ACC Phase III: Proposed Concepts

Public Session: Providers

September 26, 2023

Presented by:

Colorado Health Institute

Colorado Department of Health Care Policy & Financing

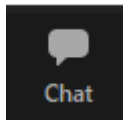
Welcome, thank you for joining us!

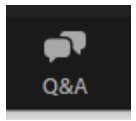
- **This meeting is being recorded.** Please keep your sound muted, unless you are speaking.
  - Please do not share Protected Health Information during this meeting.
- Slides and a recording of the presentation and discussion will be available on HCPF's website.

Today's Agenda

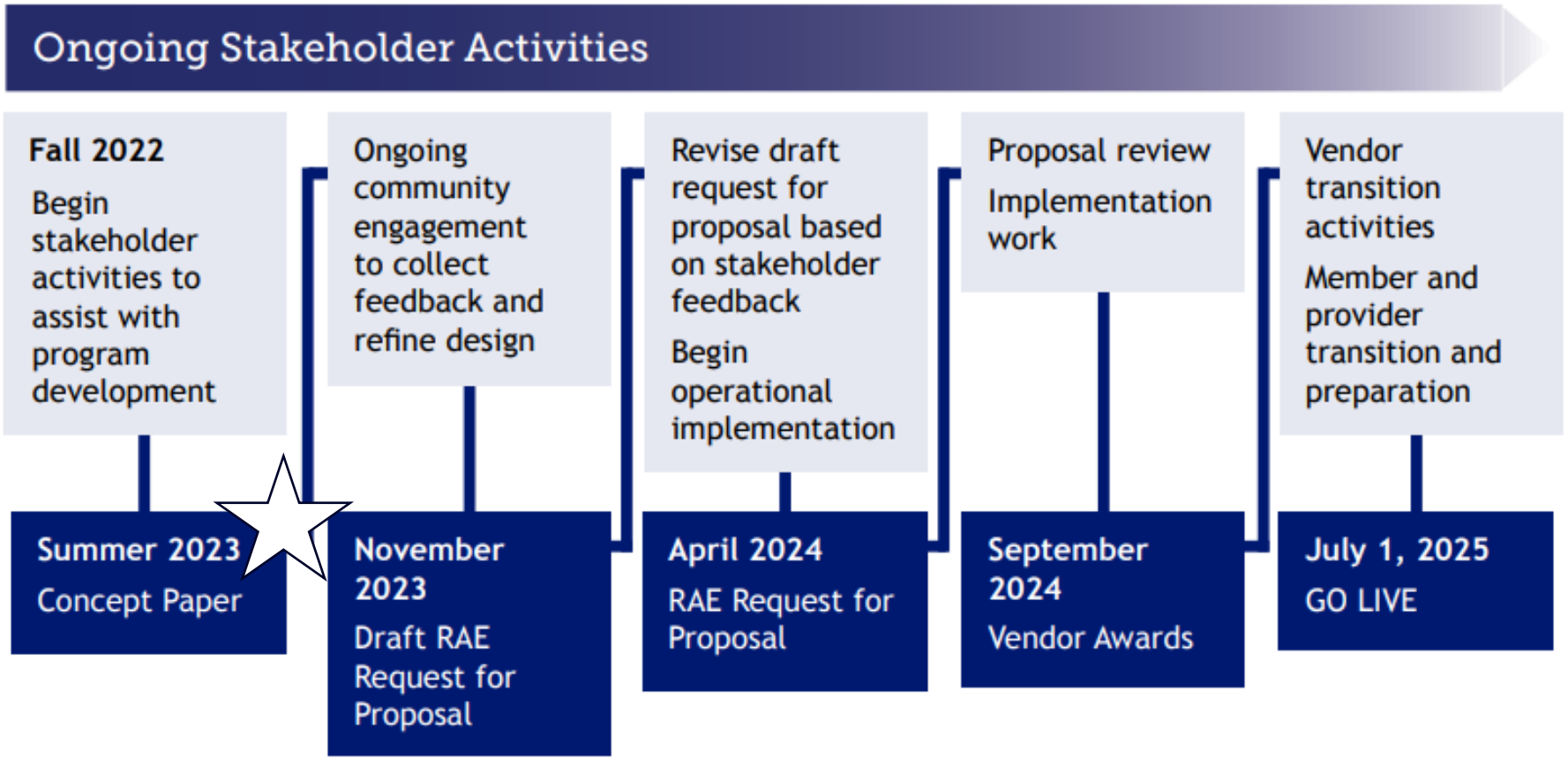
8:00 – 8:15am	Welcome and ACC Phase III Goals
8:15 – 8:35am	Proposed Administrative Updates
8:35 – 8:55am	Deep Dive: Children & Youth
8:55 – 9:15am	Deep Dive: Metrics & Payment
9:15 – 9:25am	General Q&A
9:25 – 9:30am	Wrap-Up

Questions or comments?

