



COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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John W. Hickenlooper, Governor • Susan E. Birch MBA, BSN, RN, Executive Director

January 31, 2014

The Honorable Irene Aguilar, Chair
Health and Human Services Committee
200 E. Colfax Avenue, Room 346
Denver, CO 80203

Dear Senator Aguilar:

Enclosed please find a legislative report to the Senate Health and Human Services Committee from the Department of Health Care Policy and Financing on Medical Homes for Children.

Section 25.5-1-123 C.R.S. requires the Department to provide a written report each year on the children in Medicaid homes.

This report contains information related to the progress made towards maximizing the number of children in enrolled in a medical home who are enrolled in the State Medical Assistance Program (Medicaid) or the Children's Health Plan *Plus* (CHP+).

If you require further information or have additional questions, please contact the Department's Legislative Liaison, MaryKathryn Hurd, at MK.Hurd@state.co.us or 303-547-8494.

Sincerely,

A handwritten signature in black ink, appearing to read "Susan E. Birch".

Susan E. Birch, MBA, BSN, RN
Executive Director

SEB/gr

Enclosure(s): 2014 Medical Homes for Children Report

Cc: Senator Linda Newell, Vice-Chair, Health and Human Services Committee
Senator Jeanne Nicholson, Health and Human Services Committee
Senator John Kefalas, Health and Human Services Committee
Senator Owen Hill, Health and Human Services Committee
Senator Kevin Lundberg, Health and Human Services Committee
Senator Larry Crowder, Health and Human Services Committee
Bettina Schneider, Budget Analyst, Office of State Planning and Budgeting
Katherine Blair, Health Policy Advisor, Governor's Office
Legislative Council Library
State Library
Susan E. Birch, MBA, BSN, RN, Executive Director
John Bartholomew, Finance Office Director
Suzanne Brennan, Health Programs Office Director
Antoinette Taranto, Acting Client Services Eligibility & Enrollment Office Director
Tom Massey, Policy and Communications Office Director
MaryKathryn Hurd, Legislative Liaison
Rachel Reiter, Communications Director



**COLORADO DEPARTMENT OF HEALTH CARE
POLICY AND FINANCING**

**REPORT TO THE HOUSE PUBLIC HEALTH CARE
AND HUMAN SERVICES COMMITTEE
AND THE SENATE HEALTH AND HUMAN SERVICES
COMMITTEE**

25.5-1-123, C.R.S.

SB07-130 MEDICAL HOMES FOR CHILDREN

January 31, 2014

Overview

This report is presented to the Health and Human Services Subcommittee of the Colorado General Assembly in response to Senate Bill 07-130 (SB07-130), Medical Homes for Children. SB07-130 requires an annual report from the Department of Health Care Policy and Financing (the Department) on the progress made toward maximizing the number of children with a medical home who are enrolled in the State Medical Assistance Program (Medicaid) or the Children's Health Plan *Plus* (CHP+).

In a medical home, the child or youth, his or her family, primary care physician, and other health professionals develop a trusting partnership based on mutual responsibility and respect for each other's expertise. Together, families, health care professionals and community service providers identify and access all medical and non-medical services needed to help the child and family.

SB07-130 specifically requires that a medical home include the following components:

- Health maintenance and preventive care
- Anticipatory guidance and health education
- Acute and chronic illness care
- Coordination of medications, specialists, and therapies
- Provider participation in hospital care
- 24-hour telephone care

Partners

To meet the goals of SB07-130, the Department, the Colorado Department of Public Health and Environment (CDPHE), providers, advocates and other community stakeholders are participating in the Colorado Medical Home Initiative (CMHI) so that every child enrolled in Medicaid and CHP+ has access to health care in a medical home. The following represents the activities of the CMHI as well as the Department and progress made to date.

While the Department is primarily responsible for implementing SB07-130, CDPHE is also recognized as a national leader in the Medical Home Model, especially as it relates to children with special health care needs. The departments accomplished the following in 2013:

Colorado Medical Home Coalition – The Colorado Medical Home Coalition (CMHC) is one of two key working groups that make up the Colorado Medical Home Initiative (CMHI), a statewide effort to promote a medical home approach to health care. The purpose of the Coalition—made up of a group of Colorado leaders engaged in planning and oversight for the CMHI effort—is to unite partners and align efforts to strategically promote a medical home approach statewide. The Coalition's vision is to ensure that all Coloradans have access to and experience a patient/family-centered medical home. Overall CMHI objectives include working to build and implement sustainable systems that support quality health care for all children and youth in Colorado, reinforcing the medical home approach as a core concept of quality health care, promoting care-

coordination partnerships between families and providers, and encouraging a team approach among all health care providers.

