COLORADO
Department of Health Care Policy & Financing

# Annual Network Management Strategic Plan

*Instructions and Narrative Report*

| | |
|---|---|
| **RAE Name** | Northeast Health Partners |
| **RAE Region #** | 2 |
| **Reporting Period** | SFY23-24 [07/01/2023 – 06/30/2024] |
| **Date Submitted** | August 1, 2023 |
| **Contact** | Kari Snelson |

**Purpose**: Regional Accountable Entities (RAEs) are responsible for managing and improving the health of their respective members. As part of that responsibility, RAEs are required: to develop, support and engage their provider networks and the broader health neighborhoods in these efforts; and to reward them financially respective to their efforts to improve member health outcomes and to increase value in their respective regions. This plan outlines each RAE's strategic approaches to accomplish these tasks and to meet the goals of ACC Phase II during the upcoming contract year.

**Instructions**: Please provide a narrative that outlines your strategic approach to leverage your regional resources to maximize the care delivery system and community to reduce costs and improve member health outcomes and the experience of care of members. Address how your strategic approach has or has not evolved since the previous year's submission with evidence to support these changes. The narrative must describe the RAE's planned strategies, including process and outcome goals, relative to: PCMP and behavioral health provider network development; practice support, transformation, and communication; health neighborhood and community engagement; and administrative payments and incentives.

1) **PCMP and behavioral health provider network** – Please describe your region's plan to develop your PCMP and behavioral health provider networks. Please be sure to address that which is required in the Network Adequacy Plan Deliverable Guidance.
2) **Practice support and transformation** - Please describe the types of information and administrative, data & technology support (including plans to promote the use of telehealth solutions and the Dept's eConsult platform [once adopted], trainings, and practice transformation, to advance the Whole-Person Framework and to implement the Population Management Strategy, that your region plans to provide network providers.
3) **Communication** – Please describe your region's plan to maintain necessary, both proactive and responsive, communication with network providers and other health neighborhood partners (and other oversight entities) as dictated by section 3.9.2 contract, as well as promoting communication among network providers. Please be sure to address communication with

behavioral health providers, including rate changes and internal processes for responding to provider questions and complaints. *(Specific member-level grievances are captured in the Grievances and Appeals deliverable*).

4) **Health neighborhood and community** - Please describe your region's plan to engage, support (including financial), leverage, and advance the health neighborhood and community to ensure members timely and appropriate access to necessary services. Please be sure to address your plans to establish relationships and improve processes, communication, and collaboration with the health neighborhood and community including coordinating with crisis services, MSOs, etc. Also and increase appropriate and efficient utilization of specialty care.
5) **Administrative payments and incentives** - Please describe your region's plan to distribute administrative payments and incentive payments. Be sure to provide descriptions of your arrangements for PMPM Administrative Payments, Key Performance Indicator (KPI) and/or Performance Pool incentive payments to contracted PCMPs and Health Neighborhood entities. These arrangements should involve varying payment models and payment amounts for varying types of service. Please include your approach to pay and monitor performance of entities that provide care management for members with complex care needs. *(Include any larger documents or policies as attachments.)*

COLORADO
Department of Health Care Policy & Financing

## Strategic Plan Narrative

The over-arching strategy Northeast Health Partners (NHP) utilizes for network management and practice support remains unchanged from previous years, and utilizes three key principles of Meeting Member Needs, Addressing Practice Needs, and Cross-Program Integration. NHP enhanced existing services by adding innovative programs including:

- Behavioral Health Practice Transformation
- High Intensity Outpatient Treatment Services (HIOP)
- Substance Use Disorder Treatment Services (SUD)

Meeting member needs incorporates unique and diverse strategies. These strategies may be as informal as simple discussions with members to surface barriers in accessing care, it may also include complex analyses such as those that require geographical mapping to identify service gaps related to travel distance and service location. Regardless of the method utilized, member needs are surfaced for developing regionally specific targeted interventions.

In addition to member needs, contracted organizations and providers have organizational challenges to meeting regional goals such as network adequacy standards and performance measures. As with members, surfacing provider needs and barriers are critical to improving service delivery. NHP continues to work with practices through several modalities to help align to regional goals, surface pain points, and improve processes.

Finally, NHP provides cross-program integration to support network management. This involves utilizing information from other internal departments (such as analyses conducted by Quality or Population Health) to help align programmatic efforts and better serve regional members. This multi-disciplinary approach provides insight from multiple perspectives and offers multiple avenues to help regional practices better meet member needs and successfully reach regional goals.

### 1. PCMP and Behavioral Health Provider Network Development

NHP delegates the network management responsibilities to Carelon Behavioral Health, Inc. (Carelon), which was formerly known as Beacon Health Options, Inc. For consistency, the plan will refer to the delegated work performed through Carelon as NHP. NHP strives to create, administer, and maintain a statewide network of behavioral health and primary care medical providers (PCMP) within the region, supported by written agreements, to serve the needs of Health First Colorado (Medicaid) members attributed to NHP. NHP monitors the existing network to assess adequate access to services, recruits available providers to address any identified service gaps, and manages provider data to ensure accurate provider information is available to members.

**Behavioral Health Network Development**

The behavioral health network saw significant improvements in services across the continuum of care with services located within the region and along the I-25 corridor. During FY24, NHP will continue to focus behavioral health provider network development on enhancing the network to address specific gaps. This includes improving access to services in rural and frontier counties, as well as increasing access to HIOP services to align with the High Intensity Outpatient Plan.[1] NHP will continue to use strategies from previous year that were successful:

- Monitor reporting data on providers who render services to members through Single Case Agreements (SCAs) or track the providers who initiated the credentialing application and offer them technical support to complete the process to join the network.
- Monitor state data on newly enrolled Medicaid providers and invite them to join the network.
- Work with network facilities to confirm all practice locations and services are part of the contractual agreement and are credentialed and update the agreement with new services, as necessary.
- Seek partnerships with e-health entities, or telehealth-only groups, to enhance the network.
- New programming to assist in additional home and community-based services including MST via Savio and alternative therapies via the Center for Healing and Trauma which offers mindfulness based activities, specializing in youth with trauma.
- Enhanced access via transportation program to address access concerns in the rural/frontier areas.
- Educate and work with providers to prepare for the expansion of Autism Spectrum Diagnosis (ASD) on January 1, 2024.

NHP will comply with 90% of providers completing contracting and credentialing within 90 days of request. In the event this is not met, we will identify the challenges and opportunities for immediate improvement. NHP will rely on the following strategies to identify improvement opportunities and take steps to consistently meet the requirement.

- Streamline the workflow from contracting to credentialing to reduce the administrative timeframe.
- Improve the monitoring of provider requests to join Medicaid. This allows for the capturing of providers that are nearing 90 days and have submitted all required documentation to ensure they go through the process.
- Add new reporting to identify any outliers, which is then used to identify workflow improvement opportunities.
- Add a new reminder letter for providers that do not respond to missing documentation within the requested timeframes. The letter also informs providers that their application will be closed if the missing documentation is not received within 80 days of the original request.

All recruitment and contracting activities will be closely monitored and tracked. This ongoing analysis will help provide early detection of any barriers and will ensure that NHP's behavioral health network has a range of services available for our members. Success in network expansion will be determined by assessing the numbers of providers that meet access to care standards quarter over quarter. Additionally, telehealth volume can be assessed to determine changes in visit volume. If there are fewer than two practitioners that meet the behavioral health standards

[1] R2_HITPlan_FY22-23

within the defined area for members in rural and frontier counties, NHP may recommend that Colorado Department of Health Care Policy & Financing (HCPF) remove the time/distance requirements for those members as outlined in the contract between HCPF and NHP.

Here are highlights of the successes NHP had in FY23:

The behavioral health network grew by 5.2% between the end of FY22 and the end of FY23 (**Figure 1**). This included the addition of key services:

- Landmark Recovery – Inpatient Detox, SUD PHP, and intensive outpatient (IOP), residential SUD located in Aurora;
- Community Reach Center – ASAM 3.2 WM located in Northglenn and Thornton;
- Cedar Springs – ASAM 3.7WM in Colorado Springs;
- Northpoint Colorado – ASAM 3.7 and 3.7 WM located in Loveland;
- Colorado Addiction Recovery Services – ASAM 3.5, PHP for SUD and mental health, adult/geriatric outpatient mental health located in Aurora; and
- Maple Star Colorado – Outpatient psychiatry IOP with locations statewide.

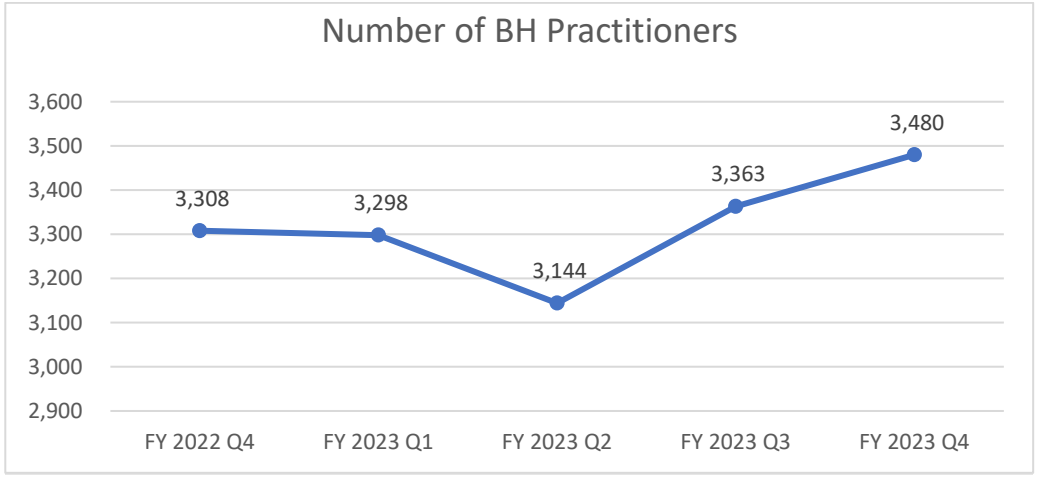



**Figure 1**

NHP also worked with providers who were seeking to expand high intensity services. Through ARPA funding, we are identifying enhanced services to at risk populations who may require community driven, intense, team-based care to address behavioral health or substance use needs. We have identified nine (9) providers to serve Region 2 members and will continue to monitor these providers and offer enhanced support to ensure improved outcomes for our members.

NHP saw an increase in the number of providers completing the contract and credentialing process and a reduction in the number of SCAs. As seen in **Figure 2** below, the number of SCAs and the number of providers requesting SCAs decreased in Q4 of FY23 when compared to Q4 of FY22.

