ACC Phase III: Proposed Concepts

Performance Measurement and Member Engagement Subcommittee

August 24, 2023

Presented by:

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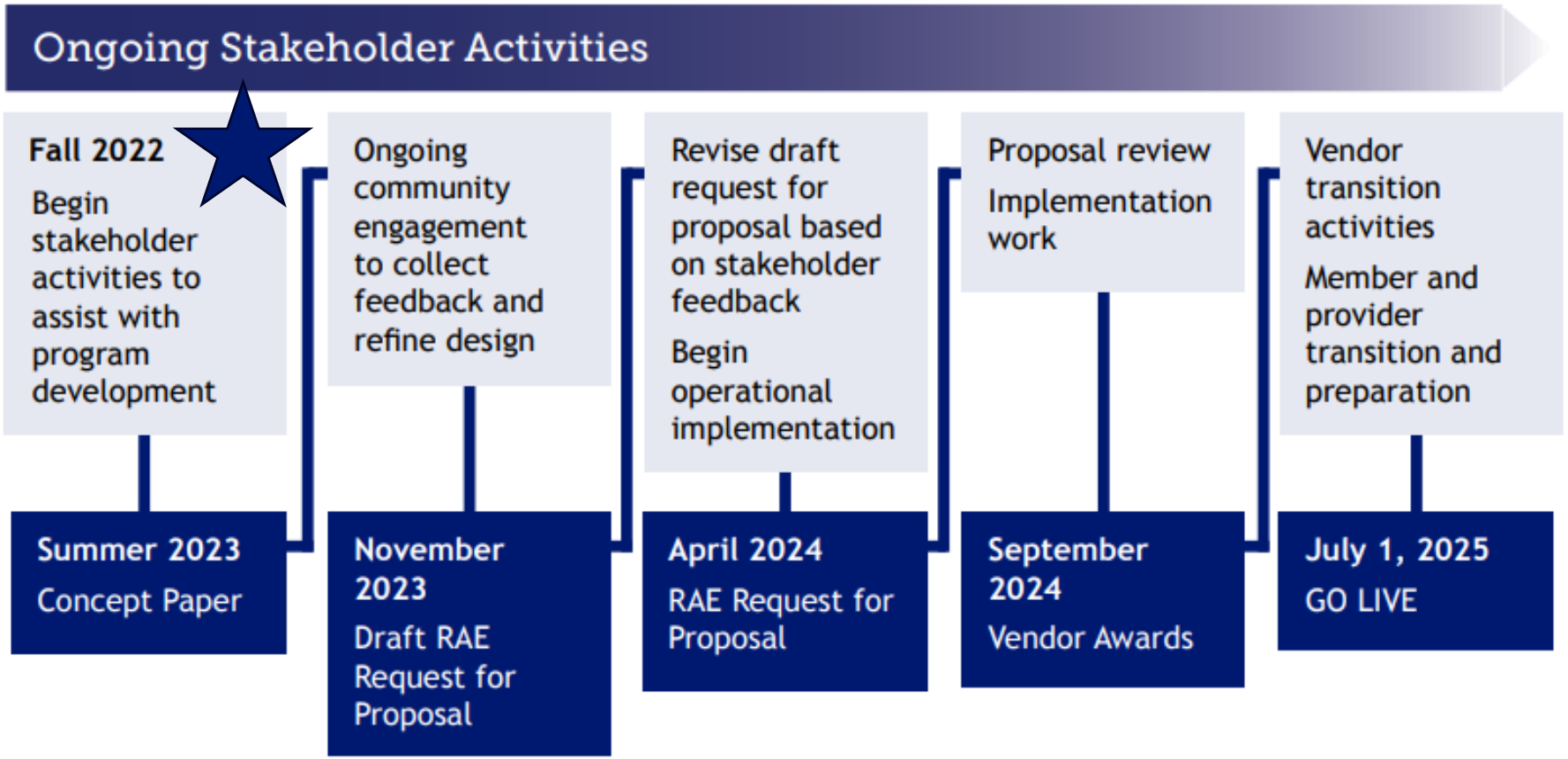
Today's Agenda

- Background
- Phase III Proposals
  - Comments/questions may be shared via chat
- Discussion
  - Please hold verbal comments or questions until this time.
- Next Steps