- 

Use the chat for comments.
- 

Use the Q&A feature for questions.
- Please hold verbal questions until the discussion portion of our meeting today.
  - Use the "raise hand" feature under Reactions to indicate a question.


Ongoing Stakeholder Activities
Fall 2022
Begin stakeholder activities to assist with program development
Summer 2023
Concept Paper
Ongoing community engagement to collect feedback and refine design
November 2023
Draft RAE Request for Proposal
Revise draft request for proposal based on stakeholder feedback
Begin operational implementation
April 2024
RAE Request for Proposal
Proposal review
Implementation work
September 2024
Vendor Awards
Vendor transition activities
Member and provider transition and preparation
July 1, 2025
GO LIVE

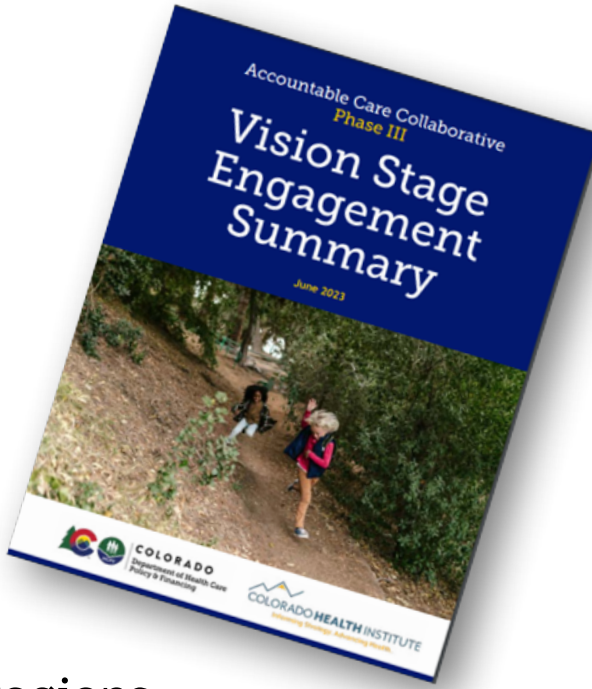
What we've heard:

What's working well:

- Majority of members are getting the care they need
- Providers engaged with RAEs appreciate resources and support
- Regional model acknowledges that different parts of Colorado have different needs
- Care coordination for those who are actively engaged
- Existing member engagement councils

What needs improvement:

- Process and administrative barriers
- Inconsistency across 7 regions
- Alignment with other entities in midst of statewide changes
- Care capacity and access
  - Services for children and youth



Goals for ACC Phase III

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1. Improve quality care for members.
2. Close health disparities and promote health equity for members.
3. Improve care access for members.
4. Improve the member and provider experience.
5. Manage costs to protect member coverage, benefits, and provider reimbursements.

1. Improve quality care for members.

- **Aligned strategic objectives**
- **Standardize incentive payment measures**
- **Standardized children's benefit**
- **Children and youth intensive care coordination**
- Behavioral Health Transformation

2. Close health disparities and promote health equity for members.

- Implement existing regional health equity plans
- Use equity-focused metrics
- Equity requirements for RAEs
- Explore expansion of permanent supportive housing services
- Explore providing food related assistance and pre-release services for incarcerated individuals
- Leverage social health information exchange tools

3. Improve care access for members.

- Clarify care coordination roles and responsibilities
  - Create tiered model for care coordination
- Strengthen requirements for RAEs to partner with community-based organizations (CBOs)
- Explore innovations to current behavioral health funding system to fill gaps in care (Behavioral Health Transformation)

Reference: Senate Bill 23-174

4. Improve the member and provider experience.

- Enhance Member Attribution process to increase accuracy and timeliness
- Increase the visibility of and clarify role of the RAE
- Reduce administrative burden on providers through behavioral health transformation efforts
- Reduce total number of regions