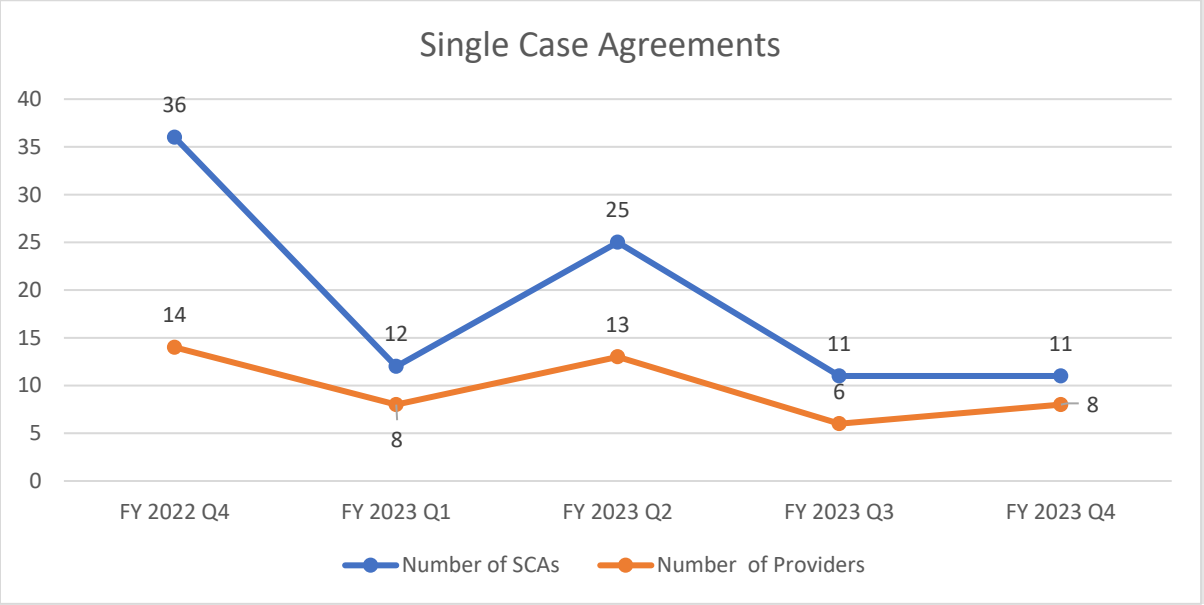



**Figure 2**

NHP monitored the state data on newly enrolled Medicaid providers and invited them to join the network. Based on data received from HCPF, NHP outreached to newly licensed providers for residential and SUD services. Further, NHP completed a comparison of Medicaid-enrolled providers and the existing behavioral health network. The available data does not contain a clear indicator that the provider offers HIOP services; therefore, NHP focused on providers within the region. NHP analyzed the data for providers with a service location within the region that did not appear in our existing behavioral health network based on NPI. This analysis revealed 400 practitioners, groups, and facilities. NHP also analyzed the data against the service locations in our network to identify which practitioners, groups, and facilities are part of an existing facility or group. According to this analysis, 12% of the practitioners, groups, and facilities may be part of a currently contracted facility or group. Since the data was based on NPI, these providers may already be in the network under a different NPI, which pulled them into the report. NHP will reach out to these facilities and groups to validate whether the information is accurate. If the information is accurate, NHP will educate them on how to update their demographics and staff rosters to reflect within the network accurately. For providers that do not appear to be affiliated with a contracted facility

or group (88%), NHP will initiate outreach efforts in Q1 of FY24 to identify the services offered and gauge interest in joining the network. Progress around these efforts will be reported in future deliverables.4

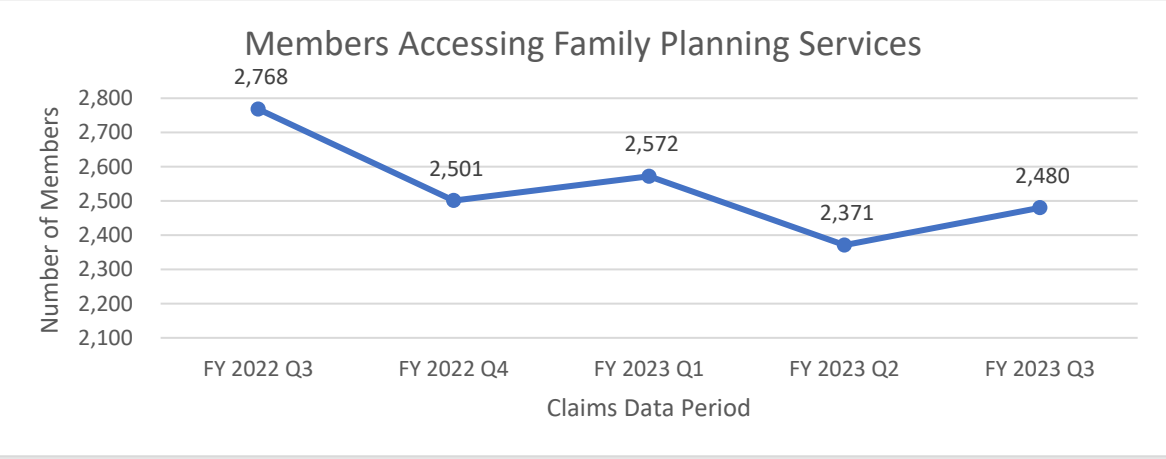
NHP used data of Medicaid-enrolled providers and the SCA monitoring to identify facilities with services or locations not reflected on their contract for NHP. This resulted in zero SCAs for SUD residential services during Q4 of FY23.

NHP is contracted with Care on Location to provide members with telehealth behavioral health services. Information regarding Care on Location can be found on the NHP website as a resource for members. NHP also contracted with Charlie Health, which offers virtual IOP services for youth ages 11 and older.

**PCMP Network Development**

NHP monitors the PCMP network of providers across medical services including Adult, Pediatric, OB/GYN, and Family Planning. NHP contracts with any willing provider within the region who meets the criteria to qualify as a PCMP. The majority of NHP's regional providers are Family Medicine practitioners, which serve all ages, levels of ability, gender, and cultural identities, including those with limited English proficiency (LEP).

NHP's PCMP network remained constant throughout FY22-23. NHP continued to monitor the utilization of family planning based on available state claims data. Although the number of members who accessed family planning services declined slightly from Q3 of FY22 to Q3 of FY23 (**Figure 3**), there is no indication of changes in availability of services. The decline may be attributed to changes in membership.




*Note: Data for FY23 Q4 is not available to report.*

**Figure 3**

During FY24, NHP will continue efforts to strengthen the PCMP network where gaps were identified to ensure that it has enough providers to serve its members. This number is based on the Centers for Medicare & Medicaid Services (CMS) recommendations for the maximum travel distance between the provider and the member by county classification. NHP will employ the following strategies to recruit providers:

- Target regional practices eligible for the HCPF Alternative Payment Model (APM) and recruit those practices to participate in the program.
- Review the Department of Regulatory Agencies (DORA) Registry and Enrollment Summary Report to identify providers with licensures that meet primary care provider criteria.
- Leverage community connections through NHP-led meetings such as the Program Improvement Advisory Committee (PIAC) and the Health Neighborhood collaborative to locate potential providers within the region. Particular attention will be paid to providers in the frontier and rural counties.

Once NHP identifies a potential PCMP, we will recruit the provider by offering education on the benefits of joining the network, such as financial incentives and additional practice support services offered by NHP. This will include promoting the monthly Per Member Per Month (PMPM) payment based on the practice's attribution, which may provide a consistent monthly payment to support/offset non-revenue generating administrative activities within the PCMP functions. Further, NHP will inform providers of opportunities to participate in incentive programs such as practice transformation (PT) and Key Performance Indicators (KPIs), which may result in additional funding.

All recruitment and contracting activities will be closely monitored and tracked. This ongoing analysis will help provide early detection of any barriers and will ensure that NHP's PCMP network has the range of services available for our members. Success in network expansion will be determined by assessing the numbers of providers that meet access to care standards quarter over quarter. Additionally, telehealth volume can be assessed to determine changes in visit volume. If there are fewer than two practitioners that meet the PCMP standards within the defined area for members in rural and frontier counties, NHP may leverage contractual language between HCPF and NHP to suggest removing the time/distance requirements for those members.

**Provider Network Monitoring**

NHP monitors the existing networks of primary care and behavioral health providers to ensure it has sufficient practitioners to offer adequate access to all covered services for members across all ages, levels of ability, gender, and cultural identities, including those with LEP. NHP will continue to achieve this function through ongoing analysis, reporting, and auditing of the current network, which are outlined below. The findings are used to target provider engagement and education and prioritize provider recruitment.

NHP is implementing a new provider engagement strategy by partnering with high volume providers in the Colorado market. NHP will implement a high-touch relationship-driven service model by assigning a dedicated Provider Relations Account Manager to improve provider experience and quality outcomes. Through a higher level of engagement with the provider network and targeted provider recruitment, NHP expects to improve member access to covered services as measured by time and distance standards, appointment availability, accepting new members, after-hours

availability, accessible facilities, and cultural expertise. NHP will continue to use the above-mentioned monitoring tools to track progress throughout the year.

Time and Distance Standards

NHP's goal for FY24 is to achieve or exceed 90% of members having providers available within time and distance standards as well as within provider-to-member ratios. NHP will continue to conduct quarterly analysis of network adequacy, which includes time and distance between the member's residence and the closest available provider. Further, NHP will continue to calculate the provider-to-member ratios at the regional and county levels by provider type based on county classification. NHP uses the latest Quest Analytics, an industry-standard application, to conduct a geographic access (GeoAccess) mapping analysis. To improve the availability of providers, NHP will focus recruitment efforts where weaknesses in the network are identified. As noted in the State's 1915(b)(3) waiver, if there are fewer than two practitioners that meet PCMP standards within the defined area, the Contractor shall not be bound by the time/distance requirements. NHP will continue to analyze this data as Region 2 contains six frontier counties, and access to care is often closer outside of the county or region.

Appointment Availability

As required by Medicaid, both PCMPs and behavioral health providers are expected to maintain business hours which are convenient to the population served and are offered to all members without payer discrimination. Based on the urgency of the request, appointments are expected to be available as follows:

PCMPs

- Within 24 hours of a member's request for urgent care.
- Within seven calendar days of a member's request for non-urgent, symptomatic care.
- Within one month of a member's request for non-symptomatic care, unless an appointment is required sooner to ensure the provision of screenings in accordance with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). Medicaid has adopted and follows the Bright Futures scheduling guidelines as the standard of care in Colorado.

Behavioral Health Providers

- Within seven days after the member's request.
- Within seven days after discharge from a hospitalization.
- Emergency by phone within 15 minutes after the initial contact, including teletypewriter (TTY) accessibility, in person within one hour of contact in urban and suburban areas, in person within two hours after contact in rural and frontier areas.
- Urgent within 24 hours after the initial identification of need.

For FY24, NHP's goal is to improve the number of providers that meet the appointment availability standards listed above by 5%. NHP will focus on two strategies to achieve this: higher provider engagement and targeted provider recruitment. NHP will monitor appointment availability by

auditing provider practices. NHP audited 166 providers in FY23, a 63% increase over the previous fiscal year. The Quality Oversight Care Committee (QOCC) reviews providers that fail the access audit. As of this report, zero NHP providers that been reviewed by QOCC failed appointment availability standards. Further, NHP conducted active recruitment to add new providers into the network as described in the "Behavioral Health Network Development" section above.

NHP will continue to audit providers to ensure members have access to care within the identified timelines; this is both clinically important and a driver of quality. Appointment availability is audited quarterly, and all in-network providers are audited at least once during the fiscal year. Providers unable to demonstrate compliance are given education and support for different processes to improve appointment availability standards and another audit is conducted within 90 days.