Ongoing Stakeholder Engagement Timeline



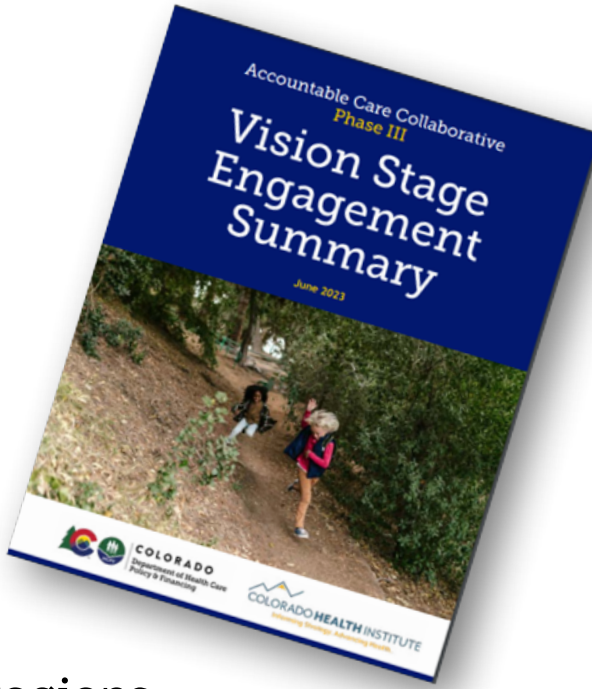
What we've heard:

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

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.

What does this look like in Phase III?

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

Implement ACC Phase III Clinical Quality 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

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

- Follow-up after hospitalization for mental illness (7 days).
- Follow-up after emergency department visit for alcohol and other drug abuse or dependency (7 days).
- Initiation and engagement of substance use disorder treatment.

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

- Childhood immunization status combo 10.
- Immunizations for adolescents combo 2.
- Well-child visits in the first 30 months of life (0-15 months, 15-30 months).
- Child and adolescent well-care visits.
- Oral evaluation, dental services.

Improve care for people with diabetes and hypertension by 50%.

- Hemoglobin A1c Control for patients with diabetes
- Controlling high blood pressure.

Achieve national average in preventive screenings.

- Screening for depression and follow-up plan.
- Breast cancer screening.
- Colorectal cancer screening.
- Cervical cancer screening.
- Chlamydia screening in women.
- Contraceptive care for all women.

Reduce maternal disparity gaps for birthing people in the lowest performing populations by 50% to the highest performing population.

- Timeliness of prenatal care.
- Postpartum care.
- Contraceptive care for postpartum women.

Fiscal goal under development

- Plan all-cause readmissions.
- Ambulatory care: emergency department visits.
- Transitions of care.
- Shared savings goals.

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			

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

- High-Fidelity Wraparound
- Establish new intensive care coordination model

Reference: Senate Bill 19-195

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

What does this look like in Phase III?

- 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.

What does this look like in Phase III?

- 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

Create a 3-tier care coordination model, aligned with the BHA, to improve quality, consistency, and measurability of interventions

Tier	Target Population	Care Coordinator	Activities
Level 3	• Uncontrolled conditions • Multiple diagnoses • Multi-system involvement • Difficult to place • PDN • COUP	Clinical Care Coordinator	• Care plan • Specific assessments based on population type/need • Monthly coordination with Member/treatment team • Long-term monitoring and follow up
Level 2	Condition management (heart disease, diabetes, depression/ anxiety, asthma/COPD, maternity)	Clinical Care Coordinator	• Care plan/assessments TBD (possibly just pull from their provider) • Quarterly coordination with member/treatment team • Long term monitoring and follow up
Level 1	Anyone	Not clinical, no staffing ratio	• Brief needs screening (Health Needs Survey) • Support accessing services and benefits • Determining need for higher level of care coordination • Brief monitoring and follow up

4. Improve the member and provider experience.

What does this look like in Phase III?

- **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 BH transformation efforts
- **Reduce total number of regions**

