ACC Phase III:
Reading and Responding to the Draft Contract

Primary Care Medical Provider Meeting
2/12/2024

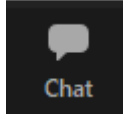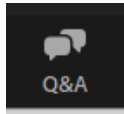Presented by:

Colorado Health Institute

Colorado Department of Health Care Policy and Financing

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Welcome, thank you for joining us!

- **This meeting is being recorded.** Please keep your sound muted, unless you are speaking.

- Slides and a recording of the presentation <u>and</u> discussion will be available on the Department's website.

- **Health First Colorado members:** We will share a link in the chat to receive compensation for your time today.

Questions or comments?

- 📢 Chat — Use the chat for <u>comments</u>.

- 💬 Q&A — Use the Q&A feature for <u>questions</u>.

- Please <u>hold verbal questions</u> for the discussion portions of our meeting today.

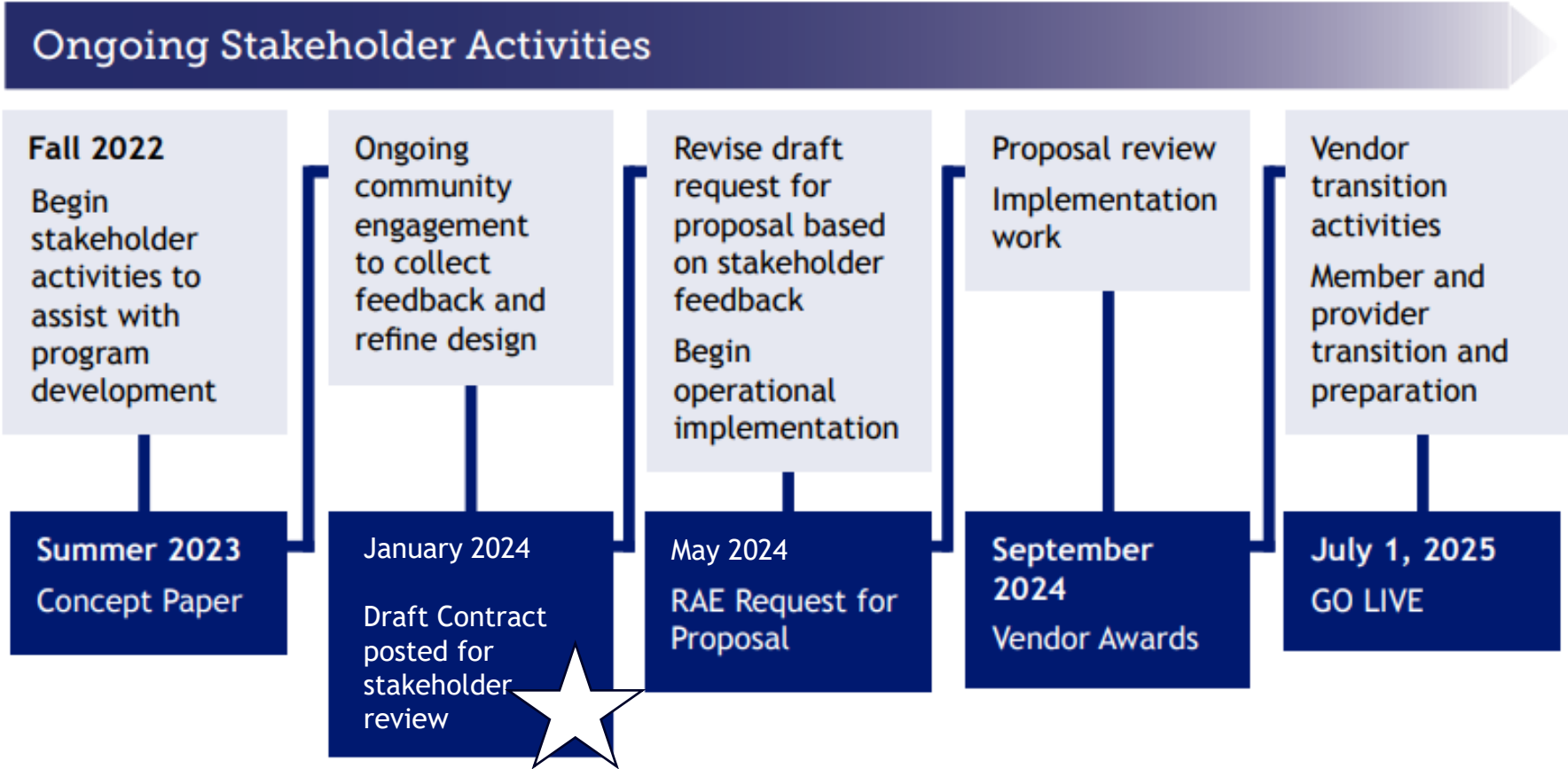 ➢ Use the "raise hand" feature under Reactions to indicate a question.

