ACC Phase III Proposed Concepts

Public Session: Primary Care Medical Providers

August 31, 2023

Presented by:

Colorado Health Institute

Colorado Department of Health Care Policy & Financing

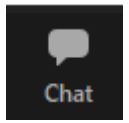
Welcome, thank you for joining us!

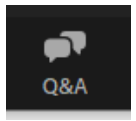
- **This meeting is being recorded.** Please keep your sound muted, unless you are speaking.
- Slides and a recording of the presentation and discussion will be available on HCPF's website.

Today's Agenda

8:00 – 8:15am	Welcome
8:15 – 8:35am	Deep Dive #1: Attribution
8:35 – 9:00am	Deep Dive #2: Metrics and Payment
9:00 – 9:20am	Deep Dive #3: Services for Children and Youth
9:20 – 9:30am	General Q&A and Wrap-Up

Questions or comments?

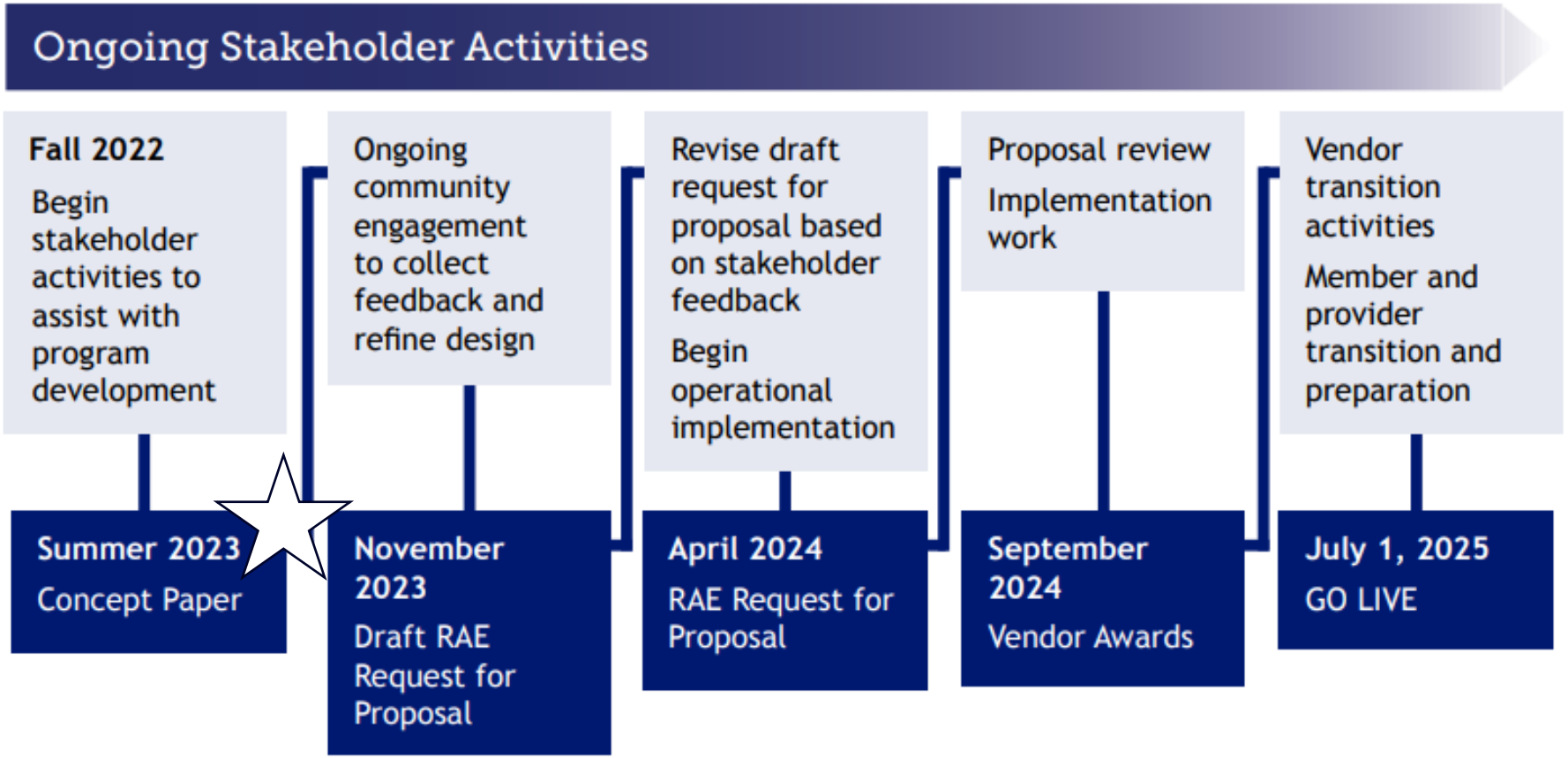
- 

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.