Reference: House Bill 22-1289

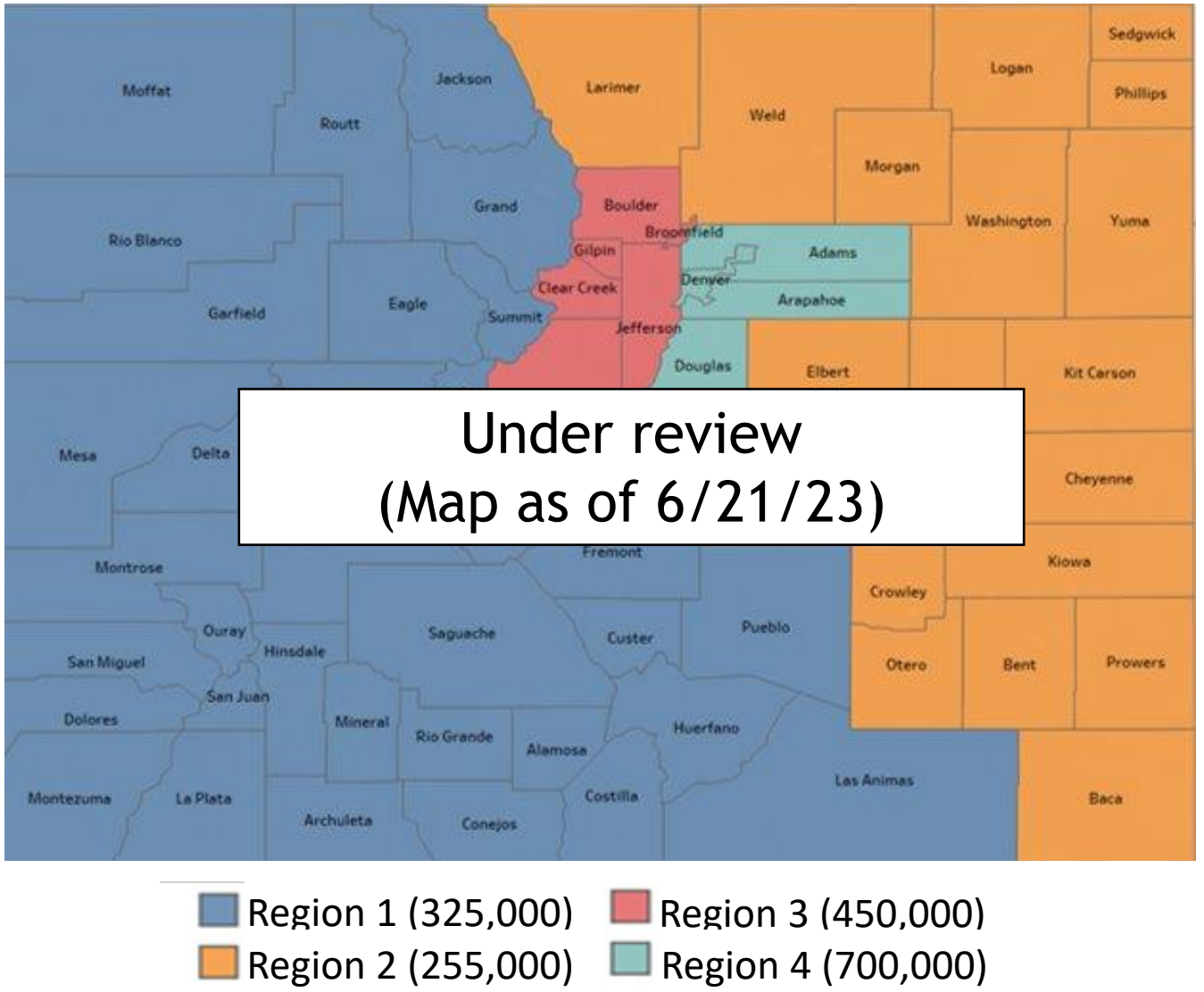
Enhance Member Attribution process to increase accuracy and timeliness

- Members without existing PCMP relationship assigned to RAE only based on their address
- RAEs support members in establishing care with PCMP or with engaging in preventive services
- Expand provider types that can serve as PCMPs (such as Comprehensive Safety Net Providers)

Increase the visibility and clarify roles of RAE and HCPF to members

- Increase member education and awareness of RAEs
- Require all RAEs to establish and regularly meet with Member Engagement Advisory Councils for ongoing trust building and engagement
- Create a seamless experience for members by promoting HCPF member call center as primary point of contact

Reduce the total number of RAE regions



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

What does this look like in Phase III?

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

Discussion

Next Steps

Provide additional feedback:

- Full concept paper to be posted soon
- Online survey — responses will be made publicly available (without names)
- Open feedback form will remain open

Upcoming Public Meetings

- **Primary Care Medical Providers:** 8/31 from 8 to 9:30am
- **Advocates and CBO representatives:** 9/6 from 12 to 1:30 p.m.
- **Behavioral Health Providers:** 9/14 from 5 to 6:30 pm
- **All providers welcome:** 9/26 from 8 to 9:30 a.m.

Additional members-only sessions are in the process of being scheduled.