



COLORADO

**Department of Health Care
Policy & Financing**

**FY 2014–2015 SITE REVIEW REPORT
EXECUTIVE SUMMARY**

for

**Rocky Mountain Health Plans
(Region 1)**

June 2015

*This report was produced by Health Services Advisory Group, Inc. for the
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Introduction and Background

The Colorado Department of Health Care Policy & Financing (the Department) introduced the Accountable Care Collaborative (ACC) Program in spring 2011 as a central part of its plan for Medicaid reform. The ACC Program was designed to improve the member and family experience, improve access to care, and transform incentives and the healthcare delivery process to a system that rewards accountability for health outcomes. Central goals for the program are (1) improvement in health outcomes through a coordinated, member-centered system of care; and (2) cost control by reducing avoidable, duplicative, variable, and inappropriate use of healthcare resources. A key component of the ACC Program was the selection of a Regional Care Collaborative Organization (RCCO) for each of seven regions within the State. **Rocky Mountain Health Plans (RMHP)** began operations as a RCCO in June 2011. The RCCOs provide medical management for medically and behaviorally complex members, care coordination among providers, and provider support such as assistance with care coordination and practice transformation for performance of medical home functions. An additional feature of the ACC Program is collaboration—between providers and community partners, between RCCOs, and between the RCCOs and the Department—to accomplish the goals of the ACC Program.

The Affordable Care Act of 2010 allowed for Medicaid expansion and eligibility based on 133 percent of the federal poverty level. Affected populations included parents of Medicaid-eligible children and adults without dependent children. The Department estimated that, as a result of Medicaid expansion, 160,000 additional members would be integrated into the RCCOs in phases. In addition, the Accountable Care Collaborative: Medicare-Medicaid Program demonstration project provided for integration of 32,000 new dually eligible Medicare-Medicaid members into the RCCOs, beginning September 2014. Effective July 2014, the RCCO contract was amended primarily to specify additional requirements and objectives related to the integration of ACC Medicare-Medicaid Program (MMP) enrollees.

Each year since the inception of the ACC Program, the Department has engaged Health Services Advisory Group, Inc. (HSAG), to conduct annual site reviews to evaluate the development of the RCCOs and to assess each RCCO's organizational successes and challenges in implementing key components of the ACC Program. This report documents results of the fiscal year (FY) 2014–2015 site review activities, which included delegation of care coordination, RCCO coordination with other agencies and provider organizations, and performance of individual member care coordination. This section contains summaries of the activities and on-site discussions related to each focus area selected for the 2014–2015 site review, as well as HSAG's observations and recommendations. In addition, Table 1-1 contains the results of the 2014–2015 care coordination record reviews. Table 1-2 provides a comparison of the overall 2014–2015 record review scores to the 2013–2014 record review scores. Section 2 provides an overview of the monitoring activities and describes the site review methodology used for the 2014–2015 site reviews. Appendix A contains the completed on-site data collection tool. Appendix B contains detailed findings for the

care coordination record reviews. Appendix C lists HSAG, RCCO, and Department personnel who participated in the site review process.

Summary of Results

The care coordination record reviews focused on two select populations: children with special needs and adults with complex needs. HSAG assigned each requirement in the record review tools a score of *Met*, *Partially Met*, *Not Met*, or *Not Applicable*. HSAG also identified opportunities for improvement with associated recommendations for each record. Table 1-1 presents the scores for **RMHP**'s care coordination record reviews for each special population reviewed. Detailed findings for the record reviews are in Appendix B—Record Review Tools.

Description of Record Review	# of Elements	# of Applicable Elements	# Met	# Partially Met	# Not Met	# Not Applicable	Score* (% of Met Elements)
Children With Special Needs	45	34	30	4	0	11	88%
Adults With Complex Needs	35	28	28	0	0	7	100%
TOTAL	80	62	58	4	0	18	94%

* The overall percentages were obtained by adding the number of elements that received a score of *Met*, then dividing this total by the total number of applicable elements. (*Partially Met* and *Not Met* scores received a point value of 0.0)

Table 1-2 provides a comparison of the overall 2014–2015 record review scores to the 2013–2014 record review scores. Although most contract requirements remained the same for the two review periods, scores may have changed due to reformatting and clarifications in the record review tool.