Providers may receive a request for a corrective action plan (CAP) to identify the issue and improve access if they do not demonstrate improvement by the 90-day re-audit. During this process, providers will submit a written response and NHP will work with the provider to offer support and education. Providers will be audited to demonstrate improvement in meeting access to care standards 90 days after the CAP is accepted. If a provider remains noncompliant, the provider will be recommended to the QOCC for review. Based on the QOCC review, a determination may include panel closures, suspension of referrals, a continuation of the CAP, or other activities deemed appropriate up to termination from the network.

NHP learned through the access to care audits that providers needed more education and guidance on how to resolve timely access to care issues. During FY23, NHP learned that providers needed education on how contact information is vital for members to access care. Providers utilize the CAQH application to share demographic and contact information with NHP. At times, the provider information in CAQH is not accurate. NHP uses external sources including internet searches to assist with contact information for the provider and uses the postal service to mail a letter to providers that failed the audit. Provider relations staff incorporated verification of provider contact information on file during provider support calls as well. The results of the access to care audits are used to identify geographic and specialty network needs to prioritize targeted provider recruitment.

<u>Accepting New Members</u>

In FY23, NHP's goal was to improve the number of providers who accept new members by 5%. As a result of adding new providers into the network, NHP saw a 5.2% increase in the number of behavioral health providers accepting new members. NHP's behavioral health network maintained full capacity to accept new members because NHP's network is only measured for those that are open to accepting new members (**Figure 4**). As illustrated in **Figure 5**, there was no significant change in the number of PCMPs accepting new members.

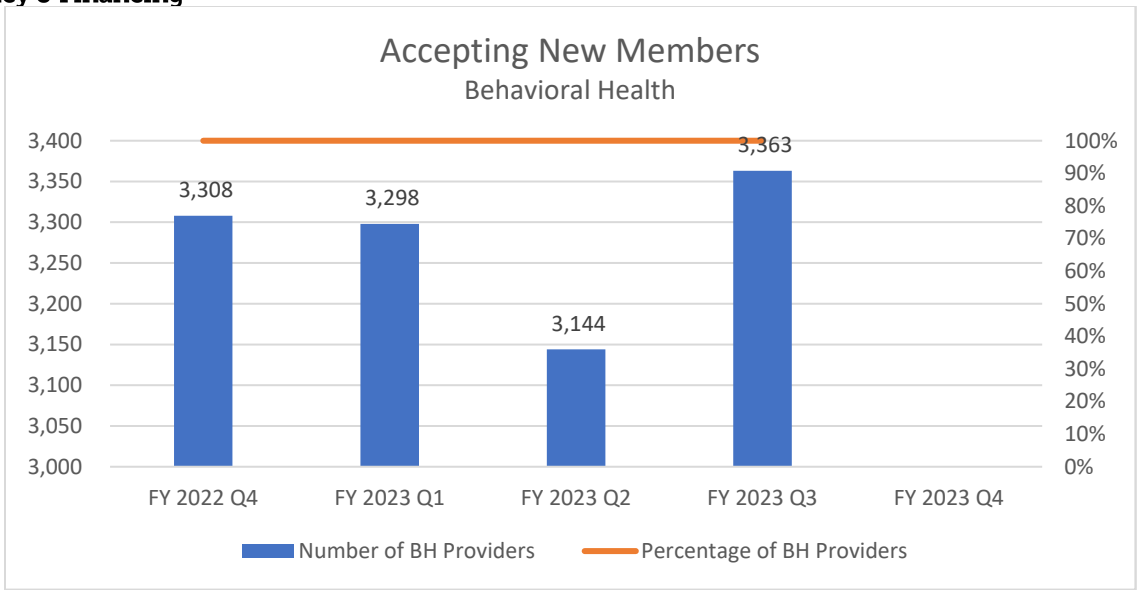

Accepting New Members
Behavioral Health
3,400
3,350
3,300
3,250
3,200
3,150
3,100
3,050
3,000
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
3,308
3,298
3,144
3,363
FY 2022 Q4
FY 2023 Q1
FY 2023 Q2
FY 2023 Q3
FY 2023 Q4
Number of BH Providers
Percentage of BH Providers

**Figure 4**

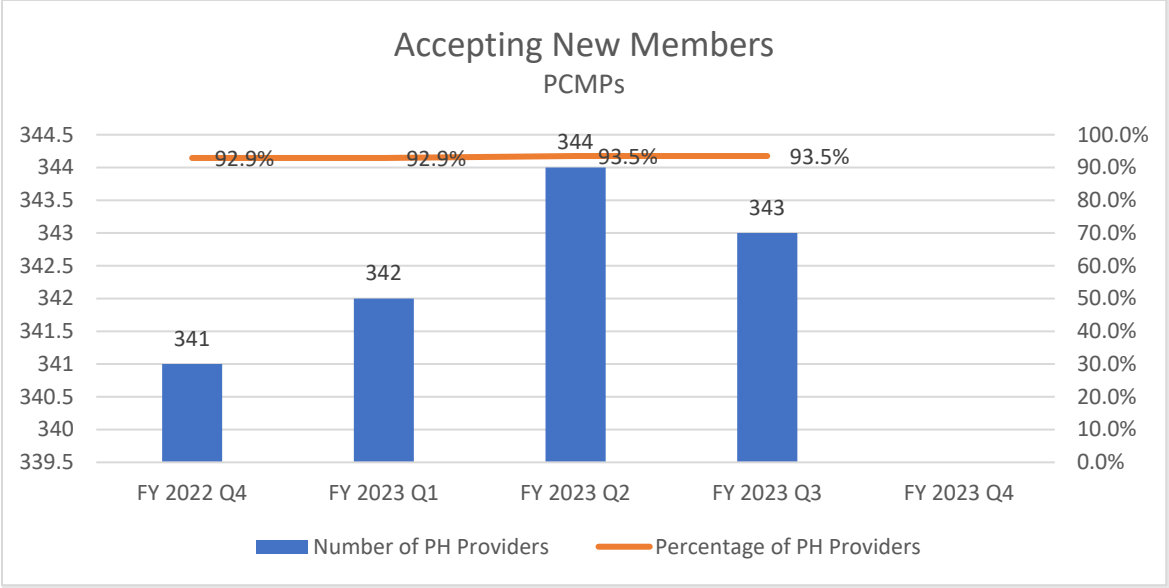



**Figure 5**

During FY24, NHP will carry over the goal from the previous year to improve the number of providers that accept new members. This year we will seek to improve this number by 2%. NHP will focus on two strategies to achieve this: working with providers to improve access and targeted provider recruitment. NHP will monitor appointment availability by auditing provider practices.

NHP will continue to monitor access to care for new members through access to care audits and reported member feedback. Should a provider be unable to maintain access standards, NHP works with the provider to identify the issue that may be corrected to improve access. Upon completion of this process, a subsequent audit is conducted to ensure the practice is fully functional and can meet access to care standards. Providers are educated through provider training and newsletter reminders about the option to update their status if they are not accepting new members. The provider's status can be changed to accept new members as soon as they are able to do so. NHP will continue to educate providers on access standards for new members, continue to audit access to care, and recruit new providers into the network when appropriate to maintain network adequacy. Further, the results of the access to care audits will be used to identify geographic and specialty network needs to prioritize targeted provider recruitment.

After-hours and Weekend Availability

In FY23, NHP's goal was to improve the number of providers offering after-hours and weekend availability (or extended hours) by 5%. According to **Figure 6**, the behavioral health network saw an increase of 36% in providers with extended hours from Q4 of FY22 to Q4 of FY23. There was no notable change in the availability of extended hours for PCMPs (Figure 7), which aligns with the network's not having changed from the previous fiscal year.

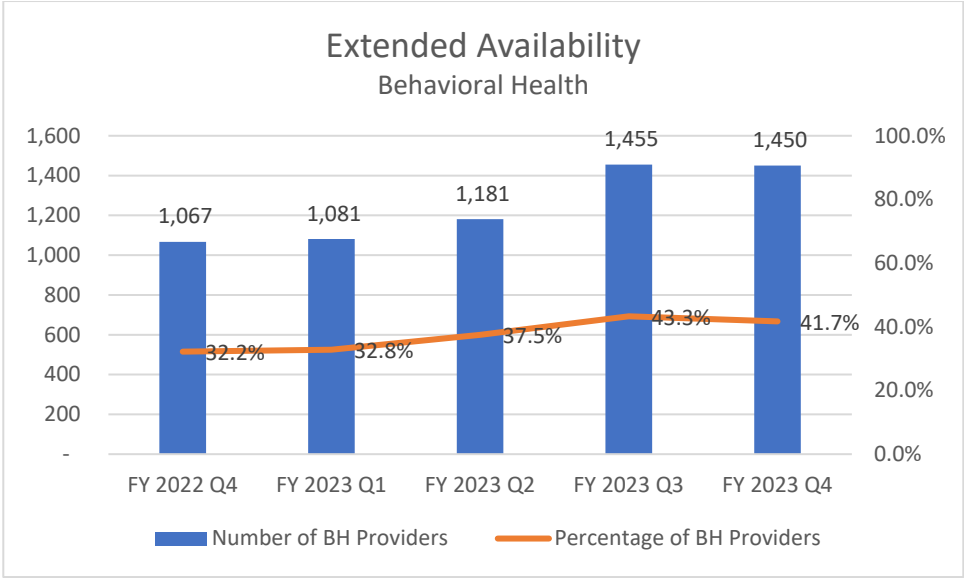



**Figure 6**

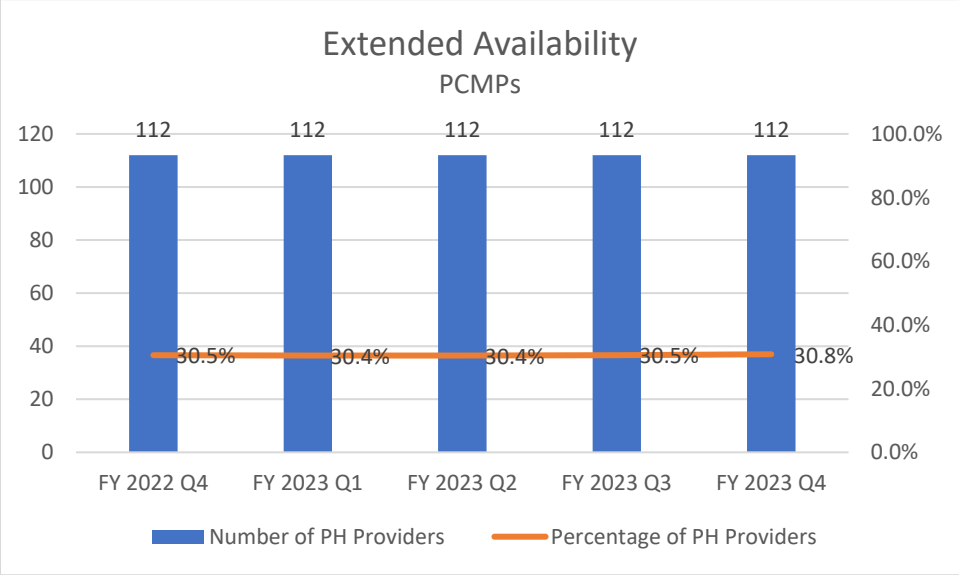



**Figure 7**

For FY24, NHP will carry over the goal of improving the number of providers offering after-hours and weekend availability. This year the goal will be for an improvement of 2%. To achieve this, NHP will focus on working with providers to identify areas where they could extend availability or offer alternatives to an appointment, such as Care on Location or Origin Health. NHP acknowledges that this is leading to a probable impact on ED visits and is additionally impacted by the workforce shortages. NHP will monitor appointment availability by auditing provider practices.