Background

Stakeholder Engagement Timeline



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.

- 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 BH 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**

Deep Dive: Attribution

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)

Discussion

1. What are potential unintended consequences of these proposals?
2. Will PCMPs be willing and able to take on new members when RAEs identify those who could benefit from having a focal point of care?
3. How can our attribution process best meet the needs of members actively engaged in behavioral health care with minimal primary care engagement?

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?

Improve alignment between ACC and Alternative Payment Models

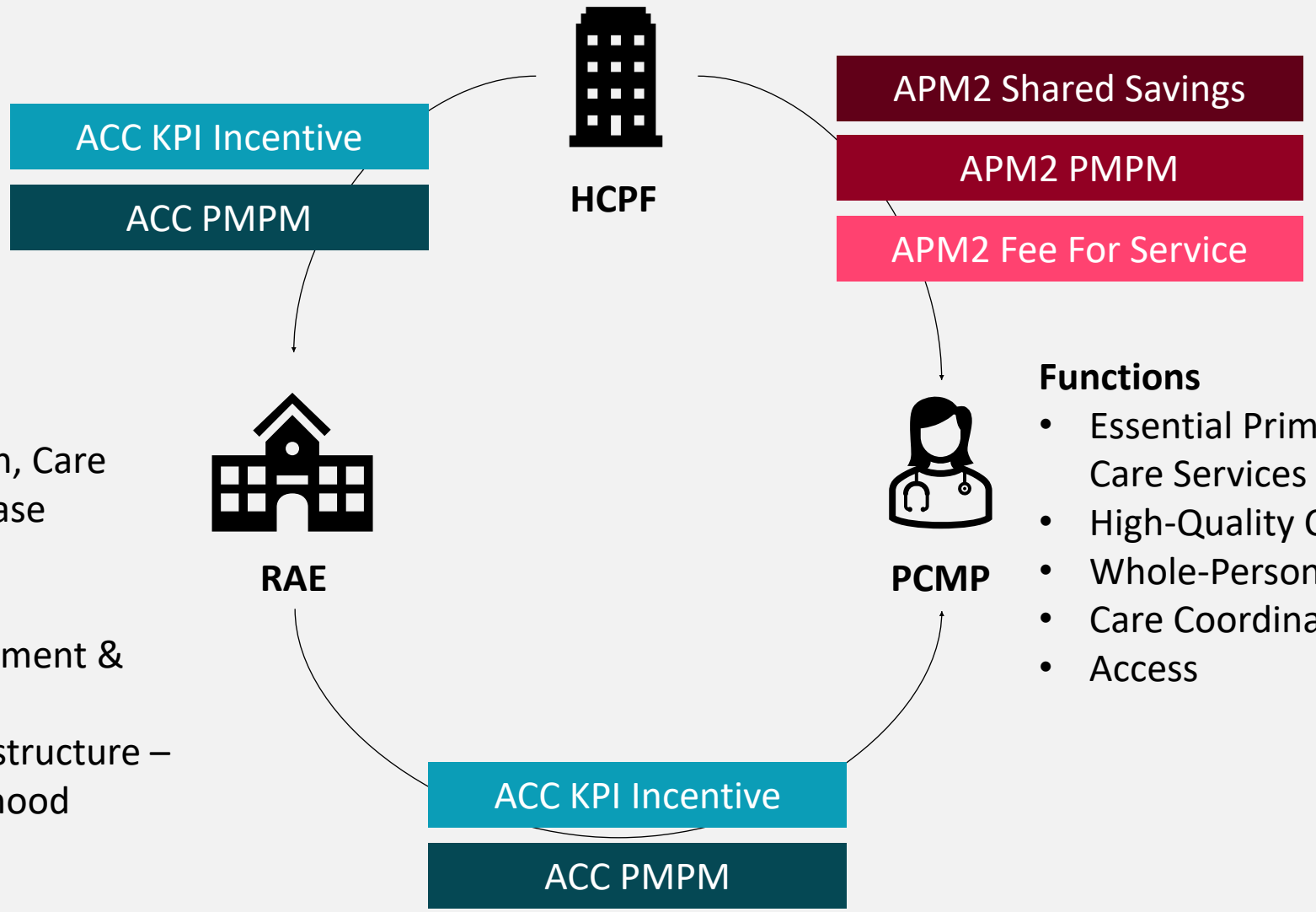
- Payment
  - ACC Incentive Payments
  - ACC administrative payments to PCMPs
  - Behavioral health capitation
  - Shared Savings
- Practice support
- Data sharing

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?

