



**COLORADO**

Department of Health Care  
Policy & Financing

# PACK Program Design Review Team

## Meeting 9

### June 26, 2024



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# Agenda

1. Welcome and Introductions
2. Meeting 8 Recap
3. Level-Setting
4. Considerations for Pediatric Provider and Population Types
  - Considerations for Pediatric Providers
  - Considerations for Subset Types of Pediatric Providers
  - Considerations for Populations Served by Pediatric Practices
5. Looking Ahead

# 1. Welcome and Introductions



# Meet the PACK Team



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PACK Lead



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Design Review Team Facilitator



**Emily Leung**  
Design Review Team Co-Facilitator



**Samantha Block**  
PACK Support Team



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PACK Support Team

# 2. Meeting 8 Recap



# What We Heard

- Additional staffing, which requires financial resources, is necessary to advance to a higher level of care within the realms of integrated behavioral health, health related social needs (HRSN) screening, same-day triage and appointment availability, and care coordination.
  - **HRSN:** Additional levels or steps needed between a provider conducting a screening and a member being able to enroll or receive appropriate assistance or services.
    - Some communities may not have the resources to meet the identified need from the screening.
  - **Care Coordination:**
    - Lack of technical infrastructure
    - Challenges navigating information sharing

# Level-Setting



# Today's discussion focuses on payment considerations

## Payment Considerations for Pediatric Providers

### Primary Care Services

*Payment for APM 2 code set:*

- E&M - Preventative/ Well-Child Check
- E&M - Office/Other Outpatient
- Immunization Administration
- SBIRT
- Depression Screening
- Blood Draws
- OB/GYN Preventative — Pap smear, vaginal, pelvic, and breast exams/ screenings



### Incentive Payments

*Payment contingent on meeting standards for 6 DOI Pediatric Measures:*

1. Well-Child Visits in the First 30 Months of Life Measure (W30)
2. Child and Adolescent Well-Care Visits: Ages 3 to 21 (WCV)
3. Childhood Immunization Status (CIS)
4. Immunizations for Adolescents (IMA)
5. Developmental Screening in the First Three Years of Life (DEV)
6. Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF)



### Non-Reimbursed Activities

*Activities currently provided but not reimbursed under Fee-For-Service:*

1. Team-Based Care
2. Member and Family Engagement
3. Access
4. Care Coordination



# Objectives

1. Identify financial barriers that pediatric practices face, which may hinder their success in Alternative Payment Models (APMs).
2. Define medically and socially complex factors for pediatric Health First Colorado members aged 0-18.
  - Understand what adjustments could be made to payments to support for these populations.

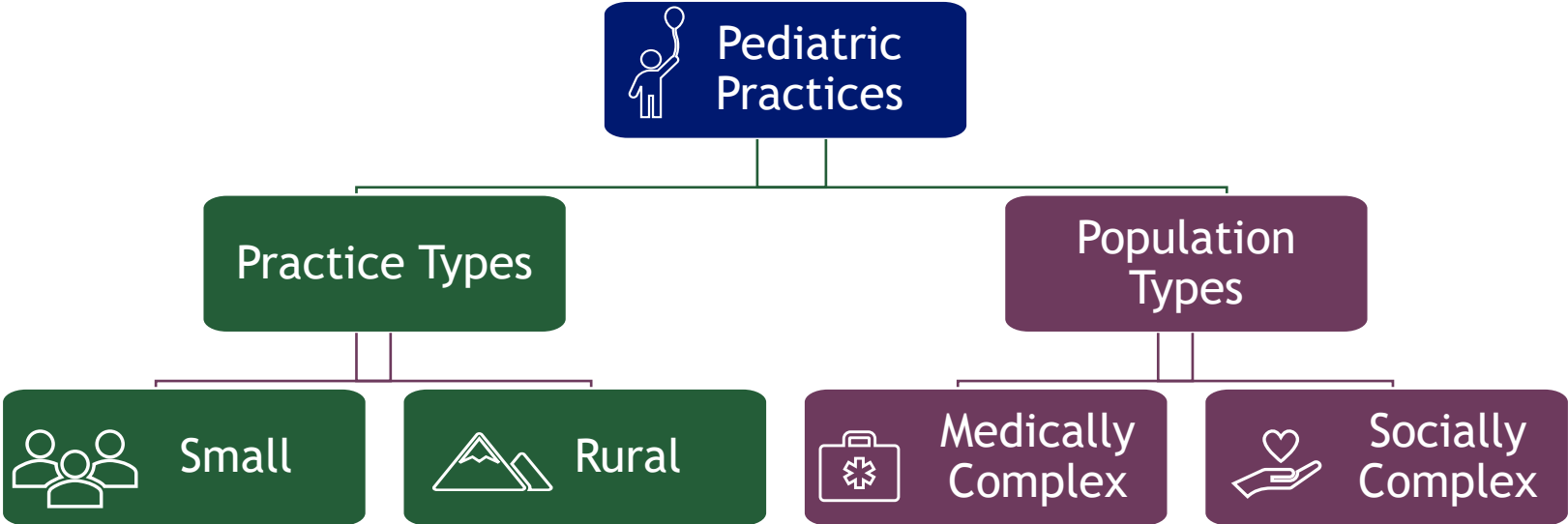
# 3. Considerations for Pediatric Practices and Populations



