COLORADO
Department of Health Care Policy & Financing

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

January 30, 2017

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

Dear Representative Ginal:

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,

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

SEB/smt
Enclosure(s): Health Care Policy and Financing Medical Homes for Children 2017 Annual Report

Cc: Representative Daneya Esgar, Vice Chair, Health, Insurance and Environment Committee
Representative Susan Beckman, Health, Insurance and Environment Committee
Representative Janet Buckner, Health, Insurance and Environment Committee
Representative Phil Covarrubias, Health, Insurance and Environment Committee
Representative Steve Humphrey, Health, Insurance and Environment Committee
Representative Dominique Jackson, Health, Insurance and Environment Committee
Representative Chris Kennedy, Health, Insurance and Environment Committee
Representative Lois Landgraf, Health, Insurance and Environment Committee
Representative Susan Lontine, Health, Insurance and Environment Committee
Representative Kim Ransom, Health, Insurance and Environment Committee
Legislative Council Library
State Library
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, 2017

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

Dear Representative Singer:

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,

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

SEB/smt
Enclosure(s): Health Care Policy and Financing Medical Homes for Children 2017 Annual Report

Cc: Representative Jessie Danielson, Vice-Chair, Public Health Care and Human Services Committee
Representative Don Coram, Public Health Care and Human Services Committee
Representative Justin Everett, Public Health Care and Human Services Committee
Representative Joann Ginal, Public Health Care and Human Services Committee
Representative Edie Hooton, Public Health Care and Human Services Committee
Representative Lois Landgraf, Public Health Care and Human Services Committee
Representative Kimmi Lewis, Public Health Care and Human Services Committee
Representative Larry Liston, Public Health Care and Human Services Committee
Representative Dafna Michaelson Jenet, Public Health Care and Human Services Committee
Representative Dan Pabon, Public Health Care and Human Services Committee
Representative Brittany Pettersen, Public Health Care and Human Services Committee
Representative Kim Ransom, 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, 2017

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

Dear Senator Smallwood:

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,

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

SEB/smt
Enclosure(s): Health Care Policy and Financing Medical Homes for Children 2017 Annual Report

Cc: Senator Beth Martinez Humenik, Vice-Chair, Health and Human Services Committee
Senator Irene Aguilar, Health and Human Services Committee
Senator Larry Crowder, Health and Human Services Committee
Senator John Kefalas, Health and Human Services Committee
Legislative Council Library
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Zach Lynkiewicz, Legislative Liaison, HCPF

Medical Homes for Children
Annual Report

In compliance with Section 25.5-1-123, C.R.S

January 30, 2017

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

Section 25.5-1-123 (3), C.R.S states:

> On or before January 30, 2008, and every January 30 thereafter, the state department shall report to the health and human services committees of the house of representatives and the senate, or any successor committees, on progress made toward maximizing the number of children with a medical home who are enrolled in the state medical assistance program or the children's basic health plan.

1. Introduction and Background

This report describes the progress made by the Department of Health Care Policy and Financing (Department) toward maximizing the number of children enrolled in Medicaid or Child Health Plan Plus (CHP+) who have a medical home. It is submitted to the Joint Health Committees of the Colorado General Assembly in compliance with Section 25.5-1-123, C.R.S.

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

2. Connecting Medicaid and CHP+ Children to a Medical Home

The Department continues to participate in a number of initiatives and strategies to maximize the number of Medicaid and CHP+ children with a medical home, and to improve and support children's medical homes across the state.

2.1. Medical Homes for Children Enrolled in Medicaid: The Accountable Care Collaborative

When Section 25.5-1-103, C.R.S. first became law, the Department incentivized practices to serve as medical homes for Medicaid-enrolled children by offering enhanced reimbursement for well child services for these practices. In 2013, the Department phased out this enhanced fee-for-service reimbursement and transitioned to a per-member-per-month reimbursement for medical

home services. This payment is available to practices that participate in the Department's Accountable Care Collaborative program.

The Accountable Care Collaborative is the core of Colorado's Medicaid program and the primary vehicle for delivering health care to over one million people. In just five years, it has shown progress in creating a health care delivery program that improves health outcomes, better coordinates care, and reins in cost.