In addition to the CMHC, the other key working group is the Colorado Medical Home Community Forum, a bimonthly meeting of Colorado stakeholders representing various agencies, families, medical facilities, organizations, and policymakers from all over Colorado. Anyone interested in participating in or learning more about the CMHI or what “medical home” means in Colorado is encouraged to attend a Community Forum meeting (open to the public). More information can be found at ColoradoMedicalHome.com.

The Department of Health Care Policy and Financing and the Department of Public Health and Environment (CDPHE) and provide shared leadership for the CMHI.

Accountable Care Collaborative Program as a Medical Home

SB07-130 requires that Colorado Medicaid and CHP+ maximize the number of children with a medical home. The Accountable Care Collaborative (ACC) is the Department’s predominant Medicaid delivery system reform effort, building on the Children’s Medical Home Program by engaging the entire delivery system, in addition to primary care. One of the ACC’s main goals aligns directly with SB07-130 – to engage all enrolled clients with a medical home.

In the ACC program, a medical home is provided by enrolled Primary Care Medical Providers, or PCMPs. ACC clients receive additional support from seven (7) Regional Care Collaborative Organizations (RCCOs) and the Statewide Data and Analytic Contractor (SDAC). The RCCOs ensure that clients receive enhanced care coordination and support practices in providing a medical home level of care. The SDAC provides population level data to support practice improvement efforts and client level data to support the targeting and care of individual clients.

In the past year, enrollment in the ACC has dramatically increased. There are currently over 252,000 children/youth in the ACC program, with 75.9% of enrolled children attributed to a medical home. Initially, the Department targeted the enrollment of children in the foster care system due to their increased need for care coordination and additional supports. Now, the ratio of children to adults in the ACC mirrors the ratio of children to adults in Medicaid as a whole. In addition, the percentage of children in foster care who are disenrolled from the ACC program has decreased dramatically.

Over the past year, the Department worked with stakeholders to transition the Children’s Medical Home program into the ACC program. The Department met twice a month with a stakeholder workgroup to listen to and address concerns and to incorporate stakeholder input into the transition process, which occurred in June 2013. The workgroup, which included representatives from Colorado Child Health Care Access Program (CCHAP), the Colorado Academy of Family Physicians, the Colorado Academy of Pediatrics, and current medical home providers, concluded its meetings in October 2013. One recommendation from this group was to revise ACC performance measurements and incentive payments to include more pediatric-focused metrics. A new Key Performance Indicator (KPI) that measures Well Child Visits for screening and prevention services was implemented in July 2013. Performance incentives, based on regional performance on this and three additional KPIs, are paid quarterly to both RCCOs and PCMPs. The Department is also working with RCCOs and Healthy Communities to

improve overall rates for developmental screenings and preventive services for children and youth.

While behavioral health and oral health providers are not currently enrolled as PCMPs in the ACC program, the Department recognizes the vital role that these providers play in childrens' health. The Department is currently working on a variety of initiatives that would further integrate these providers, as well as other specialists, into the ACC program. These initiatives include the possibility of expanding the definition of a PCMP, development of health teams that work together to coordinate medical and non-medical care needed by children and families, development of health homes, and enhancing PCMP standards. The Department and RCCOs also work continually to increase provider participation in the ACC by demonstrating the value that care coordination, practice support tools, unprecedented data and analytics, and financial incentives bring to enrolled providers and their patients.

Conclusion

The Department is encouraged by the potential savings to the state and by the increase in family-centered care to children who are eligible for a medical home. The apparent improved health care outcomes for a child linked to a medical home also demonstrate the potential for a fully implemented medical home model. The Department believes that a Medical Home results in effective clinical care. The use of public health program coverage, the use of primary health services, and the follow up for medically necessary services and other non-medical services in the community results in healthy child development and bodes well for the future of Colorado.