Description of Record Review	# of Elements	# of Applicable Elements	# Met	# Partially Met	# Not Met	# Not Applicable	Score* (% of Met Elements)
Care Coordination 2013–2014	132	109	108	1	0	23	99%
Care Coordination 2014–2015	80	62	58	4	0	18	94%

* The overall percentages were obtained by adding the number of elements that received a score of *Met*, then dividing this total by the total number of applicable elements. (*Partially Met* and *Not Met* scores received a point value of 0.0)

The Data Collection Tool (Appendix A) was used to capture the results of the pre-on-site document review and on-site discussions related to Delegation of Care Coordination and RCCO Coordination With Other Agencies/Provider Organizations. Following is a summary of results for each content area of the 2014–2015 review.

Summary of Findings and Recommendations by Focus Area

Delegation of Care Coordination

Activities and Progress

Community care teams (CCTs)—located in Fort Collins, Loveland, Durango, Glenwood Springs, and Steamboat Springs—together with the **RMHP** care coordination team, perform care coordination for all RCCO members with complex needs. The CCTs are composed of community, provider, and RCCO staff and are uniquely configured for each geographic area. CCT staff members are employed by a combination of local health partners that developed each CCT. During 2014, **RMHP** hired eight additional **RMHP** care coordinators to supplement the CCTs with additional resources needed to manage the expansion populations. Staff stated that **RMHP** does not believe that the term “delegation” adequately represents the structure and process of the CCTs, preferring the term “integration.” However, for purposes of this report, HSAG uses “delegation” to refer to the relationship between **RMHP** and the CCTs and the activities the CCTs perform on behalf of **RMHP**.

Each CCT performs care coordination functions and reports to the RCCO, as outlined in the Community Integration Agreement (delegation agreement) with the RCCO. The CCTs support all PCMPs within their geographic area, with the exception of the Fort Collins CCT, which supports the larger PCMPs in its area. All other RCCO members receive care coordination through the **RMHP** care coordination team. Care coordination performed by local community organizations and agencies is also an integral component of CCT operations, although those organizations are not specifically accountable to **RMHP** for care coordination functions. Each CCT has a local community oversight committee, composed of leadership from the community partnership organizations and **RMHP**. **RMHP** conducts ongoing oversight of CCT performance through quarterly community oversight committee meetings in each CCT community. **RMHP** provides monthly supporting data reports to the oversight committees, which they analyze and use to develop performance improvement interventions. In addition, **RMHP** management regularly consults with CCT staff concerning specific care coordination cases.

RMHP based its pre-delegation assessment of a proposed CCT on an overall evaluation of the leadership and resources available in the community. While conveying a clear message of the RCCO’s expectations for care coordination activities, **RMHP** delineated responsibilities and accountabilities according to the types of expertise available in the communities. Once it defined the processes for each CCT, **RMHP** filled in any identified gaps. In preparation for delegation, **RMHP** meets with the CCT leadership, conducts case conferencing with staff, identifies gaps and training needs, and offers resources to assist with improved performance. Prior to initiation of delegated activities, **RMHP** trains care management staff members on **RMHP** care coordination policies and procedures, how to use data reports provided by the RCCO, the CCT’s documentation system and reporting requirements, and required participation in ongoing meetings and evaluations. Staff members reported that, to date, the primary CCT performance issues have been related to documentation and reporting systems used by individual CCTs. **RMHP** offers CCTs or other care coordination partner organizations access to its Essette care management software system. **RMHP** modified the Essette system to accommodate the ACC’s data collection and reporting requirements,

thereby providing structure for performing comprehensive care coordination contract requirements. **RMHP** provides ongoing tools and resources to CCTs to help guide care coordination processes. CCT staff members are also required to participate in quarterly cross-CCT meetings, hosted by **RMHP**, that include discussion of substantive regionwide care coordination issues, ACC program updates, and review of performance data. Cross-CCT team meetings also identify programs that may be transferrable from one CCT community to another. Although the delegation agreement allows **RMHP** to conduct annual audits, **RMHP** has not yet identified the need to implement a detailed audit process.

