



COLORADO
Department of Health Care
Policy & Financing

Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

January 30, 2016

The Honorable Beth McCann, Chair
Health, Insurance, and Environment Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Representative McCann:

Enclosed please find the Department of Health Care Policy and Financing's legislative report on Medical Homes for Children to the House Health, Insurance, and Environment Committee.

Section 25.5-1-123, C.R.S. requires the Department to submit a written report by January 30 of each year on the progress made toward maximizing medical homes. The report consists of information regarding children with 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, Zach Lynkiewicz, at Zach.Lynkiewicz@state.co.us or 720-854-9882.

Sincerely,

A handwritten signature in black ink that reads "Susan E. Birch".

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

SEB/cal

Enclosure(s): Health Care Policy and Financing Medical Homes for Children 2016 Annual Report



Cc: Representative Joann Ginal, Vice Chair, Health, Insurance and Environment Committee
Representative Janet Buckner, Health, Insurance and Environment Committee
Representative Daneya Esgar, Health, Insurance and Environment Committee
Representative Susan Lontine, Health, Insurance and Environment Committee
Representative Dianne Primavera, Health, Insurance and Environment Committee
Representative Su Ryden, Health, Insurance and Environment Committee
Representative Lois Landgraf, Health, Insurance and Environment Committee
Representative J. Paul Brown, Health, Insurance and Environment Committee
Representative Steve Humphrey, Health, Insurance and Environment Committee
Representative Janak Joshi, Health, Insurance and Environment Committee
Representative Gordon Klingenschmitt, Health, Insurance and Environment Committee
Representative Kim Ransom, Health, Insurance and Environment Committee
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John Bartholomew, Finance Office Director, HCPF
Gretchen Hammer, Health Programs Office Director, HCPF
Tom Massey, Policy, Communications, and Administration Office Director, HCPF
Chris Underwood, Health Information Office Director, HCPF
Dr. Judy Zerzan, Client and Clinical Care Office Director, HCPF
Jed Ziegenhagen, Community Living Office Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF
Zach Lynkiewicz, Legislative Liaison, HCPF





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Department of Health Care
Policy & Financing

Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

January 30, 2016

The Honorable Dianne Primavera, Chair
Public Health Care and Human Services Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Representative Primavera:

Enclosed please find the Department of Health Care Policy and Financing's legislative report on Medical Homes for Children to the House Public Health Care and Human Services Committee.

Section 25.5-1-123, C.R.S. requires the Department to submit a written report by January 30 of each year on the progress made toward maximizing medical homes. The report consists of information regarding children with 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, Zach Lynkiewicz, at Zach.Lynkiewicz@state.co.us or 720-854-9882.

Sincerely,

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

SEB/cal

Enclosure(s): Health Care Policy and Financing Medical Homes for Children 2016 Annual Report



Cc: Representative Jonathan Singer, Vice-Chair, Public Health Care and Human Services Committee
Representative Jessie Danielson, Public Health Care and Human Services Committee
Representative Joann Ginal, Public Health Care and Human Services Committee
Representative Dominick Moreno, Public Health Care and Human Services Committee
Representative Brittany Pettersen, Public Health Care and Human Services Committee
Representative Max Tyler, Public Health Care and Human Services Committee
Representative Lois Landgraf, Public Health Care and Human Services Committee
Representative Kathleen Conti, Public Health Care and Human Services Committee
Representative Justin Everett, Public Health Care and Human Services Committee
Representative Janak Joshi, Public Health Care and Human Services Committee
Representative JoAnn Windholz, Public Health Care and Human Services Committee
Representative Kevin Van Winkle, Public Health Care and Human Services Committee
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Department of Health Care
Policy & Financing

Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

January 30, 2016

The Honorable Kevin Lundberg, Chair
Health and Human Services Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Senator Lundberg:

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

Section 25.5-1-123, C.R.S. requires the Department to submit a written report by January 30 of each year on the progress made toward maximizing medical homes. The report consists of information regarding children with 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, Zach Lynkiewicz, at Zach.Lynkiewicz@state.co.us or 720-854-9882.