NHP validates information in the provider directory on an ongoing basis, which includes appropriate identification of provider locations and office hours. This is completed through data integration from the Council for Affordable Quality Healthcare, Inc. (CAQH) to maintain accurate records for network providers in our system, which produces NHP's provider directory. NHP's website has trainings available on how providers can directly update their demographic information through the provider portal and CAQH. Providers are educated on ways to improve availability after hours and on weekends when a member complains, or the provider has failed their access to care audit. We will further work to identify where ED utilization has increased and focus on engaging these providers in discussion regarding enhanced access.

<u>Accessible Facilities</u>

NHP validates information in the provider directory on an ongoing basis, which includes appropriate identification of provider locations as accessible. This is completed through data integration from CAQH to maintain accurate records for network providers in the system. NHP reminds

providers to keep this information up to date during provider training sessions and provider support calls. Through provider training sessions and provider support calls, NHP plans to increase provider directory accuracy by 10%.

NHP's website has trainings available on how providers can directly update their demographic information through NHP's provider portal and CAQH, which includes reporting the physical access and/or accessible equipment information for each of their practice locations.

Cultural Expertise

NHP obtains self-reported information on cultural expertise from providers. This is determined through language and specialty availability. Behavioral health providers report competencies during initial credentialing and re-credentialing. PCMPs report cultural competency during contracting and through practice assessments. Providers can update information through the CAQH, which then populates the provider directory. NHP will continue to work with providers to obtain complete and accurate information about the practice, including cultural expertise.

NHP trains providers on cultural inclusivity. NHP requests that providers complete a cultural competency training and self-report this training in CAQH, which is then indicated within the provider directory. Providers can sign up via the NHP website to access the training.

**Behavioral Health Providers Accepting Certifications**

NHP surveys all Community Mental Health Centers (CMHCs) annually across the state to confirm whether they accept mental health certifications and will continue to monitor changes in these providers. Based on the feedback received, there were no changes in providers accepting certifications. NHP has seven CMHCs that accept mental health certifications, including one within NHP's region: North Range Behavioral Health (within the region), Mental Health Partners, The Center for Mental Health, Mind Springs Health, Diversus Health, Solvista Health, and Southeast Behavioral Health. During FY23-24, NHP will work with CMHCs to seek opportunities to increase the acceptance rate of mental health certifications. As Transitional Living Group Homes are developed and contracted, this may offer an opportunity for additional entities to be willing to accept certifications and allow for a least restrictive level of care for our members.

**Provider Directory**

The provider directory is published at least once a month on the NHP website. Members can view providers' names, addresses, telephone numbers, emails, and websites (if available). The provider directory also includes information about practices' compliance with ADA standards, which includes physical access, reasonable accommodations, and accessible equipment. In addition, the provider directory details the provider's capacity to accept new Medicaid members, offer cultural and language expertise (including ASL), and after-hours and weekend appointment availability. Should a member need additional assistance in identifying a provider with their specific preferences or needs, they can contact the Member Services Department by calling 1-888-502-4189. They may also call to request the provider directory in paper or electronic form.

## 2. Practice Support & Transformation

Network Management Strategic Plan

Within Region 2, NHP continues to support providers with the delivery of health care to Medicaid members. NHP offers support to behavioral health providers and PCMPs within the network with a range of provider supports and PT services to allow them to deliver high quality care to NHP members.

NHP's goal is to assist providers with practice support and transformation to advance the whole-person framework through leveraging technology, provider training and support, and PT activities.

**Practice Support**

NHP's practice support strategy continues to focus on ensuring that providers and practices have the information and administrative support needed to perform efficiently and provide high standards of care to members. NHP has built relationships with our local providers and has developed opportunities to address regional needs via our various committees. NHP utilizes administrative communication tools to foster an open communication environment for providers to engage and receive information. Additionally, NHP offers training at various frequencies and platforms to encourage engagement and improve understanding, offering in-person, hybrid, and virtual opportunities.

Provider Training

Providers are encouraged to attend various types of training that NHP supports. The types of training include monthly provider roundtable meetings, quarterly Health Neighborhood forum, and quarterly Learning Collaborative live webinars. The goal is to increase provider training opportunities by 5% with the year.

Provider roundtables are virtual events that anyone can attend by video or telephone from any location. Provider topics that come up through the contract changes will be incorporated into the training schedule. NHP highly encourages provider trainings, and NHP presented 16 unique provider live webinar training topics throughout the year including credentialing, billing, and coding, PT, quality improvement (QI), clinical practice guidelines, and the SUD expanded benefit. NHP completed 10 provider live webinar trainings, which focused on HCPF-specific topics. The Provider Relations Department will continue to use interactive polling during the live webinars to gauge providers' knowledge and satisfaction of the behavioral health roundtable topics. After providing training live webinars, NHP asks participants to rate their satisfaction with the webinar. Webinar participants responded that they were satisfied with the provider training topics and presentations. NHP records webinar attendance and has an average of 28 participants per month. Provider roundtable webinar invitations are sent via email monthly and listed on the NHP website.

Provider trainings are posted on the NHP website and invitations to live training sessions are sent via email. In addition, NHP creates provider newsletters that include contact information, HCPF provider news, resources, and articles that are relevant to the RAE 2 region.

Further, providers can outreach NHP and inquire about provider file demographics updates, claims, credentialing and contracting. In addition, providers may request a virtual or telephone meeting with their assigned Provider Relations Account Manager to work through any issues and concerns. Every communication between the provider and NHP is logged and can be referenced later if needed.

Provider inquiries can range from simple to complex matters of concern. Provider Relations acknowledges the receipt of a provider inquiry within 48 hours or two business days. All provider inquiries are acknowledged 100% of the time. NHP will continue to resolve provider issues and concerns, whether simple or complex, in a timely manner or within 30 days. At times NHP encounters more complex issues from providers that may require resolution over 30 days. NHP has found that provider claims inquiries are complex and take longer to complete.

Telehealth Support

Telehealth appointments are another avenue providers utilize to reach members, improve access, and increase member engagement. Providers can see members in a timely manner and from any location, as many members may not always be available to go to a brick-and-mortar facility for care, particularly in rural and frontier regions. NHP's goal is to continue expanding availability of telehealth services for NHP members across the continuum of care, with attention to HIOP services.

In FY23, NHP successfully expanded access to behavioral health services through technology by contracting with Bicycle Health and Charlie Health. Bicycle Health offers Medication Assisted Treatment (MAT) with Suboxone therapy through virtual healthcare using digital devices (phone, text, computers, and chat through their secure app). Charlie Health offers IOP services for individuals of all ages with a special focus on children and youth. These services are available in person as well as through telehealth.

NHP telehealth utilization stabilized for behavioral health services based on claims utilization data from Q4 of FY22 to Q4 of FY23, as indicated in **Figure 8** (blue line). However, NHP saw a slight increase in the behavioral health penetration rate during that same period, which is also illustrated in **Figure 8** (orange line). This data indicates that NHP members transitioned to accessing services through in-person modalities over this time period.

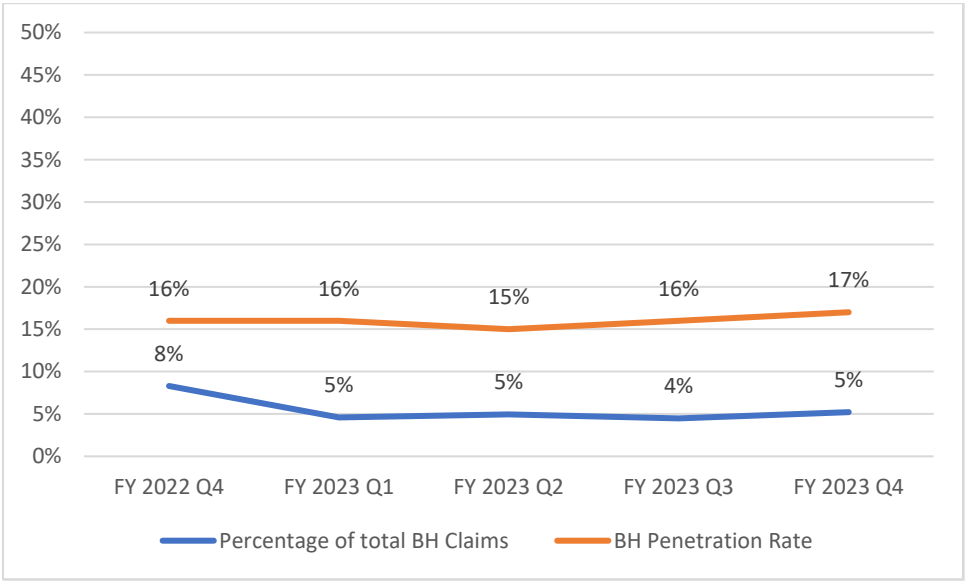



**Figure 8**

Administrative Support

NHP values open communication with providers and utilizes administrative tools to help facilitate communications. NHP utilizes a provider inquiry system to log all communication touchpoints with providers. The goal is to maintain 100% acknowledgement of a provider inquiry within two business days and close provider inquiries within 30 days 90% of the time. Provider inquiries can range from simple to complex issues. NHP continues to resolve provider issues and concerns within 30 days. However, more complex issues may require more time for provider resolution. Providers can request a virtual meeting or phone call to work through their issues and concerns. Additionally, this information will be reported monthly in the Accountability Report.

NHP supports provider communication practices through monthly newsletters. These provider newsletters contain valuable resources and information to assist providers in whole-person care for providers and members. Information contained within these provider newsletters includes HCPF news, community events and training, and relevant articles to support providers navigating the care of a Medicaid member. During FY23, the NHP newsletter average read rate was 34%. NHP's goal for FY24 is to increase the newsletter read rate by 10%. The strategy NHP will utilize to increase the read rate will be to educate providers on the benefit of the newsletters and webinars during our one-on-one provider support calls.

Data and Technology

NHP utilizes the data portal, Provider Connect. Providers may log into the portal to submit or review claims submissions, member eligibility and benefits, and claim status. In addition, providers can update demographic information. Information held in the provider portal connects to the provider directory. The provider directory is a searchable website that can drill down by location, specialty, ages treated, practitioner licensure, gender, race and ethnicity, languages, wheelchair access, and public transportation.

NHP offers training to educate providers on how to directly update demographic information through the provider portal and CAQH. NHP integrates data from CAQH to maintain accurate records for network providers, which populates the provider directory. The goal is to educate providers on the importance of CAQH with accurate provider information during our one-on-one provider support calls.