The CCTs and the **RMHP** care coordination team complete most of the service coordination plans (SCPs) for Medicare-Medicaid Program (MMP) enrollees. **RMHP** uses the same processes for care coordination of MMP members as used with each of its other member populations. **RMHP** customized its Essette care management system to capture and report all documentation required in the SCP. Staff stated that implementation of the SCPs was a “painful” process, but it advanced the implementation of other processes needed for serving the MMP population. The major implication of integrating MMP members into the care coordination program is associated with developing relationships with many new agencies and community organizations that serve these members.

While **RMHP** has admit, discharge, and transfer (ADT) data-sharing arrangements with numerous hospitals across the region, staff noted that hospitals have varying levels of capability and performance with regards to ADT data. **RMHP** has been working with the health information exchanges—Quality Health Network (QHN) in the west slope region and the Colorado Regional Health Information Organization (CORHIO) in the front range region—to find a solution for access to timely ADT information from all hospitals.

RMHP collects the information for the Department’s Care Coordination Report through quarterly reports submitted to **RMHP** by each CCT. **RMHP** also uses this information to monitor overall CCT caseloads and gain a high-level perspective of the care coordination activities across the region. However, staff stated that they do not envision establishing standards of performance based on the defined metrics due to the variations in the care coordination models and systems of care implemented in each CCT community.

Observations/Recommendations

RMHP’s model for structuring and delegating care coordination activities to the CCTs appears to be well implemented, and CCTs are consistently performing the RCCO’s required comprehensive care coordination activities—as confirmed through HSAG’s on-site care coordination record review. While processes are not standardized in order to allow for community-based variations, outcomes appear to be favorable. **RMHP** management staff members are highly integrated with the CCTs, providing supportive tools and consultation, facilitating innovative problem solving, and providing general oversight and guidance in meeting ACC contract requirements. Within individual communities, the CCTs are active in identifying resources, developing partnerships, and communicating regularly with community providers, members, and other care managers. Care coordination challenges in the various CCTs may be identified and solved through local area initiatives, and the cross-CCT collaboration provides a vehicle for sharing and implementing best practices across the region. **RMHP** holds CCTs accountable through expeditious use of data to monitor and facilitate care coordination outcomes, accessibility of **RMHP** care coordination

management staff, and frequent meetings between **RMHP** and CCT staff. Given the widespread geographic area and diversity of Region 1, the CCT model of care coordination enables care coordination to be community-based, yet focused within a manageable number of entities. HSAG has no recommendations for improvement related to delegation of care coordination.

RCCO Coordination With Other Agencies/Provider Organizations

Activities and Progress

RMHP documented numerous formal agreements with agencies and provider organizations and described many examples of both community-based and regionwide initiatives with community organizations or agencies. RCCO Region 1 spans 22 counties across a vast geographic area. Therefore, **RMHP** has committed significant staff resources to developing and nurturing multiple partnerships. Many of **RMHP**'s relationships with community organizations are associated with integrated care coordination functions and driven through the community-based CCTs. Many of these relationships are informally aligned, and **RMHP** does not necessarily pursue formal agreements if a functional relationship can be defined. Nevertheless, **RMHP** has signed business associate agreements (BAAs) or memorandums of understanding (MOUs) with numerous agencies and provider organizations. Most agreements are oriented toward data-sharing and care coordination activities; however, **RMHP** also participates in or facilitates community-driven special projects and pilot programs to meet community health and member needs. Staff stated that **RMHP** attempts to be flexible in how it partners and supports various community initiatives—which might include sharing population trend data, providing funding assistance or support for grant applications, or providing a conduit for information flow with the Department or other Denver-based entities. **RMHP** continually evaluates the potential for pilot programs implemented in local areas to be transferable to other communities.