Sincerely,

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

SEB/cal

Enclosure(s): Health Care Policy and Financing Medical Homes for Children 2016 Annual Report



Cc: Senator Larry Crowder, Vice-Chair, Health and Human Services Committee
Senator Beth Martinez Humenik, Health and Human Services Committee
Senator Irene Aguilar, Health and Human Services Committee
Senator Linda Newell, Health and Human Services Committee
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Rachel Reiter, External Relations Division Director, HCPF
Zach Lynkiewicz, Legislative Liaison, HCPF



Medical Homes for Children

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

January 30, 2016

Submitted to:

**House Health, Insurance, and Environment Committee
House Public Health Care and Human Services Committee
Senate Health and Human Services Committee**



COLORADO

**Department of Health Care
Policy & Financing**

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I. Overview

Section 25.5-1-123, C.R.S., requires the Department of Health Care Policy and Financing (Department) to submit an annual report to the Joint Health Committees of the General Assembly 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 Child 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 medical and non-medical services needed to help the child and family.

Section 25.5-1-103, C.R.S., 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

II. Partnership Activities

To maximize the number of enrolled children with a medical home, 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 (so that every child enrolled in Medicaid and CHP+ has access to health care in a medical home).

While the Department is primarily responsible for maximizing the number of enrolled children with a medical home, CDPHE is recognized as a national leader in the Medical Home Model, especially as it relates to children with special health care needs. Together, the departments participated in the following activities in 2015:

A. Children and Youth with Special Health Care Needs Systems Integration Grant

Colorado is one of sixteen state implementation grantees focused on increasing the number of children and youth with special health care needs who receive integrated care through a medical home. Although CDPHE is the lead on this grant, the Department plays a key role in this statewide effort to increase the proportion of children and youth with special health care receiving care through a medical home by 20 percent over 2009-2010 levels by 2017. The primary strategies initiated to achieve this goal are: strengthening cross-systems care coordination, increasing and improving the quality of integrated care, and expanding access to information and resources for children and youth with special health care needs and their families.

B. Colorado Medical Home Coalition

The Colorado Medical Home Coalition is one of two working groups co-led by the Department and the CDPHE and used to promote a medical home approach to health care. The purpose of the Colorado Medical Home Coalition is to unite partners and strategically align statewide medical home grants, programs, and initiatives. The Colorado Medical Home Coalition's vision is to ensure that all Coloradans have access to and experience a patient/family- centered medical home.

C. Colorado Medical Home Community Forum

In addition to the Colorado Medical Home Coalition, the other working group is the Colorado Medical Home Community Forum, a quarterly meeting of Colorado stakeholders representing various agencies, families, medical facilities, organizations, and policymakers from all over Colorado. The purpose of the Forum is to provide a mechanism through which to share information and solicit stakeholder input related to medical home efforts in Colorado.

III. The Accountable Care Collaborative Program

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 primary program to improve client health and reduce costs. One of the ACC's main goals is 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. The ACC program has



two other main components—seven 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 December 2015, over 478,000 children/youth were enrolled in the ACC program, with 84.5 percent of enrolled children attributed to a medical home (PCMP). This is a gain of two percentage points over the average attribution rate for children in FY 2013-14.

A. Enhancing Primary Care Standards

Starting in July 2014, the ACC program began incentivizing PCMPs to meet enhanced primary care standards. Enhanced PCMPs must meet at least five of the following nine standards:

- Provision of regularly scheduled weekend and evening appointments
- Delivery of timely clinical advice by telephone or secure electronic message during and after office hours
- Use of data to identify special patient populations in need of extra services and support
- On-site access to behavioral health care providers
- PCMP generates a list of patients actively receiving care coordination
- Use of Medicaid approved behavioral health or developmental screening tools
- Tracking of referrals to specialty care providers
- Willingness to accept new Medicaid clients for the majority of the year
- Collaboration between patient/family/caregiver to develop and update an individual care plan

The RCCOs are responsible for documenting which standards are met by practices seeking this designation. RCCOs also provide support to practices that require additional resources to meet the standards. As of May 2015, two hundred and sixty-five practice sites, serving over 500,000 ACC clients, met at least the minimum number of factors necessary to be assessed as an enhanced PCMP. About half of the qualifying practices met the minimum of five factors, while 3 percent met all nine. The Department will assess the efficacy of the policy and payment change as this initiative continues.