Today's Agenda

2:30 – 2:40	Introduction
2:40 – 3:00	RAE Structure and Attribution
3:00 – 3:20	Provider Support
3:20 – 3:40	Care Coordination
3:40 – 3:55	Children & Youth
3:55 – 4:00	Next Steps

Background

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.

Ongoing Stakeholder Engagement Timeline

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

January 2024
Draft Contract posted for stakeholder review

Revise draft request for proposal based on stakeholder feedback

Begin operational implementation

May 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 is the Draft Contract?

- Includes contractual requirements organizations will be required to follow to serve as Regional Accountable Entities (RAEs) for ACC Phase III.

- Organizations interested in becoming RAEs will submit bids that outline their capabilities for meeting the requirements within the Draft Contract.
  - ➤ HCPF's preference is to award one RAE contract to a single bidder

- Requirements in the draft contract are subject to state and federal approval.

- Certain topics may be discussed in multiple sections (e.g., health equity in sections 6, 7, 8, 9, 12, Exhibit E).
  - ➤ Section titles and the find function can help focus your review to concepts of most interest to you.

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Draft Contract:
Key Changes for Phase III

RAE Structure & Operations

ACC Phase III Region Map
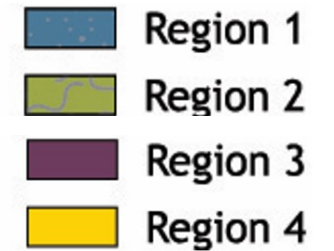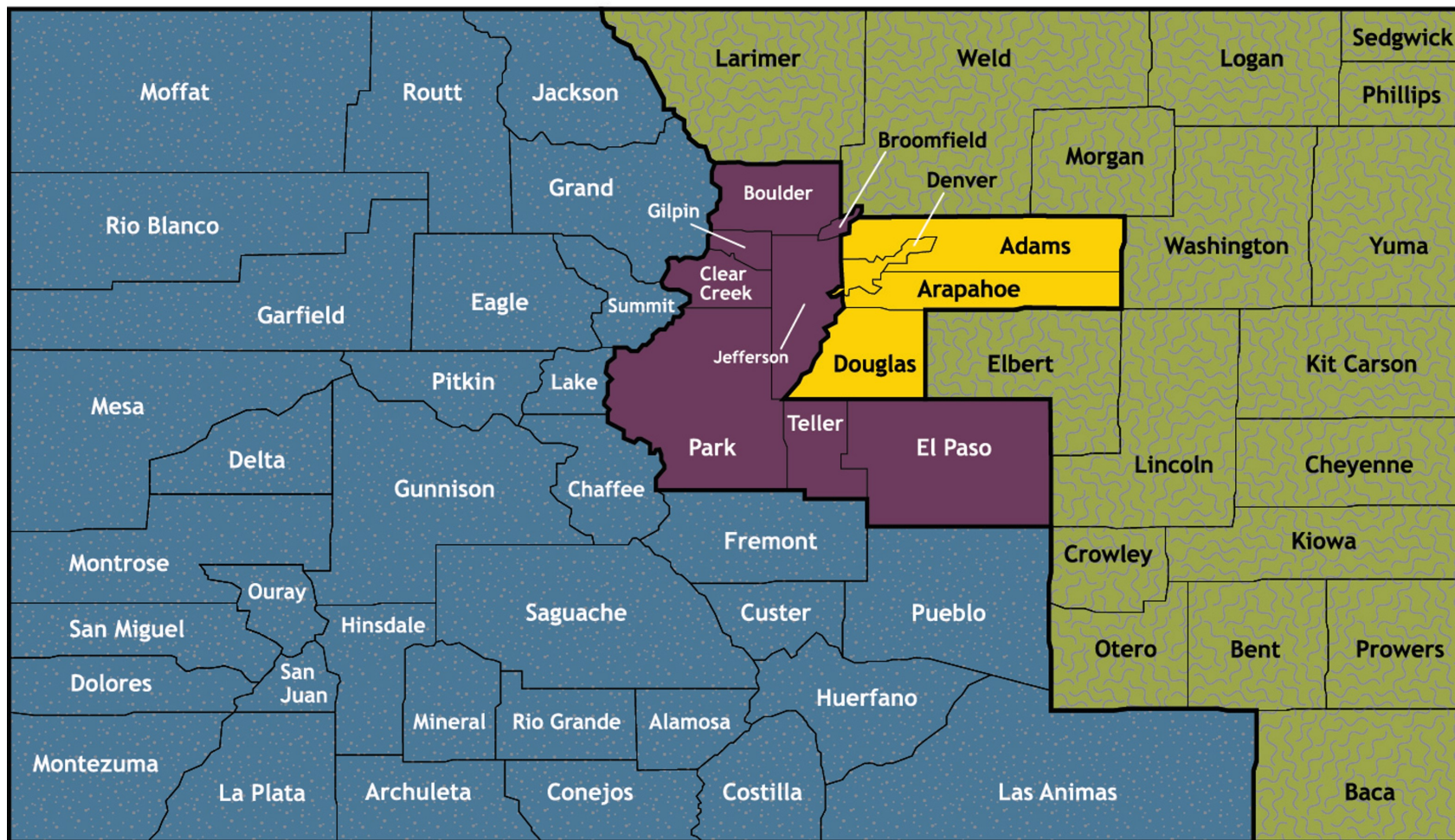
Managed Care Organizations