RMHP also defined its priority relationships according to the focuses established within the ACC program. To that end, **RMHP** has established relationships with all community mental health centers (CMHCs), county public health agencies, departments of human services (DHS), Aging and Disability Resource Centers, community health alliances, single entry points (SEPs), and community centered boards (CCBs). Agencies have defined structures and priorities that can be altered or influenced by circumstances outside the agencies' control (e.g., funding or mandated program changes); therefore, **RMHP** secures the mutual commitments of the agency and the RCCO through formal written agreements. Staff members stated that successful interagency relationships are realized when a need is defined by more than one stimulus source and cited the example of financial incentives for DHS to work with the RCCO.

RMHP addressed the continuing need to promote the use of technology to support coordination efforts among multiple organizations. **RMHP** has historically been aligned with QHN Health Information Exchange (HIE) in the western region of Colorado. The QHN has been an active participant in several collaborative projects to facilitate integration and timely access of information from multiple health partner sources.

RMHP and the CCTs have interfaced with the Colorado Department of Public Health and Environment (CDPHE) and the Colorado AIDS Project through training forums and one-on-one

meetings with the Northern Colorado AIDS Project and the Western Colorado AIDS Project. The Colorado AIDS projects provide services and programs that generally address the comprehensive needs of members with HIV. CCT care coordinators ensure that the members are well connected to these services, and conduct outreach to the members to ensure that any additional needs are being met. Each member designates which organization he/she prefers to act as the primary care coordinator.

Region 1 contains two small prisons, one in Delta and one in Rifle. **RMHP** has developed an introductory and mutually educational relationship with the warden who oversees both prisons and is working with the prison medical director to develop a program to connect criminal justice involved (CJI) members to primary care through the parole system and/or community corrections (i.e., halfway houses). In addition, **RMHP** staff members began navigating through some of the 22 county jail systems in the region and have determined that the approach to working with CJI members being released from county jails will best be defined through small pilot projects that may ultimately be transferable to other counties. **RMHP** has engaged in a performance improvement project (PIP) with the CCTs and parole offices in Mesa and Larimer counties. The objectives of the PIP are to develop processes to assist CJI members with obtaining a PCMP appointment within 90 days of release from jail and conduct CCT follow-up with members for care coordination. **RMHP** is also partnering with Mind Springs behavioral health on a pilot project to provide behavioral health services to county jail inmates and to connect the inmates to healthcare resources prior to release from jail.

RMHP submitted documentation of relationships with numerous agencies and organizations associated with management of MMP members that includes SEPS, CCBs, the region's behavioral health organizations (BHOs), hospitals, home health agencies, skilled nursing facilities (SNFs), and hospice organizations in various counties across the region. Most relationships are focused on data-sharing and cooperative care coordination activities and are secured with BAAs or MOUs when necessary. **RMHP** incorporated the State-defined protocols for managing MMP members into the MOU agreements. **RMHP** established relationships with the regional BHOs and four community mental health centers, and behavioral health staff employed by CMHCs have been integrated into the CCTs. **RMHP** has established BAAs with most hospitals in the region for provision of ADT information to the RCCO and has agreements or informal referral relationships with six of the seven SEPs and four of the five CCBs in the region. Staff members described the relationships with most SNFs, home health agencies, and hospice organizations during 2014 as "introductory," although **RMHP** also has agreements with several of the major home health and hospice providers in key geographic areas. The Area Agencies on Aging and **RMHP**'s participation in community-based healthcare coalitions serve as conduits for building relationships with other long-term services and supports (LTSS) providers. **RMHP** has secured agreements with a limited number of SNFs, but will target additional SNFs once the initial MMP enrollment in the RCCO is completed.

