

Colorado

Advancing the Medical Home Model for Children and Youth Created in Collaboration with the National Academy for State Health Policy

The National Academy for State Health Policy (NASHP) is collaborating with the National Center for Medical Home Implementation (NCMHI) on the development of state profiles designed to highlight how public health programs are implementing and advancing the medical home model in pediatric populations. These updates are part of a formal partnership between NASHP and the NCMHI that focuses on exchanging information to improve medical home access for children and youth in medically underserved populations. If you have any questions about the information included in the updates, contact medical_home@aap.org. The NCMHI is a cooperative agreement between the American Academy of Pediatrics and the Maternal and Child Health Bureau of the Health Resources and Services Administration.

Since 2011, Colorado's Accountable Care Collaborative (ACC) has served as the primary delivery system for Colorado's Medicaid program—Health First Colorado—which is administered by the Department of Health Care Policy and Financing (HCPF). The ACC provides primary care services and referrals to specialists to Colorado's Medicaid beneficiaries—both children and adults—through a hybrid medical home model. As of February 2017, the state has enrolled 1,004,923 Medicaid beneficiaries in total, including 482,036 children.

Colorado Medicaid has taken an incremental approach to implementing the ACC, as follows:

- **Phase I** of the state's ACC program focused on transforming the physical health system for Medicaid beneficiaries. An overview of Phase I was previously developed and is available through the National Center for Medical Home Implementation Web site.
- **Phase II** will be implemented in July 2018 with the primary aim of integrating the administration of physical and behavioral health services under one entity known as a Regional Accountable Entity (RAE), as well as further coordinating with the state's Long-Term Services and Supports system.

The ACC program aligns with other health system transformation efforts that are currently underway in the state, including the State Innovation Model (SIM). Colorado SIM—which is funded by the Centers for Medicare and Medicaid Services—aims to integrate behavioral health and primary care services, while implementing value-based payment structures across public and private insurers. The ACC program and Colorado SIM are coordinating their efforts to advance access to integrated care by aligning their goals and objectives, leveraging shared quality metrics, and collaborating on their approaches to value-based payments, especially as the ACC program enters Phase II.

PROGRAM COMPONENTS

The overarching goals of the Colorado ACC are to do the following:

- Improve the health of Medicaid beneficiaries
- Improve patient and clinician experience
- Reduce health care costs

Phase II of the ACC seeks to build on the successes of Phase I. It is designed to integrate and align multiple entities that serve the Medicaid population, mainly focused on the integration of the administration of physical and behavioral health systems.

To achieve the overarching goals, Phase II will focus on the following five objectives:

- Join physical and behavioral health under one accountable entity
- Strengthen coordination of services by advancing team-based care and Health Neighborhoods
- Promote member choice and engagement
- Pay providers for the increased value they deliver
- Ensure greater accountability and transparency



Colorado

Advancing the Medical Home Model for Children and Youth Created in Collaboration with the National Academy for State Health Policy

The ACC is comprised of the following three components:

I. **Regional Entities**

Under Phase I, health care services are provided to Medicaid beneficiaries through seven Regional Care Collaborative Organizations (RCCOs). These regional networks are designed to support the delivery of family-centered care and to meet the community's needs based on its unique demographics and geography. The RCCOs are responsible for the following:

- Managing a network of providers ensuring medical management and care coordination to patients
- Providing practice support to providers
- Reporting on quality, outcomes, and cost

In Phase II, the state will contract with seven Regional Accountable Entities (RAEs). RAEs will assume the duties of RCCOs and the Behavioral Health Organizations in a given region. The RAEs will contract with primary care medical providers (PCMPs) and specialty behavioral health providers capable of delivering the full range of medical and mental health and substance use disorder services to adults and children covered under Health First Colorado. The RAE is ultimately responsible for the health outcomes and value of care for the Medicaid beneficiaries in its region.

Additionally, as the RAEs mature, the state Medicaid agency may incorporate additional responsibilities into the RAEs' contract, including the provision of a Wraparound Program. Colorado Medicaid is currently working with the Colorado Department of Human Services and the Centers for Medicare and Medicaid Services (CMS) to develop and implement the Wraparound Program as part of an intensive system of care for children with high behavioral health needs who are at-risk for out-of-home placement. The Wraparound Program is intended to improve the health, well-being, and functioning of this population of children and their caregivers by helping them access services to meet their needs in the home, school, and community. If the Wraparound Program is included in future contracts, the RAEs will likely be responsible for activities such as enhanced care coordination and parent/caregiver peer support.

II. **Data and Analytic Support**

In Phase I, Statewide Data and Analytics Contractor, an independent contractor, compiled and analyzed Medicaid eligibility and claims data to assist providers, RCCO staff and the Medicaid program as follows:

- Understanding utilization and costs
- Identifying opportunities for care improvement
- Assessing performance

Additionally, the Statewide Data and Analytics Contractor utilized claims data to identify individuals and populations with complex needs to better coordinate care and reduce costs in the future.

In 2016, Colorado Medicaid selected a new contractor to manage a Business Intelligence and Data Management System, which will replace the Statewide Data and Analytics Contractor in providing data and analytic support under Phase II of the ACC. The Business Intelligence and Data Management System is able to collect, consolidate, and organize data from multiple sources, and is designed to enable flexible and comprehensive reporting and new opportunities for sharing data across settings, programs, and agencies.