# Overview of Pediatric Considerations

Our discussion will start by examining the unique considerations essential to **pediatric practices at large**, then transition to specific **pediatric practice types**, and **pediatric population types**.

These practice and population types are not mutually exclusive.



# Considerations for Pediatric Practices





# Pediatric Practices

## Who are pediatric practices and who do they serve?

Practices with more than 80% \* of the Health First Colorado members served are 0-18 years old

### What are the financial barriers?

- Low revenue due to high Medicaid payer mix
- Small panel size due to high frequency of preventative and sick visits
- Historical underfunding and undervaluation of cognitive work

### How do the barriers impact PCMP experience?

- Limited ability to hire support staff to conduct member outreach and coordinate care due to thin margins
- More financial risk and potential instability for providers accepting Medicaid

### How do the barriers impact member experience?

- Limited access to care and reduced provider choices due to fewer providers accepting Medicaid
- Limited access to patient-centered activities such as family and member education, counseling, and care coordination

# Discussion 1



## Pediatric Practices

- Does the definition of pediatric practices align with your understanding or experience?
- Are there additional financial barriers that most pediatric practices experience?
  - If so, how does this affect practice or member experience?
- What resources and support could be provided so that pediatric practices can be successful in PACK?

# Considerations for Subset Types of Pediatric Practices



# Rural Pediatric Practices

## What are rural pediatric practices and who do they serve?

Pediatric practices\* that operate in areas with a total geographic population lower than 200,000 and where population density is below 100 individuals per square mile\*\*

### What are the financial barriers?

- Financial instability due to unpredictable cash flow from variable services and sparse population
- Limited recruiting pool, potentially resulting in high staffing costs
- Underfunded due to high Medicaid payer mix (rural counties tend to have low-income levels)

### How do the barriers impact PCMP experience?

- Limited ability to effectively plan and maintain staffing levels due to irregular volumes
- Disjointed workflows from staff turnover
- Provider burnout from broad spectrum of services rendered and coverage to multiple sites
- Increased administrative efforts to coordinate care

### How do the barriers impact member experience?

- Delays in accessing care (especially specialty care)
- Difficulty in reaching a practice, which may result in missed appointments and discontinuity of care
- Inconsistent care due to staff turnover, potentially affecting trust





# Discussion 2



## Rural Pediatric Practices

- Does the definition of rural pediatric practices align with your understanding or experience?
- Are there additional barriers that exist that we should consider when designing PACE?
  - How do these barriers affect practice or member experience?
- What resources and support could be provided so that rural practices can be successful in PACE?