During on-site interviews, HSAG asked about **RMHP**'s progress both in identifying Medicaid-eligible pregnant women for attribution to PCMPs and in appropriate management of high-risk pregnancies. **RMHP** described the following initiatives for identifying and managing Medicaid members who are pregnant:

- ◆ **RMHP** uses claims data, the list of members with self-reported pregnancies provided by the Department, and member welcome call screenings to identify Medicaid members who are

pregnant. Pharmacy claims also provide a source for identifying members who may be receiving prenatal vitamins or medications. Once **RMHP** identifies a pregnant member, its obstetrics case manager attempts to contact the member, arrange needed services, and secure attribution to a provider.

- ◆ The B4 Babies & Beyond program is a community-based program in Mesa County managed by Hilltop—an **RMHP** partner organization that bridges gaps in healthcare services and programs. Hilltop staff members assist women who are not insured with enrollment in Medicaid, provide prenatal health information and community referrals, and help women find a physician. **RMHP** is examining the potential for replicating this program in other communities across the region.
- ◆ **RMHP** collaborates with the Nurse Family Partnership programs in the region and refers first-time mothers to the program for maternal and child health education. In addition, **RMHP**'s obstetrics case manager sends a post-delivery notice to remind members about the importance of postpartum medical visits.

Observations/Recommendations

RMHP is actively involved throughout the region in community-based collaborative efforts for care coordination or special projects prioritized by community initiatives. Since the inception of the RCCO program, the CCTs and community oversight committees have integrated with community organizations and agencies for care coordination, and continue to provide a solid foundation for the development of community partnerships with an expanded number of organizations and agencies. **RMHP** has positioned the RCCO as “a good community partner” while maintaining a focus on meeting the goals of the ACC. **RMHP** recognizes the value of the RCCO in bringing to partnership initiatives resources such as funding, data, or expertise in building structured processes. Due to the size of the region, **RMHP** has dedicated extensive staff resources to building and maintaining relationships. **RMHP** also appreciates the Department’s efforts to align RCCOs with other State-wide agencies and to facilitate solutions to cross-RCCO challenges. **RMHP** has developed a philosophy of “reform” through the support of the collective energies and commitments of local, regional, and Statewide organizations to define and find solutions to community-based health objectives and appears to be successfully and consistently executing that role. HSAG has no recommendations for improvement related to RCCO coordination with other agencies and provider organizations.

Care Coordination Record Reviews

Findings

Care coordination record reviews demonstrated that **RMHP** and its delegates provided comprehensive assessments and active care coordination activities to meet the needs of members with complex needs. Care coordination record reviews resulted in a 94 percent overall compliance with the comprehensive care coordination criteria. Nine of 10 records scored 100 percent. All cases in the original sample were appropriately identified as members with complex needs, and nine of 10 cases were referred to care coordination by providers or other entities in the CCT community. Not only did care coordinators regularly reach out to the members, but coordinators also actively

arranged for needed services and regularly communicated with providers and other agencies or organizations involved in the members' care.

Observations/Recommendations

RMHP customized its Essette care management documentation system to integrate the information related to the comprehensive care management characteristics of the ACC and the information requirements of the SCP. Therefore, the software provides a structure for assisting care coordinators with meeting RCCO objectives. **RMHP** has offered the Essette system to partner organizations and CCTs that had no satisfactory documentation system. Expanded implementation of Essette or systems with similar care management capabilities across the region will enhance **RMHP**'s abilities to document care coordination that consistently reflects the requirements of ACC care coordination.

Overall, **RMHP** demonstrated a comprehensive approach to care coordination throughout the region, including engagement with appropriate partners who were providing services or care coordination for members. However, in one case, the care coordinator failed to obtain a release of information that would have enabled communication with the behavioral health coordinator who was presumed to be arranging some services for the member. HSAG recommends that **RMHP** consider pursuing with each major behavioral health center a master agreement that allows for sharing essential elements of the care coordination plan among care coordinators.