and improvement efforts toward response to sick care and urgent needs. Additionally, understaffed practices responding to the influx of members affected by the triple-demic had limited capacity to update workflows/processes or collaborate on various payment reform initiatives and incentive measures (such as APM, KPIs, BHIP, HEDIS, etc.).

Another challenge of the CCHA network involves known gaps in certain BH specialty services such as adolescent residential treatment centers (RTCs), adolescent substance use disorder (SUD), respite and eating disorder services impact the network's ability to connect members with needed services. CCHA staff continue to coordinate with members to find solutions, but these gaps remain challenging due to the extensive resources required to provide this level of wraparound care. CCHA's transformation efforts strive to address these known gaps by enhancing network capacity to offer specialized programming, and these activities will be promoted through the High Intensity Outpatient Program funding.

Limited opportunity for telehealth expansion – Telehealth has demonstrated value in being a useful tool for network providers and enhancing member access to care. However, opportunities to further expand the scope of services available to members through telemedicine remain limited due to the requirement for all providers to have a brick-and-mortar location within the state of Colorado.

Data Challenges - To support PCMP Incentive Program performance improvement on the KPIs, CCHA has been working with HCPF and providers to determine where there are calculation differences across entities. Specifically, providers are noticing where their electronic health

records (EHRs) show a member as having a well visit while the Data Analytics Portal (DAP) shows them missing. Additionally, CCHA has found instances where we believe members weren't eligible for the KPI due to continuous enrollment requirements.

Plans for Change in Strategy:

As demonstrated in the above successes and achievements, CCHA has made significant strides towards advancing the Whole-Person Framework and implementing our population health strategies with our provider network. CCHA continues to evolve to meet the needs of our region and changing priorities, and plans to implement the following shifts in strategy:

- PCMP Incentive Program – To encourage providers to pivot and focus again on well care and prevention, CCHA modified the PCMP Incentive Program in CY2023 to allocate more dollars to KPI performance. Additionally, CCHA modified this PCMP Incentive Program in CY2023 to include a new incentive measure that practices put a PDSA in place.
- High Intensity Outpatient Program – Once approved, CCHA will distribute funding to the selected organizations to expand access to high-intensity outpatient services in a community-based setting.
  - Our BH PTCs will support awardees throughout the grant period to review deliverables and ensure program goals to promote the expansion or development of high intensity outpatient BH services for members are being met.

Provider Communications:

Achievements/Successes:

CCHA successfully implemented its provider communication strategy in SFY22-23, tailoring each communication initiative based on the nature of the messaging, target audience and timeframe for communication. CCHA's broad array of communication methods (also known as vehicles) support engaging with the network in a multi-prong approach, including newsletters, special bulletins, email blasts, online and printed materials, social media, direct outreach via phone/email, webinars, listening sessions, open mic calls, town-halls and/or in-person meetings and joint operating committees.

New Communication Solutions in SFY22-23
- Behavioral Health Provider Bulletin – Based on feedback received from BH independent provider network (IPN) workgroups and other stakeholder forums in 2022, CCHA began distributing a specific behavioral health provider bulletin, strictly for behavioral health-related topics towards the end of SFY21-22. The content is simplified from our existing newsletter communications to be brief and bulleted. So far, CCHA has seen great engagement from this newsletter and plans to continue this communication vehicle; it is distributed to over 4,000 providers and consistently achieves around a 40% open rate, which is above industry standard of 35%.

Annual Practice Support Plan

- BH Provider Education Series – As detailed in the Practice Support section of this report, CCHA offered enhanced BH provider education and engagement opportunities this SFY, including monthly education meetings, Open Mic meetings, and listening sessions.