**Practice Transformation (PT)**

The NHP PT program plan for FY24 will continue to build on the success and lessons learned from the previous fiscal year. This team prides itself on maintaining positive relationships with our practices and increasing provider satisfaction for NHP overall. PT Coaches work directly with regional providers and practices to review KPI performance and the Colorado Data Analytics Portal (DAP) charts, review balanced scorecards, help track APM measure performance, guide PDSA efforts to improve performance and care for regional members, and discuss regional nuances to performance barriers. Through these relationships, PT Coaches are often the first point-of-contact when questions or problems arise at the practice level. PT efforts will continue to focus on engagement in the program, quality improvement, and performance improvement. We will continue to offer PT support to all in-network PCMPs and will double the number of participating practices (from four practices to eight practices) for FY24 behavioral health PT Incentive program. PT assessments will be conducted between August and October of 2023. The goals for FY24 NHP PT program are as follows:

- Expand the number of practices participating in the Behavioral Health PT program
- Practices will achieve at least 70% of PT incentive program milestones (both PCMP and behavioral health)
- Minimum of 80% attendance rate at all four quarterly learning collaboratives (PCMP and behavioral health)
- Build out a Weld County Collaborative that will promote support and teamwork among practices in Weld County (PCMPs)
- Develop networking opportunities for rural practices through face-to-face meetings to encourage the sharing of best practices (PCMPs)
- Well Child Visits: using claims based KPI data, close the gap by 10% from the RAE target between the CY 2022 baseline and CY 2023 performance
- Depression Screening and Follow-up: using claims based KPI data, close the gap by 10% from the RAE target between the CY 2022 baseline and CY 2023, or meet the RAE goal
- Meet the SUD Engagement Behavioral Health Incentive Plan (BHIP) for FY24 target

Below, we will outline our plan for the following PT activities:

Network Management Strategic Plan

- PCMP PT incentive program
- Behavioral health PT incentive program
- PT assessments
- APM
- Learning collaboratives
- Diabetes workgroup

FY24 PCMP PT Incentive Program

The PCMP PT incentive program for FY24 goes live on July 1, 2023, and will have four mandatory milestones: Access to Care, Learning Collaboratives, Practice Assessment, and Screening for Depression. There are four additional milestones, of which practices will choose two: Well Visits, Diabetes Management, Controlling High Blood Pressure, and Childhood Immunizations. The goal for the next phase of the incentive program is focused on improving access, engagement in PT, and performance improvement linked to KPIs and APM measures. See the FY24 PCMP PT incentive program on **Table 1** below.

**Table 1. PCMP PT Incentive Structure (FY23-24)**

| Milestone Name | Description | Details |
|---|---|---|
| **Access to Care** | Report third next available appointment to coach for: urgent, follow-up, non-urgent, and well visits | To be calculated and submitted quarterly during regular meetings with your coach. |
| | Have an active Plan Do Study Act (PDSA) during any quarter in which RAE access standards are not met | The PDSA can be discussed in regular meetings with your coach |
| | Meet RAE Access Standards of appointment scheduling within:<br>(a) Urgent Care – within 24 hours after the initial identification of need.<br>(b) Outpatient follow up appointments – within seven days after discharge from a hospital<br>(c) Non-urgent, symptomatic care visit – within seven days after the request<br>(d) Well Care Visit – within one month after the request, unless an appointment is required sooner to ensure the provision of screenings in accordance with HCPF's accepted Bright Futures schedules. | End-of-program access performance will be captured during April-June of 2024. If all standards are met for this last report, the clinic will earn this part of the incentive. |

| | | |
|---|---|---|
| **Learning Collaboratives** | Attend quarterly learning collaboratives. Additional incentives available to practices that present in a learning collaborative. | Representatives must complete the post learning collaborative survey, including their name and practice name. |
| **Practice Assessment and Practice-Specific SMART Goal** | Complete the Practice Assessment and SMART goal with your coach. | Generally completed between July 1, 2023 and September 30, 2023 with your coach in a PT meeting |
| | Achievement of SMART goal | SMART goal to be reassessed/adjusted (if needed) quarterly |
| **Screening for Depression and Follow-up** | Submit appropriate depression screen G-codes on medicaid member claims | G-Codes: G8431 (POS) and G8510 (Neg), for claims submitted between July 1, 2023 and June 30, 2023. |
| | Close the gap by 10% or meet the RAE goal | Close the gap by 10% between your CY 2022 baseline and your CY 2023 performance on the Depression Screening Claims data (to be provided by coach) OR meet the RAE goal. |
| **Well Visits:**<br><br>**0-15 months old OR 15-30 Months old OR 3-21 years old** | Do a new PDSA to close well visit gaps with a focused age range of members. | Some ideas: plan and execute an event that aligns with back to school/sports physicals where you can perform well visits, do a PDSA to verify you are using the correct codes to get credit on the Well Visit KPI, conduct an outreach campaign to patients with well visit gaps |
| | Close the gap by 10% or meet the RAE target on Child Well Visits <u>First 15 months of life</u> | Using claims-based KPI data, close the gap by 10% between your CY 2022 baseline and the RAE target with your CY 2023 performance on the Well Visits measure that you chose |
| | OR close the gap by 10% or meet the RAE target on Child Well Visits <u>15-30 months</u> | |
| | OR close the gap by 10% or meet the RAE target for Child and Child and Adolescent Well Visit Measure <u>Ages 3-21</u> | |
| **Diabetes HgA1c Poor Control** | Active work on meeting the measure | Examples: PDSA, workflow development, working a registry. |

| | | |
|---|---|---|
| | Close the gap by 10% on the Diabetes A1C Measure or meet the State Goal | Close the gap by 10% between your CY 2022 baseline and the RAE target with your CY 2023 performance on the Diabetes A1C (poor control) measure. Practices will use eCQM data. |
| **Controlling High BP** | Active work on meeting the measure | Examples: PDSA, workflow development, working a registry. |
| | Close the gap by 10% on the Controlling High BP Measure or meet the State goal | Close the gap by 10% between your CY 2022 baseline and the RAE target with your CY 2023 the Controlling High BP Measure. Practices will use eCQM data. |
| **Childhood Immunization Status (Combo 10)** | Active work on meeting the measure | Examples: PDSA, workflow development, working a registry. |
| | Close the gap by 10% on the Controlling High BP Measure or meet the State goal | Close the gap by 10% between your CY 2022 baseline andthe RAE target with your CY 2023 the Childhood Immunizations Measure. Practices can use either DAP or eCQM data. |

FY24 Behavioral Health PT Incentive Program

The behavioral health PT incentive program for FY24 went live on July 1, 2023. This phase of the incentive program has five milestones: Population Management/Performance Improvement with a focus on SUD Engagement, Coordinated Care, Performance Visualization, Learning Collaboratives, and the Practice Assessment. The goals for FY24 are to focus on improving SUD engagement performance for Region 2, increasing PT engagement, and improving coordination of care capacity. Below is the FY24 behavioral health PT incentive program structure.

**Table 2. Behavioral Health PT Program Structure (FY23-24)**

| Milestone | Description | Details |
|---|---|---|
| **1. Population Management/Performance Improvement** | SUD engagement – track population and identify needs/gaps of care. Utilize a PDSA process to create a workflow to outreach identified clients, verify correct coding to positively impact performance, reduce no | Using either Electronic Medical Records (EMR) or PowerBI Data, determine baseline and then improve by 10% of CY2022 baseline. Submit performance data by June 2024. |

| | | |
|---|---|---|
| | show rates, enhance treatment engagement, etc. | Tier 1: Complete at least one PDSA cycle<br>Tier 2: Close the gap by 10%<br>Tier 3: Meet or exceed RAE target |
| **2. Coordinated Care** | PDSA cycle to develop process for shared expectations and exchange information with PCMP, work to develop a priority access protocol for clients referred by primary care | Share two de-identified examples of referral tracking/information exchange with PCMP and/or share written process for priority access and provide example. |
| **3. Performance Visualization Tool** | Practice develops dashboard for tracking performance (SUD Engagement/ Depression Screen Follow-up, measure-based care tools, access, no show, retention) and develops process for sharing with clinical staff at least quarterly | Develop a performance visualization tool with your coach<br><br>OR<br><br>Provide a copy of the tool that you use to review performance data with clinical staff AND<br>Provide a list of quarterly scheduled meetings where data will be reviewed with staff |
| **4. Learning Collaboratives** | Attend all four learning collaboratives in FY24 | At least one practice representative attends each learning collaborative but does not have to be the same person each time. Learning collaboratives are held each quarter during the fiscal year. Representatives must complete the post-learning collaborative survey, including their name and practice name. |
| **5. Practice Assessment** | Complete the annual PT assessment | Generally completed between July 1, 2023 and September 30, 2023, and set SMART goal to be reviewed quarterly with coach |

<u>FY24 PT Assessments</u>

NHP PT assessments will be conducted between August and October of 2023. Results will be used to set improvement goals and track progress from previous assessments. The format of the assessment is mostly the same, with a few questions removed from the previous year. The categories remain the same and are as follows:

- Leadership
- Data Driven QI
- Empanelment
- Team Based Care
- Patient and Family Engagement
- Population Management
- Continuity of Care
- Access
- Comprehensiveness and Care Coordination
- Value-Based Contracting
- Focus on Addressing Social Needs of Patients
- Focus on Telehealth
- Inclusivity and Equity
- Focus on SUD

FY24 APM

NHP supports APM practices with the selection of measures, PDSA cycles to impact their performance on those measures, and the attestation of structural measures. These efforts align with the PT incentive program where possible. **Figure 9** shows the frequency of APM measures being selected by NHP practices. We will use the remainder of CY 2023 to support practices in their work to meet APM goals. We will support practices with structural measure attestations between September of 2023 and February of 2024. Lastly, we will help practices select measures for CY 2024 in January of 2024.

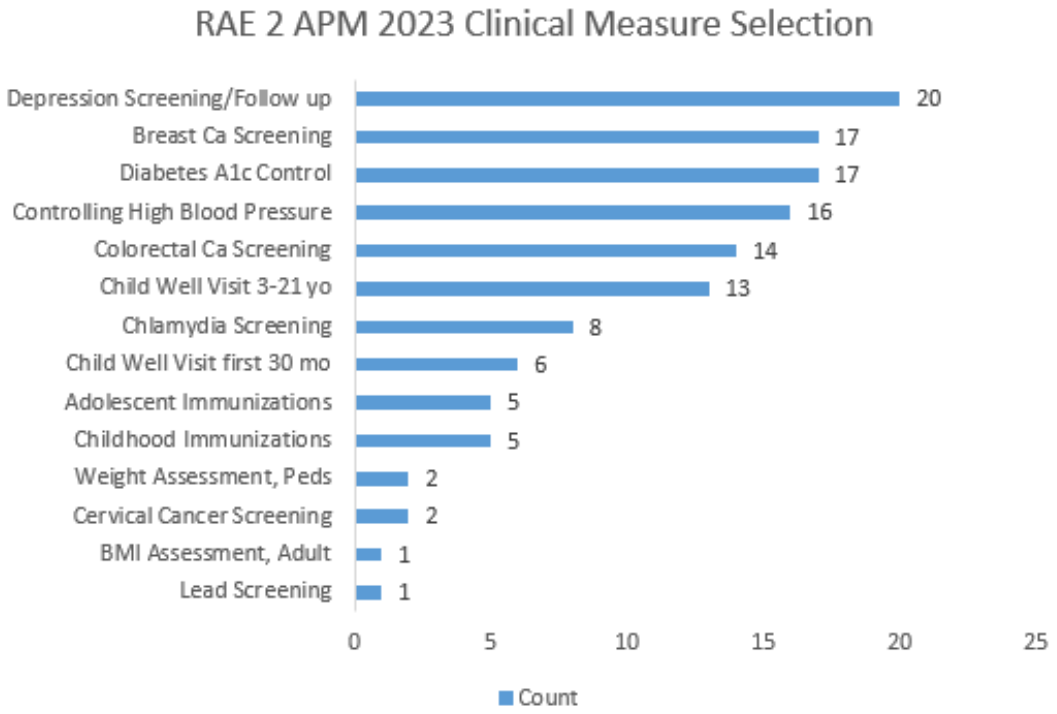



**Figure 9**

FY24 Learning Collaboratives

Quarterly PT learning collaboratives are forums for regional PCMPs to engage with each other about how to apply best practices and share lessons learned. For FY24, quarterly PCMP learning collaboratives will support the FY24 PT incentive program milestones and practice attendance at the collaborative will be incentivized. The PT team aims to include presentations and sharing of best practices among the contracted providers to encourage shared learning. Topics may include strategies on implementing depression screening and follow-up using evidence-based tools as well as capturing appropriate codes to indicate performance, panel discussions on clinical strategies to improve patient outcomes on selected KPI and APM measures, and strategies providers are implementing to improve member access to care.