Reference: House Bill 22-1289

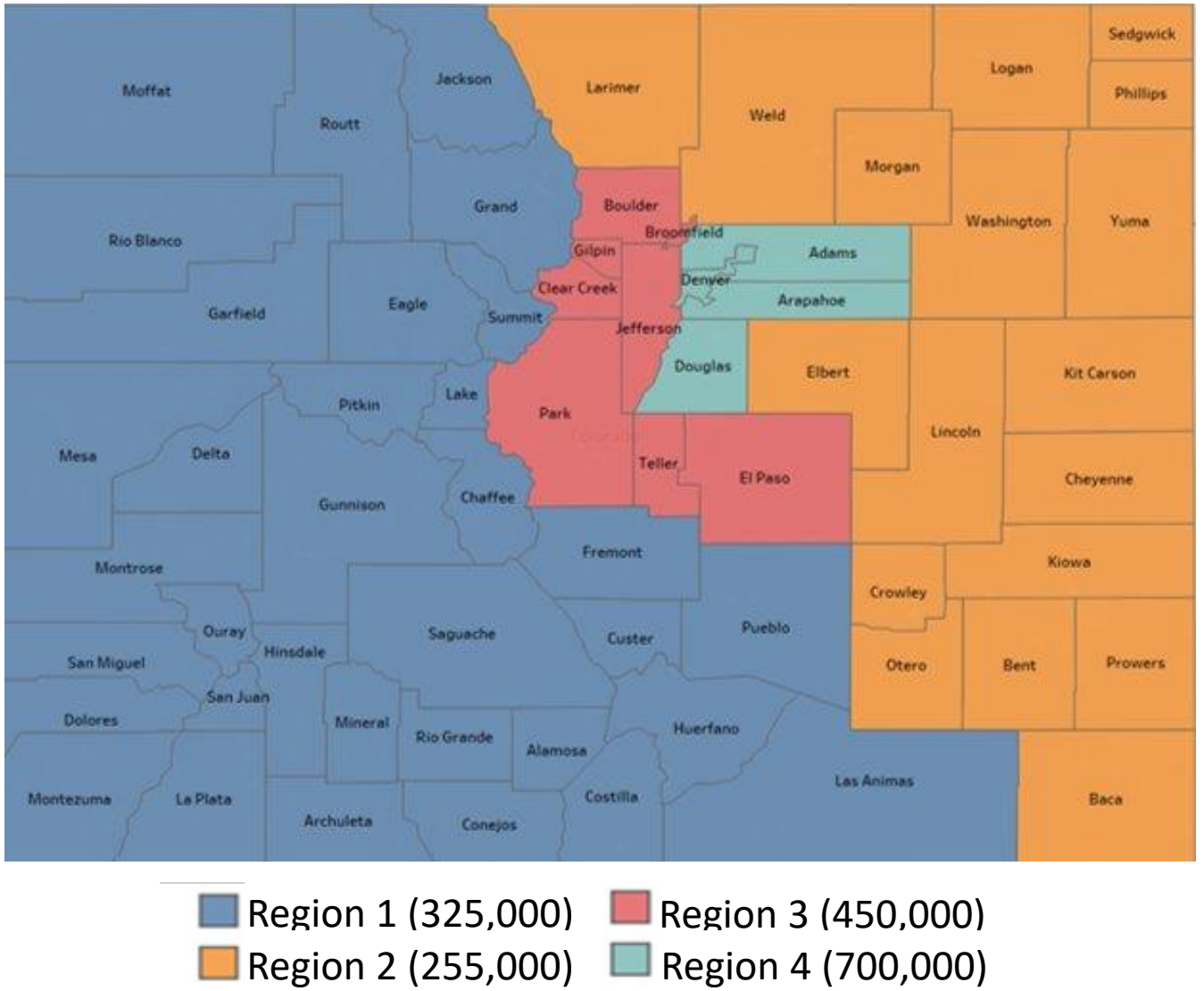
5. Manage costs to protect member coverage, benefits, and provider reimbursement.

- Improve administration of behavioral health capitation payment
- **Improve alignment between ACC and Alternative Payment Models**
- **Implement new Alternative Payment Models**

Administrative Updates

Reduce the total number of RAE regions

Under review



Attribution

- Eliminate geographic attribution
- Update attribution to better reflect recent utilization
- Allow Comprehensive Safety Net Provider to serve as PCMPs

Increasing Accountability

- Transparent reporting for RAEs
  - e.g. authorizations and denials
- Penalties for contract non-compliance
- Clearer, more prescriptive contract language for certain RAE functions
- Clearer, more meaningful deliverables that streamline reporting requirements
- Rate transparency for managed care per CMS rule

Behavioral Health Transformation Updates

- Centralized provider credentialing
- Standardized utilization management for providers and payers
- Universal contracting
  - Includes standards for data collection, priority populations, response times, grievances, etc.
- Reducing the number of RAE regions (and therefore number of contracts for statewide providers)

Discussion:

- Will these changes make things easier or more streamlined for you?
- Are there unintended consequences to these changes?