# Small Pediatric Practices

## What are small pediatric practices and who do they serve?

Independent pediatric practices\* who are operating with fewer than five (5) providers

### What are the financial barriers?

- Fixed costs are high in comparison to variable costs and revenue
- Inability to qualify for incentive payments that are dependent on volume
- Limited access to capital

### How do the barriers impact PCMP experience?

- Fewer shared resources
- Limited technology and access to sophisticated EHRs
- Increased workload and less control over work hours
- Limited ability to manage financial risk
- Less likely to employ care coordinators or participate in quality improvement collaboratives

### How do the barriers impact member experience?

- Limited access to patient-centered activities (family/member education, counseling, and care coordination)
- Less access to clinic infrastructure like online portals

# Discussion 3



## Small Pediatric Practices

- Does the definition of small pediatric practices align with your understanding or experience?
- Are there additional financial barriers that exist that we should consider when designing PACK?
  - How do these barriers affect practice or member experience?
- What resources and support could be provided so that small practices can be successful in PACK?

# School-Based Health Centers

## What are School-Based Health Centers and who do they serve?

Medical clinics that offer health care (including well-child exams, screenings, behavioral health care, and sick visits) to youth in a school or on school grounds\*

### What are the financial barriers?

- Inconsistent funding across federal and state levels
- Expensive initial setup costs to cover expenses for infrastructure, medical equipment, and workforce

### How do the barriers impact PCMP experience?

- Potential gaps in service provision due to limited administrative capacity and resources
- High demand for services in underserved communities and inconsistent funding can lead to provider burnout and retention challenges

### How do the barriers impact member experience?

- Limited hours or availability (e.g. seasonal hours – summer break, weekdays only)
- Limited access to expanded supportive services such as specialty care (e.g. full contraceptive care, complex medication management, behavioral health services)

# Discussion 4



## School-Based Health Centers

- Does the definition of school-based health centers align with your understanding or experience?
- Are there additional barriers that exist that we should consider when designing PACK?
  - How do these barriers affect practice or member experience?
- What resources and support could be provided so that school-based health clinics can be successful in PACK?

# Discussion 5



## Pediatric Practice Types

- Beyond rural, small, and school-based health center practice types, are there other distinct subsets of pediatric practices that face unique financial challenges? Why?

# Considerations for Members





# How do you define medically complex pediatric members in data?

Risk Factor	Definition (Categories)
Disability Status	A qualifying disability*, either through Social Security or the State Disability Determination vendor
Conditions	Members with the following conditions present: <ul style="list-style-type: none"><li>• <u>Common Conditions</u>: asthma, allergies, eczema, reactive airway disease, developmental delays, obesity</li><li>• <u>Less Common Conditions</u>: cancer, diabetes, technology-dependent children</li><li>• <u>Newborn Conditions</u>: congenital malformation, genetic, metabolic, premature babies (32 weeks or less)</li></ul>
Behavioral Health	Members with behavioral health conditions (anxiety, attention deficit hyperactivity disorder, autism spectrum disorder, depression, substance use disorder)
Utilization	Number of urgent care visits, emergency department visits, admissions, and crisis encounters

\*The [Social Security Administration \(SSA\) listings](#) describe what disabilities qualify





# Discussion 6



## Medically Complex Pediatric Members

- What other factors should be considered when defining medically complex pediatric members?
- Are there additional common pediatric-specific conditions or characteristics that contribute to medical complexity in pediatrics?
- What are the challenges with identifying these medical factors that characterize medically complex pediatric members?



# How do you define socially complex pediatric members in data?

Risk Factor	Definition (Categories)*
Education and Literacy	Problems related to education and literacy (Z55)
Physical and Social Environment	Problems related to physical environment (Z58) and social environment (Z60)
Housing and Economic Circumstances	Problems related to housing and economic circumstances including homeless, inadequate housing, and food, transportation, and financial insecurity (Z59)
Upbringing and Primary Support Group	Problems related to upbringing including upbringing away from child abuse, parent-child conflict, non-parental relative or guardian-child conflict, runaway (Z62), and problems with primary support group (Z63)
Psychosocial Circumstances	Problems related to psychosocial circumstance (Z64 and Z65)



# Discussion 7



## Socially Complex Pediatric Members

- Are there other prevalent social factors influencing health outcomes that should be incorporated into the definition of socially complex pediatric members?
- What are the challenges with identifying these social factors that characterize socially complex pediatric members?

# Discussion 8



## Populations Served by Pediatric Practices

- Beyond medically and socially complex pediatric populations, are there other distinct pediatric populations that should be considered for PACK?