FY24 Diabetes Workgroup

The diabetes workgroup, initiated by provider practices and facilitated by the PT team, has been a successful forum for providers and teams to learn about diabetes resources, programming, and best clinical practice within the state and communities in Colorado. The plan for FY24 is to

continue holding diabetes workgroup meetings, but to decrease to three meetings during the year based on provider input. Possible FY24 topics providers requested to be covered on the annual needs assessment include financial assistance programs, patient and professional education, diet and lifestyle education, diabetes protocols for PCMP offices, and access to online learning and telehealth programs for patients and staff.

## 3. Communication

NHP developed a communication plan that involves stakeholders, network providers, and members to service the Medicaid program and improve the health and welfare of members. NHP's communication with stakeholders, network providers, and members continues to evolve as HCPF programs, policies, and procedures may change throughout the year. NHP will continue with our FY23 communication plan to ensure network providers are informed, educated, and trained to help serve members and address their healthcare needs in FY24 by developing provider communications that contain clear, concise, and relevant content for providers treating Medicaid members. In FY23, NHP completed 16 unique live provider webinars training topics including credentialing, billing, and coding, PT, quality improvement, clinical practice guidelines and substance use member benefit. In addition, NHP completed 10 live provider webinar training courses focused on HCPF-specific topics. NHP intends to continue these efforts throughout FY24 and will monitor training efforts through provider satisfaction polls.

Network Providers Communications

NHP recognizes that network providers are vital to the delivery of healthcare to Medicaid members. NHP focuses on key communication streams to inform, educate, and train network providers on the Medicaid program using the following methods:

- Provider roundtable webinars
- Provider newsletters
- Provider alert communications
- NHP website
- Provider support calls
- Provider and stakeholder forums
- Provider visits

Provider Roundtable Live Webinars

Network providers are invited to participate in live webinars designed to educate and inform providers about HCPF programs, contractual obligations, billing practices, coding guidelines, policies and procedures, evidenced-based best practices, and RAE resources such as the NHP Provider Handbook and community-based programs within the region. Provider roundtable webinar invitations are sent to providers monthly, via email, and can also be located on the NHP website. Providers can attend the virtual event by video or telephone from any location. During the webinar, interactive polling is used to assess provider knowledge, obtain feedback, drive the overall experience, and provide insight to the value

the roundtables offer participants. Attendance is tracked, and any follow-up concerns are addressed after the meeting. Interactive polling and roundtable live webinar attendance is outlined under **Practice Support** in **Section 2** of this deliverable.

Newsletters

NHP produces another proactive communication avenue through bi-monthly newsletters electronically mailed to behavioral health providers and PCMPs. These newsletters highlight important HCPF alerts, upcoming webinars, previous month's webinar topics, and innovative programs or resources catered to providers. The newsletters are intended to help bring awareness, promote education, and share information about various programs and policies to providers serving Medicaid members. Every newsletter is posted to the Provider Communications section of the NHP website. NHP monitors newsletter read rates to evaluate the value of this communication. Details about newsletter read rates are under **Practice Support** in **Section 2** of this deliverable.

Provider Alerts

NHP creates provider alerts when information must be disseminated to providers promptly. Provider alerts are intended to be an urgent communication resource used to share time sensitive information. All provider alerts are sent via email and delivered to both behavioral health providers and PCMPs.

Website Resources

NHP's website includes a section specific for providers that houses various resources to help them perform efficiently and provide high standards of care to members. The NHP website is organized with the following provider topics under the Provider Section:

- How to Join Our Network
- Newly Contracted Provider Forms and Templates
- Provider Resources
- Provider Communications
- Provider Handbook and Policies
- Quality Resources (Webinars and Trainings)
- RAE Roundtable Resources
- Practice Transformation Resources
- Electronic Resources
- Contact Information

Provider Support Calls

NHP encourages open dialogue and invites providers to contact the Provider Relations Department by calling a toll-free number or by emailing when experiencing any issues. Providers may contact NHP to receive information about contracts, credentialing, authorizations, claims, or to update their provider profile. The toll-free number is answered by trained professionals and is open from 8 a.m. until 6 p.m. Eastern Time. All communications are logged into an inquiry system within the provider's profile to ensure call details are available to staff members to facilitate a timely response to provider inquiries. The Administrative Manager for NHP also makes individual calls to providers who have experienced difficulties to ensure they are resolved and to monitor for new issues. This engagement has proven effective and will be expanded going forward with a targeted approach. NHP's contact information is listed under the Contact Us of the NHP website.

Timely responsiveness to a provider inquiry is important to NHP. NHP aims to acknowledge provider inquires within two business days and strives to resolve provider issues within 30 days of the initial contact. However, more complex issues may take longer to resolve. All providers can request a meeting to review issues or concerns with a Provider Relations representative, should they prefer to do so. In addition, we post an escalation list online which provides the contact information of the NHP leadership and providers often reach out to clarify issues or resolve challenges.

During FY24, NHP will continue to maintain the goals of responding to providers 100% of the time and resolving provider inquiries within 30 days 90% of the time. NHP's Monthly RAE Accountability Report monitors NHP's responsiveness to provider concerns and details the top three reasons provider inquiries have not been completed within 30 days. NHP will continue to utilize this report to monitor and improve its response times to provider inquiries.

Provider and Stakeholder Forums

NHP will continue to host provider and stakeholder forums throughout FY24. The goals of these forums are to share information and collaborate on ways to support members' health and wellness needs. These forums can also be used to address any issues or challenges providers may experience when delivering health care to members. Examples of the various meetings include:

- Health Neighborhood Forum
- Regional PIAC meetings
- PT Learning collaboratives
- Population Health Subcommittee meetings
- QI Subcommittee meetings
- First Friday Quality Forums

NHP goes beyond educating providers and supports the member-provider relationship. NHP facilitates "Getting Started" virtual meetings on the first Thursday of each month to all eligible members, family members, and health care professionals. This meeting is offered through a telephonic and/or video conferencing option based on member preference. The "Getting Started" meeting provides an overview of a specific benefit topic

by a subject matter expert; however, participants are alerted at the beginning of the meeting that they may ask questions about any health-related subject. NHP distributes the agenda to health care professionals and community stakeholders before the meeting and encourages them to invite members to these meetings. The goal of this meeting is to provide education on the preventative health care benefits available to members so that members engage in their healthcare. NHP distributes the slide deck with the topic discussed to all participants after the meeting.

NHP is committed to aligning regional health equity efforts with HCPF's health equity goals. One effort to support health equity is the cultural competency/health equity roundtable NHP hosts twice a year for health care professionals, community stakeholders, CMHCs, and Federally Qualified Health Centers (FQHC). NHP has access to additional cultural competency resources and continues to evolve our own work as an agency in this area and share the knowledge, values, and tools to help us all reduce healthcare disparities. NHP's goal in hosting these roundtables is to increase the number of quality resources and enhance the cultural competency training for providers to access to enhance the services our members receive, reduce disparities, and promote equitable access.

NHP's communication strategy to work with providers will continue to evolve as the providers' needs change throughout FY24. Our rural and frontier providers differ from our urban providers due to limited resources and increased disparities. NHP will collaborate with network providers through interactive webinar polling and provider calls to bridge communications by modifying webinars to meet providers' interests in educational topics and needs. Further, NHP will work on promoting one-on-one support calls through webinars and newsletters to gain a better understanding of provider issues and how we can offer additional support. NHP will continue to conduct provider and stakeholder forums in which we can listen to and understand the needs to better serve Medicaid members and the communities within Region 2. NHP will monitor and evaluate communication efforts by analyzing read rates, interactive webinar polling, and through provider support calls and meeting outcomes.

## 4. Health Neighborhood & Community Engagement

NHP believes local communities are in the best position to make changes that advance the quality of care for its members. NHP is dedicated to maintaining a full spectrum of health care providers to deliver high quality, whole-person care, which addresses the unique needs of our members. In addition to the PCMP and behavioral health provider recruitment strategies outlined in Section 1 (PCMP and Behavioral Health Provider Network Development), NHP will continue to engage and collaborate with its health neighborhood, specialists, hospitals, public health agencies, county agencies, care coordinators, transportation providers, and community partners.

In FY23, NHP made significant efforts to ensure members continued to receive timely and appropriate access to care through crucial partnerships with providers and the community. By enhancing communication and collaboration efforts within its Health Neighborhood, NHP has observed better coordination of services and is learning more about how our members are accessing care, which will help NHP improve coordination with physical health providers, behavioral health providers, specialty providers, and community partners in FY24. NHP will actively outreach new organizations to develop community collaborations and continue to host stakeholder and committee meetings where providers and partners hold member seats and can collaborate with NHP on developing best practices, protocols, and local programs for our members.

Social determinants such as housing instability, social isolation, lack of employment, and food insecurity are often causes of poor health outcomes. Social Determinants of Health (SDOH) are currently captured through a number of different methods across various entities including routine screenings at physical and mental health facilities, through care coordination contacts, through the Hospital Transformation Program, and through the statewide Performance Improvement Project (PIP). NHP uses its Health Neighborhood to help members address SDOH by increasing connections to community resources and developing social support networks. A few examples of addressing SDOH involve teaching members how to access transportation to promote long-term success, assisting with accessing resources to maintain housing, and supporting access to specialty care/services if needed, and ongoing medication management.

In FY24, NHP will continue to assist partner organizations in addressing SDOH. Additionally, NHP plans to enhance dental care access, examine Transitions of Care (TOC) for at risk individuals, utilize Admission, Discharge, and Transfer (ADT) feeds to coordinate care, enhance HTP and how to align outreach and goals, identify telehealth solutions for remote and isolated communities, and collaborate with trusted partners to enhance access to transportation services for urgent and emergent needs. NHP will continue to utilize avenues such as our locally embedded care coordination teams, regional Community Investment Grants and Practice Transportation Programs to build the resources our members and providers need to address health and wellness in FY24.

**Community Collaborations:**
In alignment with our Population Management Strategic Plan, NHP seeks to develop new partnerships and strengthen existing collaborations to improve wellness promotion, enhance prevention support, and increase member engagement throughout the northeast region. NHP and its partnering organizations must understand the complex nature of the needs and challenges facing our members to improve health outcomes. NHP will continue to utilize its stakeholder and committee meetings to identify regional needs and to develop unique strategies to ensure timely and appropriate access to necessary services that improve member health and functioning throughout FY24.

<u>Care Coordination:</u>
Care Coordination plays a key role in connecting members to health care and community resources, first by identifying/connecting with members to improve health, well-being, and care; providing members with resources and connecting them to providers and support systems; and reducing higher levels of care while ensuring members are engaged in treatment. NHP care coordinators use a variety of resources to accomplish effective care management such as, member/family centered care plans, evidenced-based screening and assessment tools, and thorough tracking of member outreach and activities via our care coordination tool, Health Cloud.