The four primary goals of the Accountable Care Collaborative program are:

- Ensure access to a focal point of care or medical home for all member
- Coordinate medical and non-medical care and services
- Improve member and provider experiences in the Colorado Medicaid system
- Provide the necessary data to support these goals, analyze progress, and move the program forward

The program is built to accomplish these goals using three core components:

- Seven Regional Care Collaborative Organizations (RCCOs), each accountable for the program in a different part of the state
- Primary Care Medical Providers (PCMPs), who function as medical homes for members
- The Statewide Data Analytics Contractor (SDAC), which provides the Department, RCCOs and PCMPs with actionable data for individual members and the population as a whole

Number of Children in the Accountable Care Collaborative

In December 2016, 472,746 children and youth were enrolled in the Accountable Care Collaborative program; 10,414 of these children and youth are disabled. About 86 percent of all children and youth in the Accountable Care Collaborative were connected (attributed) to a medical home (PCMP), compared to 84.5 percent in December 2015. The number of children connected to a medical home has steadily increased since the inception of the Accountable Care Collaborative, and the trend continued this year.

Incentives to Connect Children to a Medical Home

The Accountable Care Collaborative aims to link every member to a PCMP that serves as the member's medical home, using a process called *attribution*.

Upon enrollment in the Accountable Care Collaborative, the Department attributes (assigns) members to a PCMP through the following process:

1. Members are attributed to a PCMP they have recently seen, based on claims history within the previous 12 months.

2. Members who do not have a claims history with a PCMP are attributed to a PCMP that someone in the family has recently seen, based on claims history within the previous 12 months.

Sometimes there is no claims history to show a relationship with a primary care provider, either for the member or any family members. In these cases, the RCCO must help the member find a medical home. In FY 2014-15 the Department started reducing the RCCO per-member-per-month payment for each member not attributed medical home for six months or longer. This incentivizes RCCOs to connect all members with a medical home.

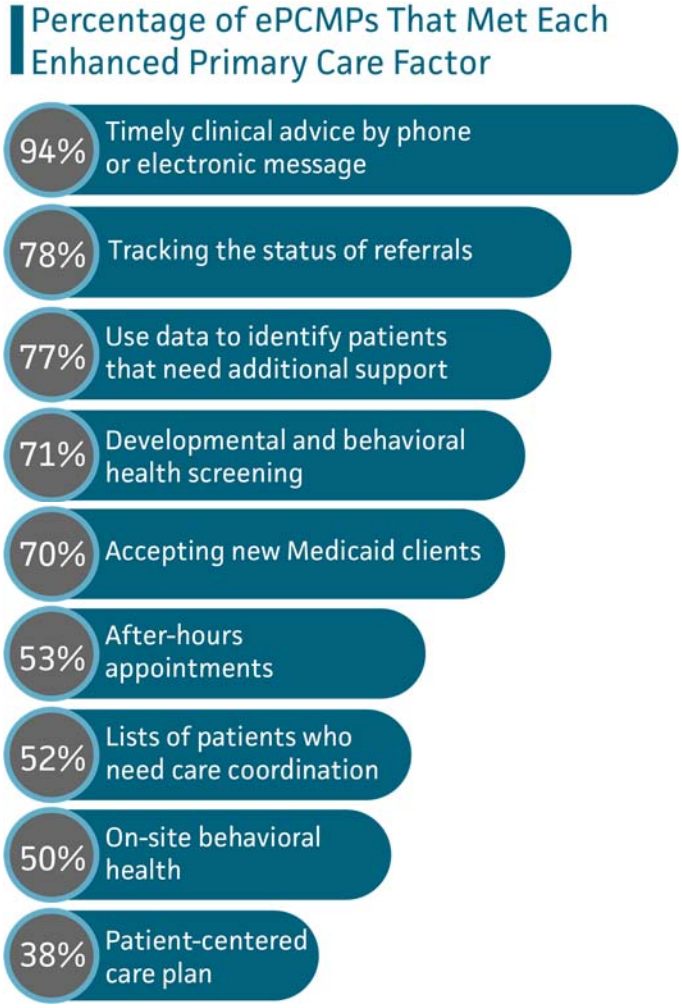
Incentives to Meet Patient-Centered Medical Home Standards

Fiscal year 2015–16 was the second year the Department recognized and rewarded PCMPs that met at least five of the nine enhanced patient-centered medical home factors. These factors are based on the medical home standards from National Committee on Quality Assurance, recommendations from the RCCOs and other stakeholders, and the criteria for medical homes for children. The factors are:

1. **Extended Hours**. Has regularly scheduled appointments (at least once per month) on a weekend and/or a weekday outside of typical workday hours.
2. **Timely Clinical Advice**. Provides timely clinical advice by telephone or secure electronic message both during and after office hours. Patients and families are clearly informed about these procedures.
3. **Data Use and Population Health**. Uses available data to identify special patient populations that may require extra services and supports for medical or social reasons. The practice has procedures to proactively address the identified health needs.
4. **Behavioral Health Integration**. Provides on-site access to behavioral health care providers.
5. **Behavioral Health and Developmental Screening**. Collects and regularly updates a behavioral health screening (including substance use) for adults and adolescents, or developmental screening for children (newborn to five years of age), using a Medicaid approved tool. In addition, the practice has documented procedures to address positive screens and has established relationships with providers to accept referred patients or utilizes the standard referral and release form created by the behavioral health organizations.
6. **Patient Registry**. Generates a list of patients actively receiving care coordination.
7. **Specialty Care Follow-Up**. Tracks the status of referrals to specialty care providers and provides the clinical reason for the referral along with pertinent clinical information.
8. **Consistent Medicaid Provider**. Accepts new Medicaid members for the majority of the year.
9. **Patient-Centered Care Plans**. Collaborates with the patient, family or caregiver to develop and update an individual care plan.

Providers who meet these standards are called enhanced Primary Care Medical Providers, or ePCMPs. In FY 2015–16, 329 practice sites met the ePCMP criteria, up from 265 the previous year. Figure 1 shows what percentage of the qualifying PCMPs met each factor.

Figure 1: Percentage of ePCMPs That Met Each Enhanced Primary Care Factor

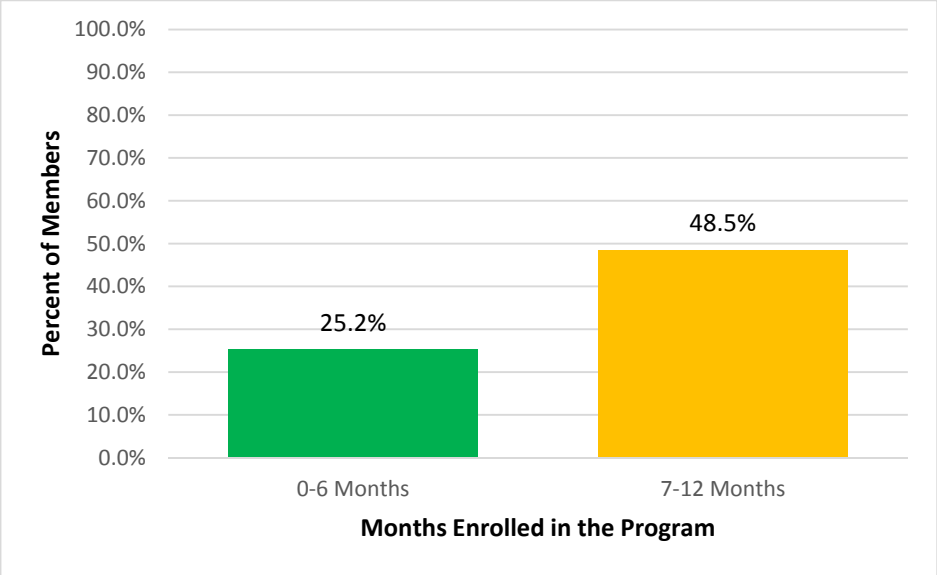


Increasing the Rate of Well-Child Visits

Well-child visits are an important opportunity for caretakers and health providers to communicate about essential preventive care, such as childhood vaccinations. Additionally, caretakers receive information and advice on normal development, nutrition, sleep, safety and diseases. For these reasons, well-child visits are a Key Performance Indicator for the Accountable Care Collaborative; both RCCOs and PCMPs receive a payment for performance when they achieve the targeted rate of well-child visits. The Department focuses on children ages 3–9 because rate of well-child visits have been historically low for this age group.

As Figure 2 indicates, the rate of annual well-child visits in FY 2015–16 was higher for children in the program for 7–12 months (48.5 percent) than for those enrolled 6 months or less (25.2 percent). This may be a result of the program's influence or the timing of annual appointments, or a combination of both.

Figure 2: Annual Well-Child Check Rate for Children Ages 3–9 for Accountable Care Collaborative Population Members, by Time Enrolled



The well-child visit rates for both groups, however, are below the targeted rates for two levels of incentive payments (60 percent and 80 percent respectively). The RCCOs are implementing several interventions to increase these rates. For example, Rocky Mountain Health Plans has developed an integrated care coordination program that helps high-risk children and families identify a primary care medical home. Colorado Access now contacts families of children who missed their well-child visit, and has used an internal database to connect families to well-child care providers.