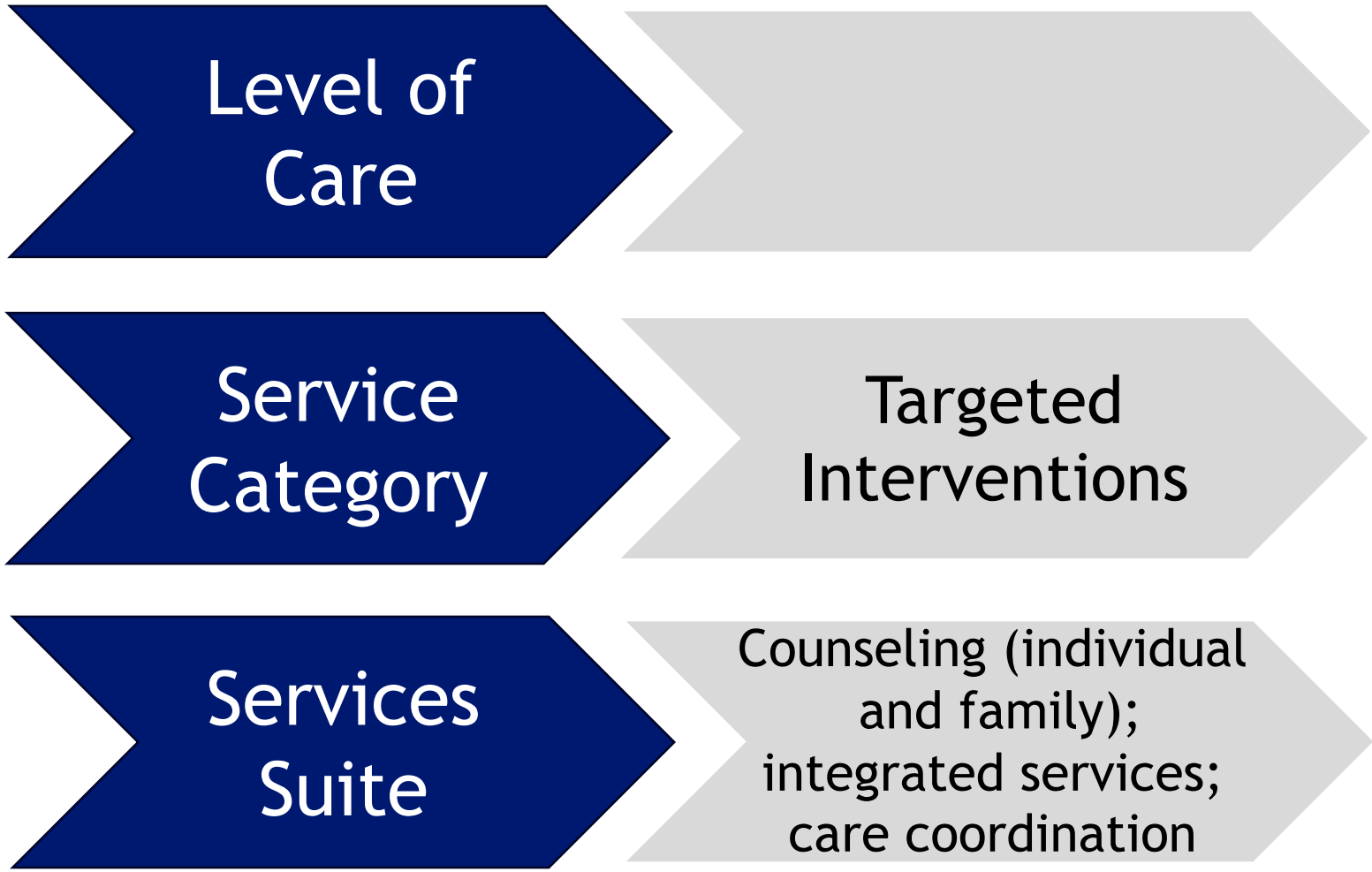
Deep Dive: Services for Children and Youth

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

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?

Q&A

Next Steps

Provide additional feedback:

- Full concept paper is available online
- Online survey open through October 31 — responses will be made publicly available (without names)
- Open feedback form will remain open through April 2024

Upcoming Public Meetings

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

Thank you!

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