B. Incentivizing Medical Home Attribution

In addition to incentivizing PCMPs to meet enhanced standards, in 2014, the Department changed the payment methodology to incentivize the RCCOs to ensure that as many members as possible are attributed to a medical home. The RCCOs' per member per month payment is reduced for each member that is unattributed to a PCMP for a continuous period of six months or longer. This tiered payment model increases RCCOs' motivation to link long-term unattributed members of the ACC to a medical home.

C. Refining Program Measures

Beginning in FY 2014-15 and continuing into FY 2015-16, one of the Key Performance Indicators (KPIs) for the ACC program was well-child visits among children ages 3-9. Well-child visits provide a forum for caretakers and health providers to communicate with one another and offer opportunities for essential preventative care such as childhood vaccines. Caretakers can also receive valuable information on developmental milestones, nutrition, sleep, safety, and diseases during these visits. The Department chose to focus specifically on the 3-9 age range because this is an age group for which Colorado's performance has historically been low.

The Department has seen the RCCOs implement some innovative strategies to improve their performance on this KPI. Colorado Community Health Alliance, which serves RCCO region 6, developed a joint plan with school based health clinics and other providers to outreach to clients in areas that showed the lowest utilization of well-child services. In RCCO region 1, Rocky Mountain Health Plans reported a 15-20 percent increase in appointments after instituting "warm transfers" of clients from their customer service center to pediatric practices to schedule well-child visits. The Department will continue to monitor well-child visits through this measure and will work with the RCCOs and other community partners to improve performance.

D. Greater Integration and Collaboration

The Department recognizes the vital role that behavioral health and oral health providers play in children's health and 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 development of health teams that work together to coordinate medical and non-medical care needed by children and families, development of health homes, and use of technology to enhance communication between primary and specialty care providers.

The increased emphasis on integration can be seen in the Statewide Performance Improvement Projects. Each RCCO in the ACC participates in these projects, which are designed to achieve improvement in clinical and non-clinical care areas that will positively impact health outcomes and member satisfaction. In FY 2014-2015, several RCCOs chose to implement projects related to Adolescent Depression Screening in Primary Care with Transition of Care to a Behavioral Health Provider when indicated. The RCCOs are currently in year two of their three to five year projects.

IV. Continuous Eligibility

Continuous eligibility provides children up to 12 months of Medicaid or Child Health Plan Plus (CHP+) coverage, regardless of changes in the family's circumstances, with some exceptions.

In March 2014, the Department implemented this policy for children who qualified for Modified Adjusted Gross Income (MAGI) Medicaid or CHP+. These two categories encompass the majority of the children enrolled in Medicaid and CHP+. Then, in October of 2015, based on guidance from its federal partners, the Department extended continuous eligibility for up to 12 months to Medicaid children in the following non-MAGI categories: children eligible for Supplemental Security Income (SSI) mandatory, Pickle, Disabled Adult Child (DAC), Medicaid Buy-In Program for Children with Disabilities and children in Long-Term Care programs such as Children's Home and Community Based Services (HCBS) waiver and the Children with Autism Waiver (CWA).

This policy lessens the impact of changes in income or household size on children's coverage, with some exceptions. Decreasing the number of health insurance changes within a year allows for maximum continuity with a PCMP and the development of strong relationships between children, families, and health providers. The Department looks forward to evaluating the impact that this policy will have on the health outcomes of children enrolled in Medicaid and CHP+.

V. Conclusion

The Department participated in a number of efforts to increase the number of children in medical homes. In addition to those efforts, the Department has evolved policy and practices within the ACC to connect more clients with a medical home and to improve the quality of care and support provided. The Department looks forward to enhancing the care received by children in medical homes by continuing efforts to provide coordinated and integrated care.