- Denver Health MCO will continue in Phase III.

- Bidders for Region 1 can propose an MCO similar to PRIME in the counties where PRIME currently exists.

Health Equity

- Develop annual health equity plans with measurable goals and submit data on their performance.

- Establish a Regional Health Equity Committee to help with development of plan and oversee performance.

- Make trainings available to staff and network providers on cultural responsiveness and EDIA.

- Hire an EDIA Officer Key Personnel position that serves as the point for all health equity activities.

- Analyze performance and utilization data through an equity lens.

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Goals for Attribution Changes

- Refine attribution to better reflect member care patterns

- Improve calculation of PCMP performance on outcome metrics

- Support PCMPs to focus on members they have a relationship with

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Attribution

- Members will be attributed to PCMPs based on previous claims history — removing geographic attribution.

- Members without PCMP attribution will be assigned to RAEs based on member address.
  - RAEs must connect members accessing health care services with a PCMP.

- Re-attribution will occur quarterly
  - Utilize two most recent PCMP visits.

- Behavioral health providers offering integrated physical health services may serve as PCMPs.

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Provider Admin PMPM Payments

- RAEs required to distribute 33% of administrative payment to PCMP network
  - Fewer attributed members should result in higher average PMPM payments
  - Example
    - $5.3 million monthly total distribution to PCMP network based on 1.3 million members
      - 1.3 million members = $4.08 average PMPM
      - 975,000 members = $5.44 average PMPM (historically 25% of members are non-utilizers)

Q&A

Provider Support

Provider Support

- Offer supports and services to providers participating in value-based payments (VBPs), so that providers reach quality outcomes.

- Phase III Payment Structure is designed to allow for flexibility in how RAES work with providers to offer comprehensive supportive services based on provider capabilities.
  - ➢ Encourages RAEs to provide actionable and timely data so that providers can be successful in delivering quality care for members, achieving metrics, and participating in VBPs.