Through this work, NHP care coordinators establish collaboration across the region to improve the consistency of care members receive, improve member engagement in care plans and providing the “Right Care, Right Place, and Right Time” to reduce unnecessary health care costs. One local effort that demonstrates this is the work of Community Health Workers (Promotoras) in Weld County and their shared efforts to improve health outcomes for members through increased health screenings and improved health education. NHP care coordinators work alongside the Weld County Promotoras to ensure members have access to services and they understand/receive information in their preferred language. Much of this

work largely centers on the members SDOH needs and requires screening to assess need as well as understanding available resources to offer once deficits are known.

Because SDOH factors are often drivers of poor health outcomes they are systematically identified by NHP care managers as part of the assessment and care planning process and often become a focus of intervention efforts. It is through these assessments, combined with Health Cloud and our collaborations with community providers, members are connected to closed-loop referrals for transportation, housing, food banks, language/literacy services, job opportunities/income assistance, Supplemental Nutrition Assistance Program (SNAP) benefits, utility assistance, and other social supports. Through Health Cloud, care coordinators have access to a comprehensive resource directory known as Aunt Bertha (AKA FindHelp), and can capture every activity that happens within the system, using customized logic to stage and develop innovative reporting for specific priority areas. Health Cloud's activities are closely monitored and can be reported to show any long-term outcome of a specific population or priority. These reports also help NHP identify early trends that shape current and future priority work.

Finally, NHP is committed to delivering culturally competent programs to our members. NHP ensures all members, regardless of demographics, can equitably access Health First Colorado/Medicaid benefits as they prefer. NHP care coordination staff receive annual cultural competency training and are committed to meaningful connections with local community providers based on the unique needs of each member. NHP utilizes bi-lingual care managers when possible and assessment tools include questions to identify a member's cultural preferences regarding language or adaptive assistance aids (i.e., visual, or verbal tools) which are then integrated into the member's care plan. NHP maintains strong relationships with key providers such as the Immigrant & Refugee Center of Northern Colorado and share in their mission of empowering refugees and immigrants, connecting communities, and advocating for successful integration. The Refugee Center has a Community Navigation Program that functions to help Region 2 members who need translation services in a number of varying languages. Translation is provided for assistance with Health First Colorado/Medicaid applications and medical-related needs, and all translation services are free of charge. Additionally, NHP is responsible for linking all members to bilingual programs and will connect members with these services upon request. As we are transitioning into ACC phase III, NHP will be developing regional programming to enhance Community Health Workers/Promotoras throughout our region to ensure these services are available to members outside of Weld County.

<u>Children, Youth and Adolescents:</u>
Participation in collaborations such as HRCC (HCPF, RAE, Child welfare, Counties), Collaborative Management Programs (CMP) and Interagency Oversight Groups (IOG) across our region will allow NHP to work closely with agencies serving our youth, including those involved in the child welfare system. Due to the changes outlined in House Bill 23-1249, NHP intends to support our local IOGs with the changes to MOU requirements, performance measures, duties of the Individualized Service and Support Teams (ISSTs), CMP referrals and CMP records access in FY24. NHP will actively participate in IOG meetings and provide in-kind financial resources to address the needs of at-risk youth and families. NHP will also serve as a resource for care coordination referrals from IOG members via our triage referral form. We will educate the IOGs about the role and responsibility of the RAE and how we can support the programming and reduce duplication of care/services through planned RAE presentations.

Additionally, NHP will offer community outreach by attending back to school fairs for multiple school districts and IOG participants with a goal of participating and sharing information/resources in four (4) events by December 31, 2023.

Transportation:

NHP continues to investigate avenues to improve transportation within Region 2. One exciting enhancement in FY24 will include Centennial's transportation program designed to increase access of care to OUD/SUD and mental health services by decreasing gaps created by lack of access to transportation. Centennial Mental Health Center (Centennial), in collaboration with NHP and community providers, will expand access to care for individuals seeking admission into higher levels of care (inpatient mental health and/or substance use disorder services, such as residential treatment and/or detoxification and withdrawal management). Secure transportation services will include demand response services to transport these services will be provided "one way" to service facilities outside of Centennial's defined catchment area of Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, and Yuma counties. If the treatment facility is inside Centennial's defined catchment area, return transportation will also be coordinated.

Additionally, Centennial intends to expand transportation services to include transportation to and from outpatient substance use services including, MAT, Individual Outpatient Therapy, Outpatient Groups and Relapse Prevention for residents of the communities of Sterling in Logan County and Fort Morgan in Morgan County. The availability of transportation will demonstrate meaningful collaboration with members, local hospitals, medical communities, and law enforcement agencies in utilizing higher levels of needed care for those suffering with opioid/substance abuse and mental health issue. The project will also remove routine transportation barriers for members who are enrolled in local ongoing treatment services.

Housing Instability:

During FY23, NHP worked closely with providers, social service organizations, and community resources partners to formalize a data sharing processes and executed a data sharing agreement with the Northern Colorado Continuum of Care (NoCo CoC) to serve as the pass-through entity for data sharing between NHP and HCPF through the Statewide Supportive Housing Expansion (SWSHE) Project. NHP will continue its partnership into FY24 to help identify unhoused members and connect them to resources.

Additionally, the City of Greeley has created an intensive case management pilot to work with residents with a history of chronic homelessness and/or with those experiencing complex needs, called *Housing First*. NHP is exploring the opportunity to partner and support this housing pilot as a hopeful endeavor to address housing instability within Weld County in FY24.

NHP has also awarded United Way of Weld County a FY24 Community Investment Grant to support its Housing Navigation Center assist members who experiencing homelessness, or at risk of becoming homeless, through case management services and resource navigation support. This grant will help expand system capacity by combining housing and other supports in a way that is integrated to provide holistic, person-centered support for our most vulnerable members.

Lastly, NHP and its care coordination teams will continue collaborate with to ensure cross-system partnerships between providers when coordinating care for members experiencing housing instability, including linking members who are housing unstable with resources; working with community health workers assigned at the Housing Navigation Center; and placing unhoused members on the Housing Management Integration System (HMIS) housing list.

Transitions of Care:

NHP is a part of a statewide RAE workgroup focusing on Transitions of Care (TOC) with the goal of creating RAE recommendations for HCPF to consider when developing contract requirements. The workgroup also focuses on establishing a general agreement among the RAEs to establish common understanding and language for transition of care activities to create consistency among the members we serve. NHP has already started developing workflows and policies related to transitions of care standards that includes comprehensive discharge planning, communication expectations, and member education with plans of continuing efforts into FY24.

NHP will continue to collaborate with NCHA and its Community Action Collaborative (CAC) team to engage our complex and high-risk members in community-based outreach efforts. The CAC team is a part of the community response team, working alongside Greeley Police, North Range Behavioral Health, North Colorado Health Alliance, and Greeley Fire's community paramedic on a Co-Responder model, called "Squad 1". The Squad 1 team works together with the goal of reducing emergency room visits, jail admissions, reduce overall emergency response costs, duplication of services, identified burdens to multiple agencies as well as increasing connections with necessary resources.

Stakeholder Forums:

In additional to the partnerships listed above, NHP will continue to host its own provider and stakeholder forums to focus on improving referral processes, communication, collaboration, and health data sharing within the Health Neighborhood between RAEs, PCMPs, community, and supportive organizations. Examples of these meetings include the Health Neighborhood Forum, Program Improvement Advisory Committee, Member Experience Advisory Council, First Friday Meetings, Care Coordination Subcommittee meetings, Quality Improvement Subcommittee meeting, and Population Health Subcommittee meeting. Additional details of these meetings and their specific objectives will be outlined throughout the FY24 quarterly and biannual deliverables.

Community Investment Grants:

NHP will continue to offer its Community Investment Grant opportunity on an annual basis to local providers, health professionals, and community partners. In FY23, NHP awarded four (4) local organizations funding to support innovative programs aimed at improving the health and wellness of our members. As a result of the grant efforts, Weld County Department of Public Health and Environment (WCDPH) enhanced prevention and wellness efforts throughout the region by administering vaccinations and preventative health screenings to members in their communities via mobile clinics. Envision: Creative Support for People with Developmental Disabilities continued to address health disparities for members with Intellectual and Developmental Disabilities (IDD) through the administration of evidenced-based trainings for local providers and

students and increased its care coordination efforts to facilitate annual well visits and dental exams for Medicaid members enrolled within their residential program. The Family Resource Center of Sterling was able to provide evidenced-based parenting classes to members in our most rural and frontier counties, while Melissa Memorial Hospital provided community outreach and education on general health and wellness topics and improved the management and member participation in its remote monitoring hypertension program.

Although the FY23 grant period has concluded, several of these grant efforts will be continued into FY24. Additionally, NHP awarded five (5) new grants to commence during FY24 including a collaboration with Burlington Childcare Center to staff and open an early-learning center for Cheyenne and Kit Carson counties, funding a pediatric asthma program through The Children's Health Place and a chronic obstructive pulmonary disease (COPD) program through East County Phillips Hospital, financially supporting Envision to provide case management to 800+ members as they transition away from being the case management agency in Weld County, and supporting United Way's Housing Navigation Center to help those experiencing homelessness regain housing and to prevent those at-risk of homelessness from losing their housing.

**Provider Collaborations:**

Dental Care

Dental KPI performance has been a topic of exploration over the past fiscal year as dental visits have lagged behind performance goals across all RAEs. NHP specifically started exploring the dental network to identify opportunities to enhance dental access for members, particularly in the dental deserts across the Eastern Plains. Over the previous year NHP began conversations with DenTriage, a newly-developed start-up organization focusing on telemedicine triage and care coordination, and will implement a pilot program with regional practices in FY24. This project will focus on provider outreach and engagement, service implementation, and outcome impacts on the dental KPI measure.

The KPI measures should also be impacted by the expanded adult dental benefit. NHP has information on this benefit expansion in both English and Spanish, and will communicate and disseminate updated information to both practices and members.

NHP also connected the Weld County Department of Public Health and Environment to Dental at Your Door, a mobile dental hygienist unit based out of Denver. Weld County began discussions on contracting and scheduling with Dental at Your Door with an implementation go-live in FY24. NHP will continue discussions with Weld County to assess satisfaction and impact of the new partnership, and through that success, will connect other Region 2 practices to Dental at Your Door.

Lastly, NHP will continue its member and provider outreach strategies to encourage members to engage in dental care services. NHP offers a variety of member resources to inform members of dental care services available to them, such as benefit trainings at our "Getting Started Webinars", member Tip Sheets distributed by care coordinators and providers, and via direct outreach through our Interactive Voice Response (IVR) campaigns. NHP will also continue to inform care coordinators and our provider network of any changes in dental benefits permitted by

Health First Colorado, such as the increase in the adult dental services benefit, via our provider newsletters and subcommittee forums throughout FY24.

Telehealth/Telemedicine

Another effort to expand our Health Neighborhood and close accessibility gaps for members in our region is through our pursuit of telemedicine technology. NHP is developing a partnership with Care on Location to expand services in the region with a specific focus on depression screenings and asthma medication management to help support practices, increase access for members, and impact performance measures. Care on Location has been a collaborative partner helping to educate PCMPs, care coordinators and additional community partners through forums such as our care coordination meetings, provider education forums, PIAC and more.