Colorado

Advancing the Medical Home Model for Children and Youth Created in Collaboration with the National Academy for State Health Policy

III. Primary Care Medical Providers

In Phase I of the ACC, RCCOs were responsible for contracting with and developing networks of primary care medical providers, which serve as medical homes for Medicaid beneficiaries, providing person- and family-centered, coordinated, and culturally competent care. The RCCOs also provided ongoing support to ensure that PCMPs were delivering high-quality care to their enrollees.

In Phase II, RAEs will contract with PCMPs, and the state will have a firm set of minimum requirements practices must meet to be eligible to become PCMPs. The minimum requirements will be aligned with medical home standards such as the National Committee for Quality Assurance (NCQA) and the Comprehensive Primary Care Initiative. The PCMPs are encouraged to utilize a team-based approach to care, which is designed to support the whole family and improve access to preventive care, consistency of care, and treatment of chronic conditions.

PAYMENT MODEL

In Phase I, the ACC utilizes several payment strategies to incrementally shift from a fee-for-service system that pays for volume to value-based payments that reward performance and positive outcomes.

- RCCOs and PCMPs receive incentive payments for their performance on a set of key performance indicators established by the state, such as reducing emergency department utilization and increasing the number of children who receive annual wellness visits.
- PCMPs that meet enhanced practice factors (eg, offering extended office hours, developing care plans, conducting behavioral health screenings) receive an additional per-member per-month (PMPM) payment.
- The state Medicaid agency established a performance pool through which the RCCOs can receive bonus payments for meeting additional performance targets.
- RCCOs are responsible for ensuring their members are linked to a medical home. As such, RCCOs can receive reduced PMPM payments for members who have not been assigned a medical home for over six months.

In Phase II, as Colorado Medicaid integrates the administration of primary care and behavioral health through the RAEs, the aim is to increase the proportion of administrative payments that are tied to quality-based measures and shared savings. The new payment approaches will be aligned with other health reform efforts in Colorado such as the State Innovation Model (SIM).

- The state Medicaid agency will provide the RAEs with a PMPM payment, and the RAE will be responsible for distributing value based PMPM payments to PCMPs.
- RAEs will also receive a capitated payment to support the provision of behavioral health services.
- The state Medicaid agency will continue to utilize incentive payments based on key performance indicators, which will be designed to account for the diverse needs of the various Medicaid populations, including adults, children, and individuals with disabilities.
- The state Medicaid agency will provide the RAEs with bonus payments from a flexible funding pool based on achieving priority areas set by the state.

Colorado

Advancing the Medical Home Model for Children and Youth Created in Collaboration with the National Academy for State Health Policy

ACC AND TITLE V COLLABORATION

Colorado's ACC and Title V programs have a shared goal that children and youth receive coordinated care within a medical home. To support this goal, Colorado's ACC and Title V staff strive to facilitate communication and collaboration between local public health agencies who deliver care coordination for children and youth with special health care needs (CYSHCN) and the ACC's RCCOs. The partnership between Colorado's ACC and Title V programs has resulted in the establishment of data use agreements to support interagency shared plans of care for children and youth who receive Title V funded care coordination and are enrolled in Medicaid. This focus on shared plans of care is aimed to reduce duplication of effort, maximize resources, and improve coordinated care for children, youth and their families.

In Phase II of the ACC, the Title V program will continue to collaborate with the RAEs in the establishment of the health neighborhood, alignment of care coordination services, and enhancement of access to pediatric specialty care. To accomplish this, the Title V medical home effort employs a policy development approach to identify opportunities and implement policies to improve systems of care for CYSHCN. For example, the Title V CYSHCN program is working with the current RCCOs and Children's Hospital Colorado to increase the use of telemedicine to improve access to pediatric specialty care.

OUTCOMES

Colorado Medicaid uses a variety of methods to monitor and demonstrate the impact of the ACC, including claims data, member surveys, and health care services costs.

- In 2014, claims data showed that the rate of annual well-child visits was more than twice as high for children who had been in the program for 7-10 months, as compared to those enrolled for 6 months or less (43% versus 20.6%).
- Claims data also revealed that the rate of emergency department visits that did not result in an admission was 5% lower among beneficiaries enrolled in the program for 7-10 months than those who were enrolled for 6 months or less.

These findings suggest the longer beneficiaries are enrolled in the ACC program, the more likely they are to receive the recommended health services.

Colorado Medicaid is also conducting RCO-level Consumer Assessment of Health Care Providers and Systems (CAHPS) surveys to assess adults and children's experience with the ACC program. According to the 2014 CAHPS survey results, parents of enrolled children remain highly satisfied with the program.

- 68.2% indicating they are highly satisfied with their child's personal doctor
- 73.8% indicating they are highly satisfied with their child's specialists
- 83.7% reporting they received the care that they needed

Colorado

Advancing the Medical Home Model for Children and Youth Created in Collaboration with the National Academy for State Health Policy

Additionally, Colorado Medicaid monitors the financial performance of the ACC. From 2012 to 2014, there was a 12% decrease in hospital expenditures specifically for Medicaid members with disabilities (both children and adults). While there could be multiple factors contributing to this decline in hospital costs for this population, this finding is aligned with the principles underlying the ACC—by improving care coordination, access to preventive and primary care services, and communication among providers, there will be more efficient use of resources and better outcomes, especially for individuals who are medically vulnerable and those with complex needs.

FAST FACTS:

673,998: The number of children ever enrolled in Medicaid and CHIP in **Colorado** in FY 2016

94.90%: The participation rate for children eligible for the **Colorado** Medicaid/CHIP program in 2015

93.1%: The national participation rate for children eligible for the Medicaid/CHIP program in 2015