Integrated Community Health Partners has employed care coordinators at behavioral health practices to identify children in need of well-child care and to connect them to a primary care provider. Colorado Community Health Alliance has partnered with local school districts to implement an incentive program in which eligible children can receive rewards for well-child care participation. Community Care of Central Colorado has worked with the Healthy Communities program to provide timely information regarding well-child care and primary care medical home benefits to newly enrolled members.

Through these interventions, the RCCOs are ensuring that children not only have a medical home, but are also making the best use of its services.

2.2. Medical Homes for Children Enrolled in Child Health Plan Plus

Children enrolled in the Child Health Plan Plus (CHP+) receive their care through a health maintenance organization (HMO). By design, HMOs naturally tend to provide medical homes for enrollees. These organizations possess the components of a medical home as described in Section 25.5-1-103, C.R.S., including health maintenance and preventive care; health education; acute and chronic illness care; coordination of medications, specialists, and therapies; provider participation in hospital care; and 24-hour access to clinical advice by telephone. Therefore, children covered by CHP+ have historically been more likely to have a medical home and no special initiative is required to connect these children with a medical home.

2.3. 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 income or household size. This allows for greater continuity of care, giving the medical home provider sufficient time to establish a relationship with a child and family. In 2014 and 2015, Colorado adopted policies to extend 12-month continuous eligibility to the vast majority of children covered by Medicaid or CHP+. This policy creates conditions that allow medical homes to do their best work and improve health outcomes for their patients over time.

3. Supporting Medical Homes Statewide

Children benefit most from a medical home that has the skills, systems, and information to deliver timely and informed care that meets the needs of each patient. Therefore, the Department works together with the Colorado Department of Public Health and Environment (CDPHE) and other partners to give medical homes access to health data, support them in making changes to their workflow, and help them learn new ways to communicate with patients. Below is a description of initiatives and partners the Department works with in order to strengthen medical homes across the state.

3.1. Medical Home Initiative

To support medical homes across the state, the Department participates in the Medical Home Initiative, led by the Colorado Department of Public Health and Environment (CDPHE). The purpose of this initiative is to unite partners and strategically align statewide medical home grants, programs and initiatives. Stakeholders representing state agencies, families, medical facilities, organizations, and policymakers meet quarterly to share information and offer stakeholder feedback and solicit stakeholder input related to medical home efforts in Colorado.

3.2. System Integration Grant for Children and Youth with Special Health Care Needs

Colorado is one of 16 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 by connecting

Medicaid children and youth to a medical home through the Accountable Care Collaborative. With this initiative, CDPHE is working with its partners to strengthen cross-systems care coordination, increase and improve the quality of integrated care, and expand access to information and resources for children and youth with special health care needs and their families. The grant period ends in 2017.

3.3. Integrating Physical and Behavioral Health

The Department recognizes the vital role that behavioral health plays in children's health and is currently working on initiatives to integrate behavioral health care into the medical home.

Between February 2015 and January 2019, Colorado is using State Innovation Model (SIM) funding from the Center for Medicare and Medicaid Innovation (CMMI) to implement and test its State Health Innovation Plan. The plan aims to transform Colorado's health care system and improve the health of Coloradans by integrating primary care and behavioral health services, using value-based payment structures. The SIM plan promotes health data sharing among participating practices, and uses telehealth and other health technologies to deliver care. The plan also leverages the public health system to support the delivery of clinical care and improve population health. This work supports and strengthens medical homes, and increases their capacity to provide person-centered care. The Accountable Care Collaborative is using funds from its pay-for-performance pool to incentivize practices to participate in the initiative. The first cohort, launched in February 2016, included 88 Accountable Care Collaborative practices.

The Department's Accountable Care Collaborative is also working with practices to make depression screening a routine part of visits. For example, one RCCO partners with the region's behavioral health organization to increase adolescent depression screening and ensure a referral to a behavioral health provider when needed.

4. Looking Forward

In the upcoming year, the Department will continue to build on the medical home infrastructure and maximize the number of children enrolled in Medicaid and CHP+ who have a medical home.

The Department is planning the next phase of the Accountable Care Collaborative, which will further support the medical home model. The program seeks to deliver care in an increasingly seamless way, making it easier for members and providers to navigate the health care system and to make smarter use of every dollar spent. The next phase of the Accountable Care Collaborative program begins in July 2018 when new contracts go into effect for the Regional Accountable Entities, the new iteration of RCCOs and behavioral health organizations. One important improvement will be to continue to move toward more coordinated and integrated care that increasingly rewards improved health.

The Accountable Care Collaborative will continue to be the core of Colorado's Medicaid program, and will continue to maximize the number of children connected to a medical home that promotes health and meets the unique needs of each member.