Deep Dive: Services for Children and Youth

Standardize children's benefits to assure access to needed services across a continuum of care

- Establish uniform processes across RAEs to identify a child's level of health needs and risks
- Utilizing validated tools, such as the Child and Adolescent Needs Survey (CANS)
- Link those levels of care with a suite of services that would be available based on the child's specific needs
- Associate evidence-based models of care coordination services to the different levels of care
- Stakeholder engagement to organize services within this structure

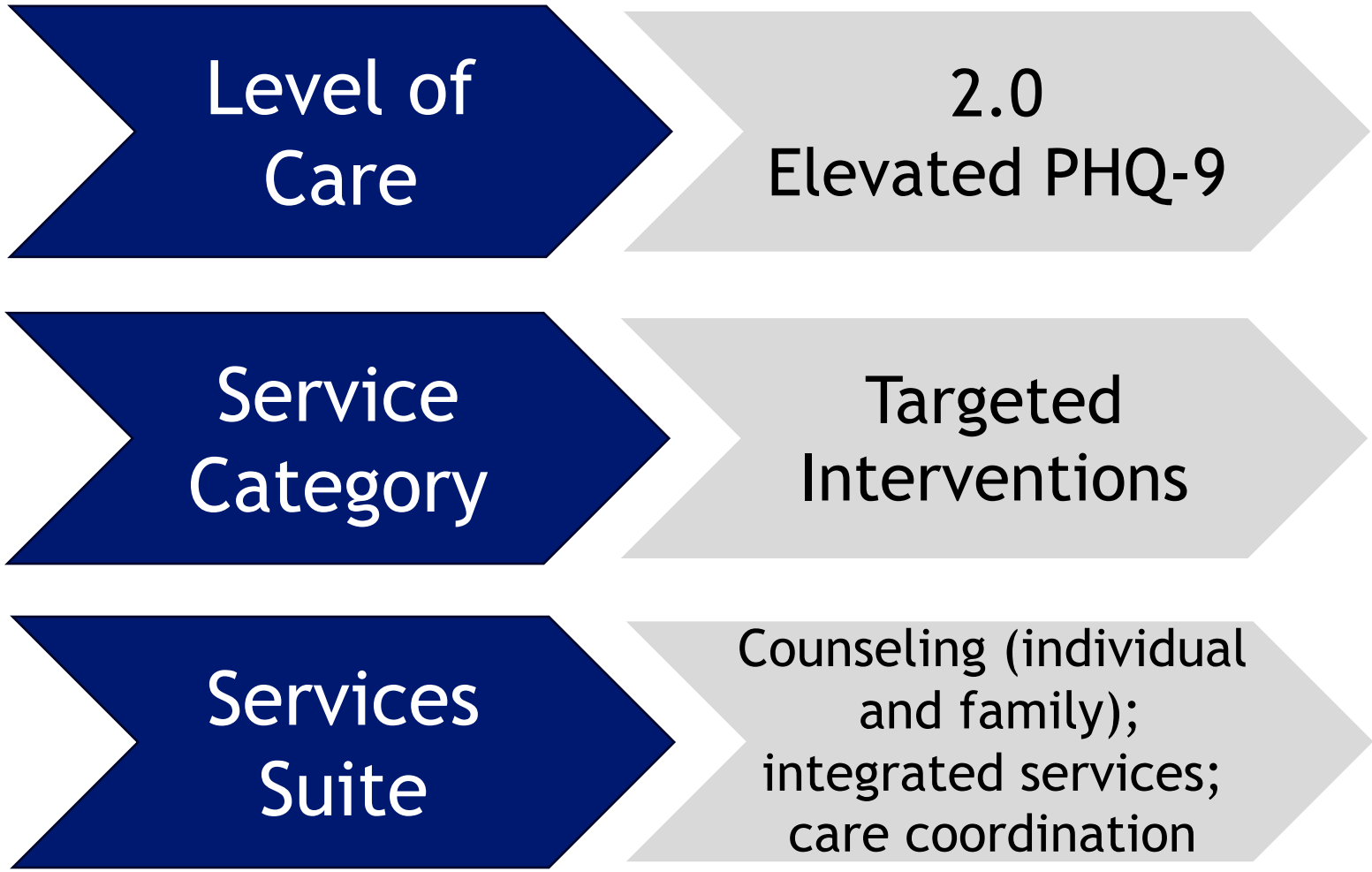
Reference: Senate Bill 23-174

Standardize children's benefits to assure access to needed services across a continuum of care

