Patients, Pilots and Perspectives in Colorado's Medicaid Accountable Care Collaborative:

Proceedings from the third SNAC Lab
September 27, 2012

Introduction

The Colorado Health Institute (CHI) and its Safety Net Advisory Committee (SNAC) convened the third SNAC Lab on September 27, 2012. The overarching goal of the learning lab series is to synthesize input from safety net stakeholders and develop a shared body of knowledge on early successes and challenges in the Medicaid Accountable Care Collaborative (ACC) for state health policy leaders and future initiatives.

The specific objectives of the September meeting were to:

- Discuss initiatives to measure the patient experience of care within the ACC, towards the goals of the Triple Aim.
- Identify opportunities and challenges for Medicaid, Regional Care Collaborative Organizations (RCCOs) and safety net stakeholders presented by the ACC Payment Reform Initiative (HB 12-1281).
- Understand how safety net providers with different levels of involvement in the ACC (such as rural health clinics, community health centers and local public health agencies) are interfacing with the program and how their thinking on the ACC has changed.

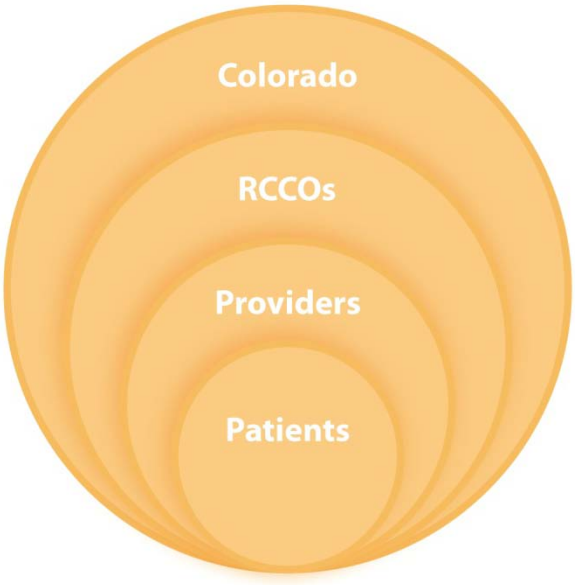
Michele Lueck, CHI's president and CEO, gave the official welcome and Jeff Bontrager, CHI's Director of Research on Coverage and Access, facilitated the discussion. The SNAC Lab featured prepared remarks from participants interviewed by CHI experts. Finally, CHI followed up on questions about the differences between care coordinators, patient navigators and other types of medical case management providers.

Update
The latest enrollment numbers released by the Department of Health Care Policy and Financing (HCPF) indicate that the ACC served about 146,000 Coloradans as of September 2012. An early analysis of the key performance indicators suggested that they are trending in the desired direction. A preliminary savings report is expected in November. HCPF also anticipates that ACC enrollment will be more than 200,000 Medicaid enrollees by the first quarter of 2013.

The Presentation and Facilitated Discussion

Jeff Bontrager guided the discussion through his presentation, *All Systems Go? Patients, Pilot Programs and Perspectives in Colorado's Accountable Care Collaborative*. The third SNAC Lab was more interactive, with a "systems" approach to the ACC (see Figure 1). Discussion highlights from each segment of the meeting are highlighted below.

Figure 1. Systems within the ACC.



Patients: *Measuring the Experience of Care*

The Accountable Care Collaborative (ACC) is based on the principles of the Triple Aim - reducing costs, improving health outcomes and improving care quality. However, measuring care quality, which includes the patient experience of care, is difficult due to a lack of adequate metrics. There is potential for complementing quantitative methods with qualitative approaches, such as key informant interviews with patients and focus groups. One of the ways

patient experience has been measured in the past is through the Consumer Assessment of Health Care Providers and Systems (CAHPS) survey, which is currently administered to a sample of Colorado Medicaid enrollees. However, the ability to drill down to obtain RCCO-level findings is not currently available. CHI and HCPF, as a result of conversations at SNAC Labs, are working together to apply for a grant from The Colorado Health Foundation to administer the CAHPS, including questions relating to the patient-centered medical home (PCMH), at the RCCO level. This would enable a comparison between ACC enrollees and non-enrollees.

Elisabeth Arenales, Health Care Program Director at the Colorado Center on Law and Policy, which advocates on behalf of patients, said it is important that each component of the Triple Aim be held in equal regard. Consideration of the care experience is even more important among fragile individuals, such as individuals dually eligible for Medicaid and Medicare, she said. Arenales would like more feedback mechanisms from the consumer to administrators, including a standardized grievance process and other ways to hear consumer voices.