Emerging Issues and Crisis Communications

CCHA adapted its provider communication strategy over the course of SFY22-23 to meet emerging needs of the regional, state and national environments. Several key events occurred this year in which CCHA pivoted to effectively communicate relevant information and engage the provider network and our members on timely issues. Examples include:

- Club Q Shooting – CCHA staff promptly responded to offer support, clear communication, and care coordination resources to members impacted following the shooting at Club Q in Colorado Springs in November 2022.
    - Staff outreached numerous providers and community partners to establish bi-directional communication, and identify needs and how CCHA can support, including local safety net providers, Diversus, Cedar Springs, and Peak Vista, etc.
    - Care coordination sent a text message to all members in El Paso area (approx. 95,100 phone numbers); received minimal calls back but had significant increase to website traffic. Staff monitored the call center through the holiday weekend to ensure members who reached out received the services they needed in a timely manner. Further, CCHA developed a list of 30 BH providers who had capacity to assist if members were experiencing barriers.
    - Though this tragedy occurred in Region 7, we recognize that events such as these impact the community beyond our regional borders, and we are committed to help all whom we serve. To promote information on CCHA and other local resources, communication staff created a specific resource page on our website and added a banner on the main page to make the information more prominent; information was published in a provider newsletter blast, and resources shared on our social media pages.
- Crisis Communication Plan –Following recent critical events such as the Club Q and Boulder shootings, and the Marshall and Middle Fork Fires, CCHA reflected on lessons learned during crisis communications and developed a Crisis Response Plan, which serves as a framework for communication expectations to support our members and provider network during crisis situations, natural disasters, etc. This document will continue to guide our leadership in responding to these unforeseeable events in a thoughtful, coordinated, and intentional manner to best support our members, provider network, and broader community. CCHA shared plan with HCPF as a sample framework for planning a crisis communication response process.
- Update Your Address Campaign – CCHA continued to support HCPF's campaign to support accurate member information by regularly promoting member print materials, a webinar training, website information, and including information in provider newsletters and behavioral health bulletins. Success metrics include the number of printed materials ordered from our website, clicks on newsletter content and website traffic.

- COVID-19 and the PHE Continuous Coverage Unwind – As the PHE ended on May 11, 2023, CCHA has provided ongoing enhanced communication to support provider and member education and awareness of upcoming changes, including provider revalidation and member redetermination processes that are being re-instituted. Specifically, CCHA staff created a special edition newsletter to provide in-depth information about the Continuous Enrollment Unwind, and will do so again to communicate significant updates as needed. Additionally, each monthly newsletter includes a bulleted summary of updates and a link to the Continuous Enrollment Unwind email for providers who want in-depth information. Finally, CCHA maintains a COVID-19 webpage for both providers and members that provides the latest COVID-19 information pertinent to that audience.

In addition to the new communication strategies implemented in SFY22-23, as listed above, CCHA maintained the remaining communication strategies as outlined in our Communication Plan. Highlights from our communication efforts in SFY22-23 include:

- BH Provider Leadership Listening Sessions – CCHA continues to host bi-annual listening sessions to provide a forum for the BH network to engage and share feedback with CCHA leadership. CCHA uses this time to provide a range of updates regarding healthcare and statewide trends, such as: reviewing legislative changes in SB 22-156, which prohibit RAEs from requiring prior authorization for psychotherapy services and limiting the lookback period for recoupments; as well as updates on CCHA specific issues, such as the 2022 claims processing slowdown issue and resolution, rate increases, and provider incentive funding awarded through our Community Incentive Program (CIP). CCHA considers these forums an important opportunity to hear feedback from the network. It should be noted that engagement has decreased over time in these forums, and CCHA expects that is due to providers having additional CCHA resources and points of contact throughout the year to direct concerns to, as well as CCHA working with providers and advocacy groups to collaboratively resolve issues.
- Website – CCHA's website remains a central location for providers to receive information from CCHA. Our analytics show that BH providers most frequently view the CCHA site, as eight out of the 10 most viewed pages are specific to BH resources and support, while the other two most accessed links are to submit care coordination referrals to CCHA.
- Provider Newsletter – CCHA distributed the newsletter on a monthly basis (with special blasts ad hoc), providing updates on relevant/current topics. The newsletter is a successful avenue for CCHA to engage our network, as it consistently maintained an above-average open rate in SFY22-23, achieving an average open rate 38-40%, whereas the industry standard is just below 35%.
- Ad Hoc Email Blasts – CCHA provided additional email blasts for 2023 as communication needs were identified, including providing notifications/reminders for BH provider engagement opportunities, such as the January BH Open Mic Reminder, February and March BH Provider Education Opportunities, and the High-Intensity Outpatient Request For Proposal (RFP) FAQ Session.