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Three-Tier Payment Framework

- Payment programs must support and incentivize PCMPs' progress along the continuum of advanced primary care
  - Level 1: focused on creating a foundation for excellent primary care
  - Level 2: focused on population management tools, evaluating continuity of care, and developing care coordination services
  - Level 3: focused on payment models that support the sustainability of advanced models of care delivery (e.g., integrated behavioral health care)
- This framework is aligned with DOI Primary Care Alternative Payment Model and CMMI's Making Care Primary

ACC Clinical Quality Metrics

- Clinical quality strategic objectives will be developed and monitored for the entire Phase III contracts

- Key Performance Indicators (KPIs) under consideration:
  - Child and Adolescent Well-care Visits
  - Childhood Immunization Status
  - Screening for Depression and Follow-up
  - Comprehensive Diabetes Care: HbA1c Poor Control
  - Controlling High Blood Pressure
  - Emergency Department Visits
  - Timeliness of Prenatal Care
  - Postpartum care

- HCPF intends to align KPIs with DOI Primary Care Measure Set, CMS core measures, other statewide initiatives and through consultation with the RAEs and stakeholders

Data and Technology

- Implement strategies to improve data sharing throughout the Health Neighborhood.

- Provide support to the following programs:
  - eConsult: promote among specialty providers and support primary care medical providers on using it.
  - Social Health Information Exchange: participate in development and use for HRSN and will support providers in using it.
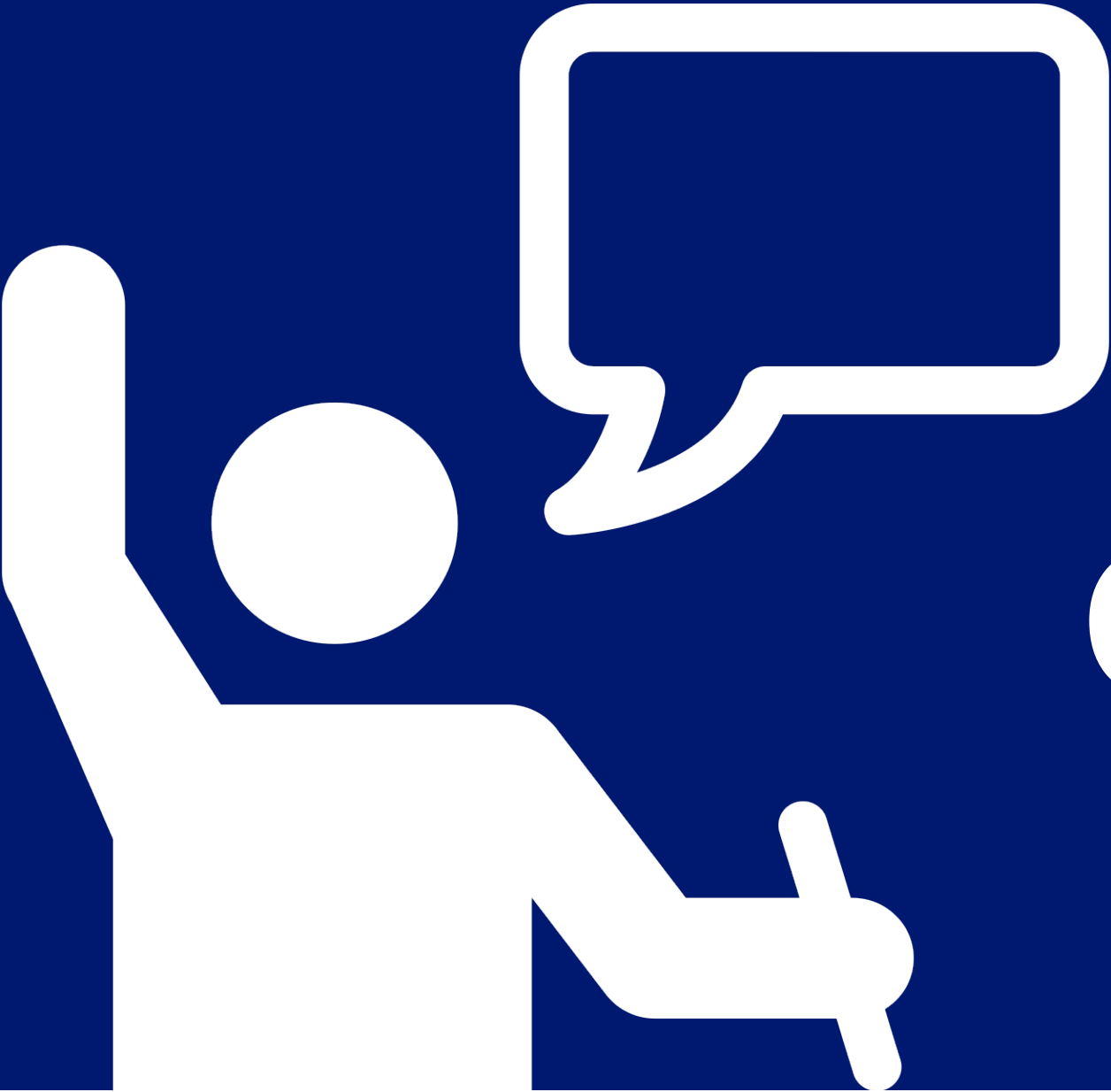
Q&A