The PT team continues to network with and encourage PCMPs and behavioral health providers to utilize this telehealth service. Work will be performed collaboratively with NHP and Care on Location to facilitate member referral to support transitions of care from physical to behavioral health providers for depression screens and behavioral health follow-up as well as for medication monitoring (including, but not limited to, asthma medications). Care on Location will continue to be invited to join collaborative meetings held with PCMPs and behavioral health providers to nurture relationships with NHP contracted providers.

NHP successfully expanded access to behavioral health services through technology by contracting with Bicycle Health and Charlie Health during FY23. NHP plans to continue to peruse opportunities to contract with additional telemedicine providers such as Chess Health in FY24. Chess Health is an evidence-based smartphone app that helps individuals adhere to their treatment plan and stay in recovery. The app is staffed by certified peer recovery specialists who have lived experience in SUD, offers 24/7 support, and moderates lively discussion groups and video support meetings to create meaningful engagement and dialogue among users. NHP is still working through the process of recruitment and contracting and will provide updates as additional providers come into the network.

Finally, as we bring providers into the network and continue to track and expand current telemedicine efforts, NHP will monitor use by conducting quarterly reviews of paid claims data and completing provider surveys. The member survey “Your Opinion Matters" is posted on the NHP website and asks members whether their prior behavioral or physical health appointment was conducted via telehealth. NHP expects the telehealth modality to continue to be a vital component of the network, ensuring timely access and member choice.

Long Term Supports and Services (LTSS)

In FY23 NHP led various efforts to improve collaboration and communication with LTSS providers and members utilizing long-term support and services. NHP developed an LTSS referral form for providers to make requests for referral/access to a RAE care coordinator, collaborated with Single Entry Points (SEPs), Community Centered Boards (CCBs) and Case Management Agencies (CMAs) throughout the Private Duty Nursing (PDN) changes, and participated in a HCPF workgroup to develop a FAQ for LTSS providers to help navigate behavioral health services and access to crisis care for members residing in long-term care settings.

Network Management Strategic Plan

NHP and its care coordinators will continue to receive referrals from SEPs and CCBs using NHP's LTSS referral form In FY24. NHP care managers will outreach every member within 48 hours of the referral and once connected with the member, the NHP care manager will complete a health screen and link members to community resources, provide support and education, assist with SDOH referrals, and advocate for the member as needed.

NHP will continue to collaborate with HCPF, CMAs, CCBs and members to address Private Duty Nursing (PDN) and Pediatric Long-Term Home Health (PLTHH) denials throughout FY24. NHP will use the process created in FY23 and outlined in our Population Health Management Plan[2] to assist members through the denial process. NHP will continue to contact members who are not listed as receiving waiver services on the PAR Determination Report to assist with referrals to a CMA for a functional needs assessment to determine eligibility for accessing Long Term Care waiver benefits.

Hospital Transformation Program (HTP)

NHP has made progress through a multi-phased approach to supporting regional hospitals in meeting their HTP goals. This multi-phased approach included making connections, strategizing solutions, implementation, and operationalization.

Over the past year, NHP developed a data collection tool for the Eastern Plains Healthcare Consortium (EPHC) practices to seamlessly send data to NHP as specified in the program requirements. Many hospitals in the EPHC are not currently connected to Contexture, the state's Health Information Exchange (HIE), and a supplemental data transmission process was developed to support these practices. EPHC practices are currently sending data to NHP, which is being routed to care coordination entities, and test data from select hospitals are currently being received by Contexture.

Goals for FY24 include:

- Receive test data from Contexture for all connected hospitals;
- Go live with Contexture for all connected hospitals;
- Refine the current data transmission process with the EPHC to become more automated;
- Aggregate incoming data from the EPHC with Contexture; and
- Build initial reports for internal analysis.

Specialty Care Providers

[2] R2_PopMangPln_FY23-24

NHP continues to explore opportunities to engage specialty providers in coordination and collaboration of care as well as to identify avenues for increasing the partnerships between specialists and PCMPs. In FY24, NHP will onboard a Health Neighborhood Network Support Consultant and a Community Engagement Specialist, within the Practice Transformation team, to comprehensively identify and bring together BH, PCMP, Specialty, and community resources. The Community Engagement Specialist will engage with community practices providers, and organizations to build and sustain relationships, identify programs, connect practices to regional supports, and work with the Health Neighborhood Network Support Consultant who will review and evaluate data for regional gaps in care. Early focus areas will include chronic pain, endocrinology, orthopedics, neurology, and anxiety treatment but are subject to change based on data and claims analysis.

Crisis Services

Crisis services are contracted with Administrative Services Organizations (ASOs) by the Colorado Department of Human Services. NHP's Clinical Director maintains a high-level of collaboration with the Colorado Crisis Services Director at the ASO to ensure we are informed and collaborating where our programs and member care intersect to provide continuity and seamless transitions of care for our members.

During FY23, statue changes were proposed by the Behavioral Health Administration (BHA) to launch a new and enhanced Mobile Crisis Response (MCR) benefit and Behavioral Health Secure Transportation (BHST) benefit. The intent was for rule changes and MCR requirements to become effective on July 1, 2023, however, the pending rule changes have been placed on hold to allow for further stakeholder feedback, review by the BHA, and legislation prior to promulgation. The expected effective date is January 1, 2024.

NHP has been actively involved with HCPF and the BHA in numerous collaborations related to the implementation of the new enhanced MCR benefit. Challenges to this benefit include the requirement to have an in-person and paired response during a time of tremendous work force shortages, as well as, the disallowance of MCR to facilities such as Emergency Departments, hospitals, jails, and detox centers. One of the pending rule changes that was intended to be effective on July 1, 2023 would have allowed MCR providers the ability to use "Crisis Professionals" to respond to and lead MCR interventions, effectively removing the current requirement for a Skilled Professional (Masters Level Clinician). As that rule change has not yet gone into effect, crisis providers across the state and within Region 2 are balancing the needs of their communities, ensuring adherence to HCPF and the BHA requirements, while struggling to utilize newly-hired Crisis Professionals (who cannot lead MCR interventions, nor bill for MCR services) and find qualified candidates for open positions.

Throughout these many challenges, NHP continues to advocate for the needs of the community and maintain a strong resolve to meet these needs, as evidenced by the multitude of cross collaborations. NHP has partnered with the ASO and CMHCs in our region to provide education and awareness of crisis services and benefit changes. Further, the Colorado Crisis Services Director frequently sends information on local, statewide, and national behavioral health trainings, webinars, research, best practices, grant opportunities, changes to rules/regulations, and other updates to crisis providers, CMHCs, independent providers, hospitals, law enforcement, EMS, public health departments, and Mental Health Alliance teams for the purposes of continuous outreach, system navigation, continuity of care, timely delivery of crisis services, and collaboration across our communities.

Network Management Strategic Plan

NHP, the ASO and the CMHCs in our region will continue to work closely together, attend stakeholder meetings, communicate feedback to the BHA, HCPF and CDPHE, and share information with impacted entities. NHP will continue to work with our CMHCs to identify and implement creative solutions to meet member needs throughout FY24.

## 5. Admin Payments and Incentives

NHP is enhancing our current PCMP strategy for FY24 to focus financial incentives with those practices offering services beyond baseline primary care services for their active/utilizing attributed members. Delegated care coordination services are coordinated with the region's three FQHCs and one PCMP independent practice, with additional support through NCHA. NCHA will be responsible for working with all PCMPs within the region to ensure proper care coordination efforts take place for utilizing members, with a focus on complex members. All PCMPs will receive a monthly PMPM for active/utilizing attributed members. Non-delegated PCMPs will be paid a minimum PMPM (see chart below), while delegated PCMPs will receive an enhanced PMPM. NHP developed a practice oversight strategy to maintain communication, report progress with providers, and compare provider practices across the network. NHP began working with Inovalon in the first quarter of FY222 to help in this effort. Inovalon is a tool that will provide real-time analytics of a practice's performance based on HEDIS measures. NHP is adding data to create visualizations of provider performance on selected measures mirroring the three performance groups (KPIs, BHIPs, and Performance Pool) and condition management measures. NHP's goal is to utilize this platform to move providers into value-based payments (VBP). As NHP continues to work with providers, Inovalon will create opportunities to assess performance across the region in the development of VBP contracting. These insights will inform the targeted outreach for practices to improve areas of low performance, opportunities for education and support, and planned trainings and will continue into FY24.

| **TOTAL PRACTICES OR AGENCIES ELIGIBLE FOR ARRANGEMENT PROGRAM** | | | | | 61 | | | |
|---|---|---|---|---|---|---|---|---|
| **Type of Arrangement** | **Arrangement Description** | **PMPM ($)** | **KPI ($)** | **Performance Pool ($)** | **Number of Participating Practice Sites** | **Percentage of Total Practice Sites** | **Eligibility requirements for practice participation** | **Additional Comments** |
| Delegated PCMPs | PCMPs delegated for care coordination functions. PCMPs will receive a PMPM payment for attributed members actively receiving medical care and care coordination services | $9 | 55% total of funds | Determined by PP element and focus; see notes | 4 PCMPs with total of 16 locations | 26% | 1. Be enrolled as a provider in the Colorado Medicaid program<br>2. Perform the spectrum of care coordination activities ranging from routine, one- | KPI dollars are distributed via an algorithm based on the element and the performance of the PCMP. It varies based on the KPI, attribution of members, and |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | from the PCMP. For incentive payments, 55% of all KPI dollars earned per quarter will go to PCMPs. Within the KPI dollars allocated to PCMPs, the further allocation to each PCMP will be based on a weighting of their attribution of utilizing members and KPIs met. | | | | | | time activities to long-term interventions including community-based care coordination activities.<br>3. Create and submit a timely and comprehensive care coordination activity report for attributed members. This includes specialty populations as identified by the State (i.e., Criminal Justice, foster care)<br>4. Serve COUP members, complete and submit COUP report for applicable members<br>6. Maintain open panels<br>7. Meet or exceed practice oversight practice performance. | performance via DAP to connect the KPI dollars to the PCMP. There is no separation between delegated and non-delegated PCMPs for incentive dollars; all PCMPs have an equal opportunity to earn them. Performance pool dollars are distributed based on the measures determined by the State. Some are quantitative and NHP pays based on performance (i.e., ECC is focused on complex care coordination, thus the dollars are distributed to our entities performing the work). If it is processed based, NHP ties the dollars to the strategy being utilized. Performance pool dollars are subject to approval by the NHP Board and are not specifically |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | defined in the PCMP contract. |
| Non-Delegated PCMPs | PCMPs not contracted for care coordination functions. PCMP primarily serves as a medical home for their attributed members. PCMP will receive a PMPM payment for attributed members actively receiving care from the PCMP. For incentive payments, 55% of all KPI dollars earned per quarter will go to PCMPs. Within the KPI dollars allocated to PCMPs, the further allocation to each PCMP will be based on a weighting of their attribution of utilizing members and KPIs met. | $3 | <55% total of funds | Determined by PP element and focus | 45 locations | 74% | PCMP that meets basic PCMP criteria. This includes:<br>1. Be enrolled as a PCMP in the Colorado Medicaid program<br>2. Meet or exceed practice oversight practice performance.<br>3. Serve as a member's medical home. | See above |