Entry to Care	Determine access points for different tiers [e.g., PHQ-9 in PCP; CANS with IA through CW]			
Level of Care	1	2	3	4
Service Category	Low	Medium	High	Inpatient
Services Available	Targeted services for each acuity/complexity TBD through engagement with you			
Care Coordination Level	Tiered care coordination associated with evidence-based practice for different levels			

Reference: Senate Bill 23-174

Lower Acuity Example



Higher Acuity Example

Level of Care	3.5 CANS + Multi-System
Service Category	Intensive Community Supports
Services Suite	Wraparound; Counseling; FFT or MST

Implement programs for children with highest acuity and multi-agency involvement.

- High-Fidelity Wraparound
- Establish new intensive care coordination model
- Improve assessments for service needs
- Increase clarity around EPSDT
- Expand system capacity for high intensity outpatient services

Reference: Senate Bill 19-195

Discussion

1. What changes or considerations need to be made to make this an effective and feasible solution?

2. What are your concerns with this model?

3. What would success look like?

Deep Dive: Metrics and Payment

Implement ACC Phase III Strategic Objectives

Improve follow-up and engagement in treatment for mental health and substance use disorder by 20%

Achieve national average in preventative screenings

Close racial/ethnic disparities for childhood immunizations and well-child visits by 30%

Reduce maternal racial/ethnic disparity gaps between highest and lowest performing populations for birthing people by 50%

Improve care for people with diabetes and hypertension by 50%

Fiscal goal under development

Standardize incentive payment measures

- CMS core measures
- Align with:
  - Division of Insurance's implementation of House Bill 22-1325, Primary Care Alternative Payment Models
  - Center for Medicare and Medicaid Innovation's Making Care Primary model
- Striving to pay incentives based on individual PCMP performance

Proposed Incentive Measures (CMS Core Metrics)

- Initiation and Engagement of Substance Use Disorder Treatment - Initiation & Engagement (2 part)
- Follow-Up After Hospitalization for Mental Illness (7 days)
- Follow-Up After Emergency Department Visit for SUD (7 days)
- Transitions of Care *(HEDIS Measure Proposed, Current Performance Data available is not HEDIS Measure)*
- Well-Child Visits in the First 30 Months of Life (0-15 mos & 15-30 mos)
- Prenatal and Postpartum Care - Timeliness of Prenatal Care & Postpartum Care (2 part)
- Plan All-Cause Readmissions (target reduce by 5%)
- Childhood Immunization Status Combo 10
- Immunizations for Adolescents Combo 2
- Screening for Depression and Follow-Up Plan
- Breast Cancer Screening
- Colorectal Cancer Screening
- Hemoglobin A1c Control for Patients With Diabetes (inverted, lower is better)
- Controlling High Blood Pressure