Care Coordination

Care Coordination

- RAEs must create a program that supports the full continuum of care coordination for physical and behavioral health care, including:
  - ➢ Implementing a 3-tier model that allows for person-centered care and consistency across RAEs
  - ➢ Creating a care coordination policy guide for children and adults
  - ➢ Partnering with community-based organizations and other agencies serving members
  - ➢ Establishing requirements, specifically for members with complex needs and members going through transitions of care

Where to look for more info?
Section 7

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Continuum of Care Coordination Program Activities

Least intensive

Most intensive

- General outreach and health promotion

- Support a network of community-based organizations

- Address health-related social needs

- Utilization of the social health information exchange and related systems

- Connect members with appropriate entities for enrollment in other state benefits (SNAP, WIC, etc.)

- Efforts to screen members for both short and long-term health needs

- Targeted outreach to promote preventive care

- Proactive outreach to members with diagnosed conditions

- Coordination of Transitions of Care from clinical settings

- Medication reconciliation for members in the Complex Health Management tier

- Complex case management and effective collaboration with multi-provider care teams

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Care Coordination Tiers

Tier	Activities at a Minimum Must Include	Minimum Populations that Must Be in This Tier (RAEs have discretion to add more but not to remove)		
		Adults	Children	Both

Tier 3: Complex Health Management	• Comprehensive needs assessment
	• Comprehensive care plan
	• Minimum monthly coordination with member and treatment team
	• Long-term monitoring/support
		• Chronic Over-Utilization Program
		• Individuals involved in Complex Solutions Meetings
		• Deemed ITP in previous year
			• CANS Assessment indicating high needs
			• Individuals involved in Creative Solutions Meetings
			• Child welfare and foster care emancipation
				• 2+ uncontrolled physical and/or behavioral health conditions
				• Multi-system involvement (e.g., child welfare, juvenile justice)
				• Denied Private Duty Nursing
				• Utilization (in previous 6 months):
				  • 2+ Hospital Readmissions
				  • 30+ Days Inpatient
				  • 3+ Crisis Contacts
				  • 3+ ED Visits

Tier 2: Condition Management	• Assessment based on population/need • Condition-based care plan (may pull from a provider as appropriate) • Minimum quarterly meeting with member and treatment team • Condition management • Long-term monitoring/support	• Value-based payment identified conditions not already listed under "Both" category	• CANS Assessment indicating moderate needs • Obesity • Pervasive Developmental Disorder	• Diabetes • Asthma • Pregnancy (peri- & post-natal) • Substance Use Disorder • Depression/Anxiety
Tier 1: Prevention	• Brief needs screen • Short-term monitoring/support • Prevention outreach and education	• Adult preventative screenings	• Well child visits • Child immunizations	• Dental visits

Transitions of Care

- Phase III includes additional focus on transitions of care (e.g. inpatient hospital review program, emergency department, mental health facilities, crisis systems, Creative Solutions/Complex Solutions).

- RAEs must help develop and meet additional requirements focused on transitions of care.

- RAEs must meet the following performance standards:
  - 30 day follow up for physical health inpatient stay.
  - 7 day follow up for behavioral health inpatient discharge.