Annual Practice Support Plan

Update on SFY22-23 Communication Plan Goals

In our SFY22-23 Network Management Strategic Plan, we defined process and outcome goals to measure our continued commitment to quality. We are pleased to report the following progress:[2]

Process measures:
- Publish and distribute CCHA monthly newsletter
  - Goal: CCHA will publish at least ten (10) newsletters in SFY22-23.
  - Update: As of May, CCHA exceeded this goal by distributing 11 provider newsletter bulletins, with another issue planned for June.
- Publish and distribute frequent behavioral health provider bulletins
  - Goal: CCHA will publish at least ten (10) behavioral health provider bulletins in SFY22-23.
  - Update: As of May, CCHA exceeded this goal by distributing 11 BH provider bulletins, with another issue planned for June.

Outcome measures:
- Percent open rate for CCHA monthly newsletter
  - Goal: Monthly percent open rate will exceed the industry average as defined by Constant Contact.
  - Update: The industry average open rate is 34.84%, and CCHA's provider newsletter achieved on average a 37.72% open rate.
- Percent open rate for behavioral health provider bulletin
  - Goal: Monthly percent open rate will exceed the industry average defined by Constant Contact.
  - Update: The industry average open rate is 34.84%, and CCHA's BH provider bulletin achieved on average a 38.63% open rate.
- Number/percent of eligible PCMP practices with provider portal access who actively use the portal
  - Goal: 50% of practices with established access will engage with the portal at least once per six months.
  - Update: As of January, 43.4% of PCMP practices in Region 7 with portal accessed logged in to access the portal, in the first half of the SFY. As of June 1st, 35.6% of practices had accessed the portal during the second half of the SFY. CCHA does not expect to meet the goal in Region 7 and moving forward will collaborate with the network to identify issues in accessing the portal. We also speculate some fluctuation in practices accessing the portal may be attributed to direct practice support and information being provided directly by CCHA staff.

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[2] Goal updates reflect SFY22-23 performance through May 2023.

Annual Practice Support Plan

Challenges:

Though CCHA strives to communicate clearly and effectively with all of our stakeholders, applying lessons learned and industry best practices, we are continually learning how to best accomplish this with our diverse provider community in an ever-changing environment. Challenges we have encountered this year include:

- Stakeholders have provided feedback that the amount of information on CCHA's website can sometimes be overwhelming and hard to search/navigate. CCHA appreciates this feedback and is working to resolve this barrier and improve our stakeholders' experience.
- There is an abundance of behavioral health information to communicate. We are working to make the information in these bulletins completely specific to behavioral health providers and as concise as possible.
- Although we were successfully above the industry average on each newsletter, we still strive to improve our click rate. We intend to encourage providers to click on links by providing more information about the link. For example, if the document links to a large document, we will specify the pages where providers can find valuable information.

Plans for Change in Strategy:

CCHA is proud of the accomplishments we have made this year in support of effective communication with our provider network. We will continue to evolve our strategies to address challenges to optimize provider communication, including incorporating the following:

- CCHA will continue to alert our network of new and evolving state priorities and policy changes. We recognize the impact such updates can have on how providers are able to care for our members and remain committed to serving as a reliable source of information.
- Based on feedback from provider meetings and website analytics, CCHA will work to restructure content on CCHAcares.com/providertools into multiple pages to improve the provider experience.

Annual Practice Support Plan