Discussion

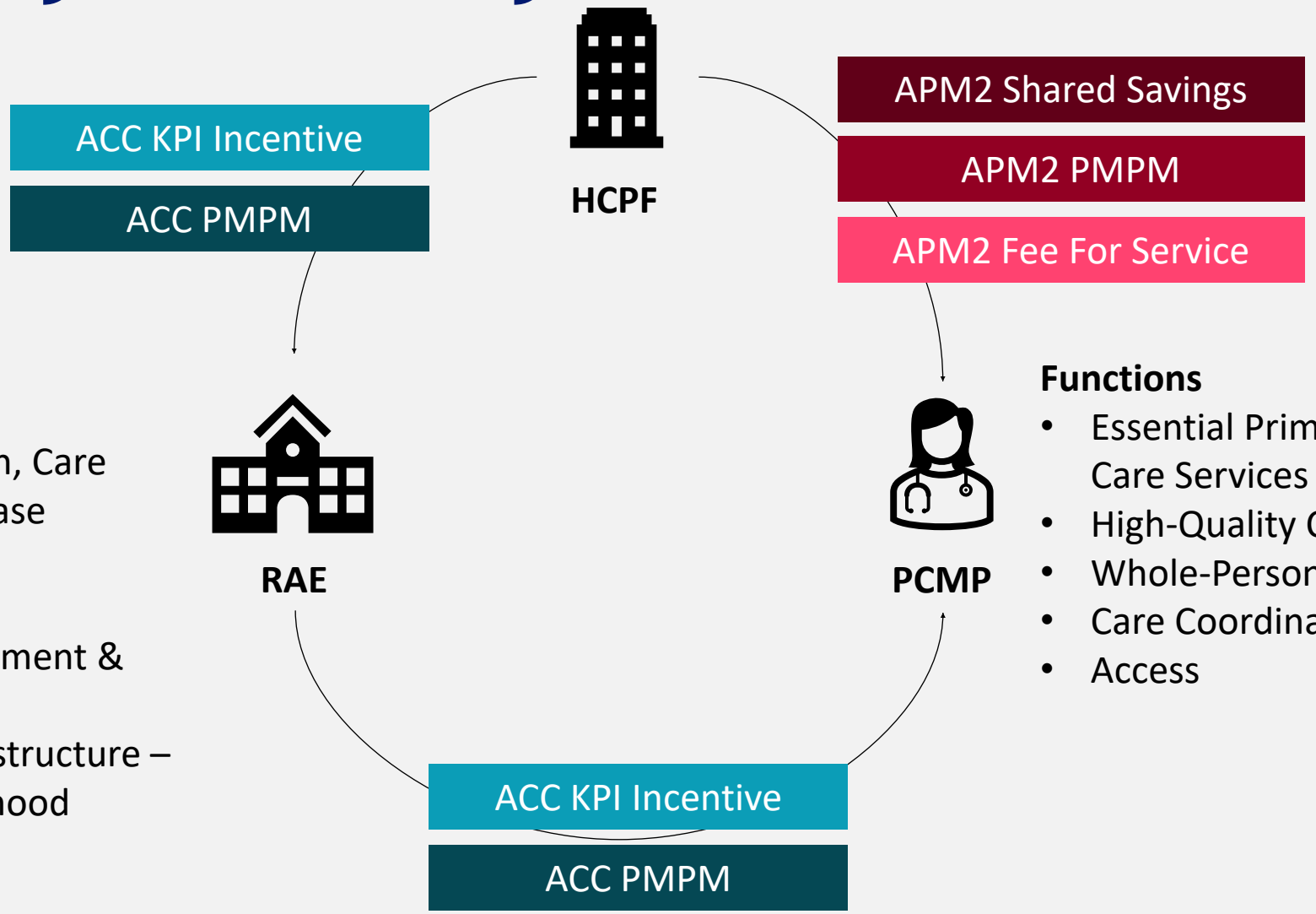
1. Any concerns about aligning with standardized metrics and other payers?
2. How should we approach paying out incentives by individual PCMP?
3. When practices don't have enough members to calculate metrics, how can we still incentivize and acknowledge their work?

Explore ACC alignment with new APM programs

APM 2	• Providers receive 100% of Medicare rates for services under APM 2 and eligible to receive shared savings from improved chronic care management • FQHC subset that allows more flexibility for participation
PACK	• Address specific needs of pediatric primary care providers • Incentivize quality care specific to pediatric population
Maternity Bundled Payment	• Providers eligible to receive incentive payments depending on cost of each episode • Allows providers to make choices about care delivery and related investments to improve quality and health equity outcomes
Behavioral Health APMs	• Designed in collaboration with BHA • Cost-based prospective payment model for safety net providers • Enhanced payment for essential safety net providers
Prescriber Tool APM	• Incentivize use of the Real Time Benefits Inquiry (RTBI) module to promote Medicaid pharmacy benefit compliance and cost efficiency in pharmacy utilization

Reference: House Bill 22-1325

Primary Care Payment: Current State



Functions

- Care Coordination, Care Programs, and Case Management
- Practice Supports
- Network Development & Maintenance
- Community Infrastructure – Health Neighborhood

Functions

- Essential Primary Care Services
- High-Quality Care
- Whole-Person Care
- Care Coordination
- Access

Discussion

1. What role can or should RAEs play to help PCMPs be successful in participating in APMs?

Q&A

Next Steps

Provide additional feedback:

- Full concept paper
- Online survey open until Oct 31 — responses will be made publicly available (without names)
- Open feedback form will remain open

Upcoming Public Meetings

- **Health First Colorado Members:** 9/28 from 5 to 6:30 p.m.

Thank you!

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