Q&A

Support for Children and Youth

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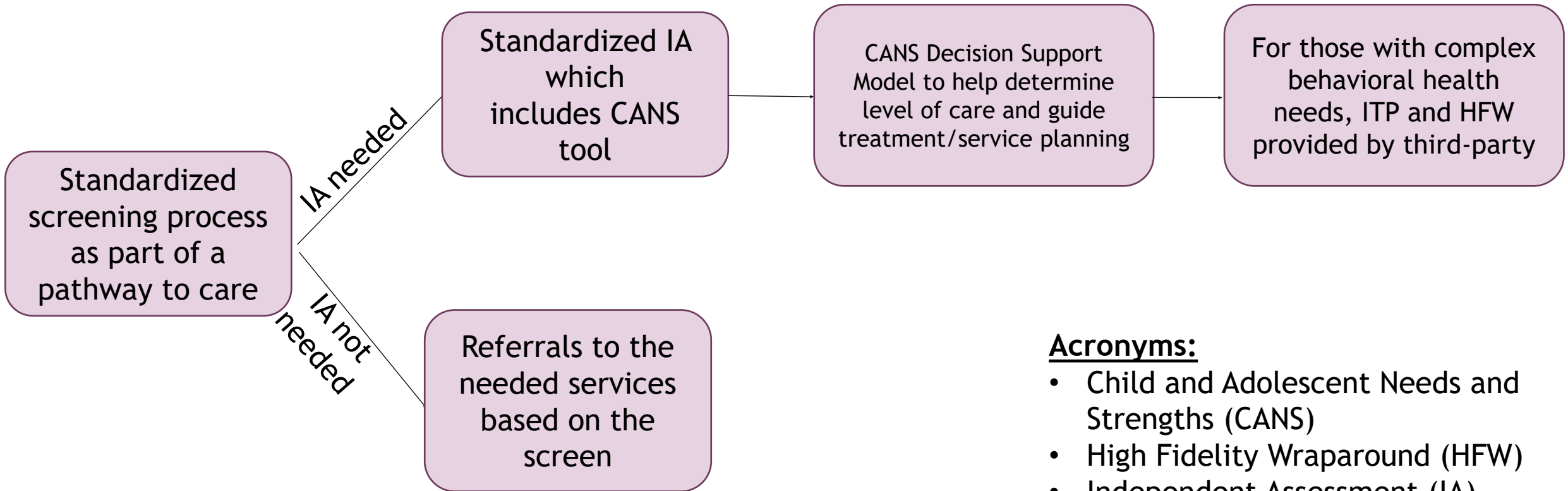
Services for Children and Youth

- New RAE requirements to improve screening of EPSDT eligible populations and support with referrals

- RAEs must collaborate with HCPF to create EPSDT Uniform Accountability Strategy describing best practices for all Managed Care Entities to follow to ensure state compliance with EPSDT
  - ➢ Training and outreach
  - ➢ Promote early identification of children across places of service
  - ➢ Processes to track positive screens and referrals

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Where to look for more info?
Section 10

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Standardized Child and Youth Benefit

Entry to Care	Determine access points for different tiers [e.g., PHQ-9 in PCP; CANS with IA]			
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			

Pathway to Care

Standardized screening process as part of a pathway to care

→ *IA needed* → Standardized IA which includes CANS tool → CANS Decision Support Model to help determine level of care and guide treatment/service planning → For those with complex behavioral health needs, ITP and HFW provided by third-party

→ *IA not needed* → Referrals to the needed services based on the screen

Acronyms:
- Child and Adolescent Needs and Strengths (CANS)
- High Fidelity Wraparound (HFW)
- Independent Assessment (IA)
- Intensive Treatment Planning (ITP)

Q&A

Opportunities for Feedback

Upcoming Public Meetings

- **Informational Meeting #2:** 2/14, 3 – 4:30 PM
- **Behavioral Health Providers:** 2/15, 12:30 – 2 PM
- **Advocates and CBO Representatives:** 2/21, 12:30 – 2 PM
- **Health First Colorado Members Only:** 2/29, 2:30 – 4 PM
- **Prospective Bidder Conference:** 3/1, 9:30-11am

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Written Feedback

- Survey for feedback on the Draft Contract:
  - https://forms.gle/cdfUR24eJNeWbfCS8

- Survey for feedback on Offeror Questions:
  - https://forms.gle/VJ4tba71W3RbtehT6

- All feedback must be submitted by **March 10**

Thank you!

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