Providers: *Safety Net Perspectives on the ACC*

Representatives of safety net providers and organizations were invited to respond to the following questions:

- How has your thinking changed (or not changed) over the past year around your organization/clinic's role with the ACC and RCCOs?
- What new initiatives, if any, have you (or your affiliates) taken up since the advent of the ACC?
- Have you identified opportunities or concerns around the ACC improving quality and the patient experience of care?

Wendy Nading, RN, Program Manager at the Tri-County Health Department (TCHD), talked about how public health departments interface with the ACC. TCHD does not bill Medicaid for any services except the family planning program. The health department is grappling with how it will finance services for clients who may become Medicaid eligible in 2014. It has written a grant to engage an agency to determine what infrastructure necessary to begin that billing. The question is how a health department, which offers a limited scope of preventive services, interfaces with a medical home, she said. Also unclear is the role of public health departments in facilitating enrollment into Medicaid, attributing individuals to a medical home and providing services for those ineligible for Medicaid.

Alicia Haywood, Policy and Advocacy Manager at the Colorado Rural Health Center, said that rural health clinics (RHCs) are struggling to understand how they fit into the ACC. Changing processes may not be profitable because of their Medicaid client volume, she said. Their additional per-member per-month (PMPM) payments may not be enough to finance a care coordinator. RHCs, in partnership with ClinicNET, are conducting healthy clinic assessments

that measure how much direct care is being provided to patients, how long it takes to answer the clinic's phone and how long it takes to respond to a patient's voicemail.

Erin Lantz, Health Center Operations Director for the Colorado Community Health Network (CCHN), said that federally-qualified health centers (FQHCs) are much invested in the ACC. All of the state's FQHCs are participating in the ACC, she said. Combined, FQHCs are serving as the PCMP for a least half of enrollees. They anticipate further expansion.

Sharon Adams, Executive Director of ClinicNET discussed the ACC and Colorado's community-funded safety net clinic community (which includes family medicine residency clinics, community clinics, free and faith-based clinics, among others). Sharon said that CSNCs fall along the continuum of ACC involvement. Some of the larger established clinics are fully participating, while some clinics continue working with the uninsured and those who churn on and off of Medicaid. As more adults become enrolled in Medicaid, many CSNCs are grappling with the implications of an increased clinical focus on adults. Some CSNCs that have not taken Medicaid historically have expressed interest in interfacing with the ACC and exploring caring for Medicaid enrollees.

Brandi Haws, Clinical Director of Health Network and TeleCare for AspenPointe (RCCO Region 7) said that partnerships with community providers are essential. Small providers may be offering services and building infrastructure using their PMPM payments, but the money could go away if enrollees "churn" off Medicaid. In addition, she said that it is important the RCCOs incorporate all sizes of providers, especially small providers.

RCCOs: *Opportunities Presented by the Medicaid ACC Payment Reform Initiative (HB 12-1281)*

HB12-1281, passed on a bipartisan basis, encourages new, innovative payment models. These models may include shared savings and losses between providers and payers. At this stage, only current RCCOs may submit proposals for new payment projects. The RCCOs (often in conjunction with community partners) have submitted abstracts, which are nonbinding, and a more formal proposal process will begin in 2013, with any accepted proposals being executed in the summer. Laurel Karabatsos, Director, Medicaid Program Division of HCPF, reiterated the initial vision of the ACC, which was to evolve from fee-for-service payments to providing incentives to health care providers who deliver care in a different way. She said the initiative will test an evolution to different payment models. HCPF received 12 abstracts and is assessing how they align with policy goals, feasibility and the integration of behavioral health.

Brandi Haws, who represents RCCO 7 (see RCCO map below), noted that her RCCO is not based on managed care. It is not able to take on risk, but recognize it should start taking bundled and global payments. The RCCO would be open to partnering with a local entity in order to do that. AspenPointe is its behavioral health partner and the RCCO is striving to more fully integrate behavioral health.

Abby Brookover, Senior Brand Manager for Physician Health Partners (representing RCCO 6), said her RCCO submitted a couple of abstracts targeting specific populations. It does not have an insurance license, so it cannot take on risk. Its abstracts emphasized coordinating with behavioral health providers and FQHCs, and expanding their network of providers and specialists.

Gretchen McGinnis, Senior Vice President of Public Policy and Performance Improvement for Colorado Access (RCCOs 2, 3 and 5), said that Colorado Access submitted a half dozen abstracts, many inspired by providers. It submitted some proposals involving global payments, risk corridors, primary care capitation, extending normal business hours and expanding urgent care. Another proposal is to do a mathematical model of global payments. She indicated that payment reform is an opportunity to actually pay for what you want to happen, i.e., paying providers a global payment allows them to build the infrastructure necessary to provide care in a "smarter" way.

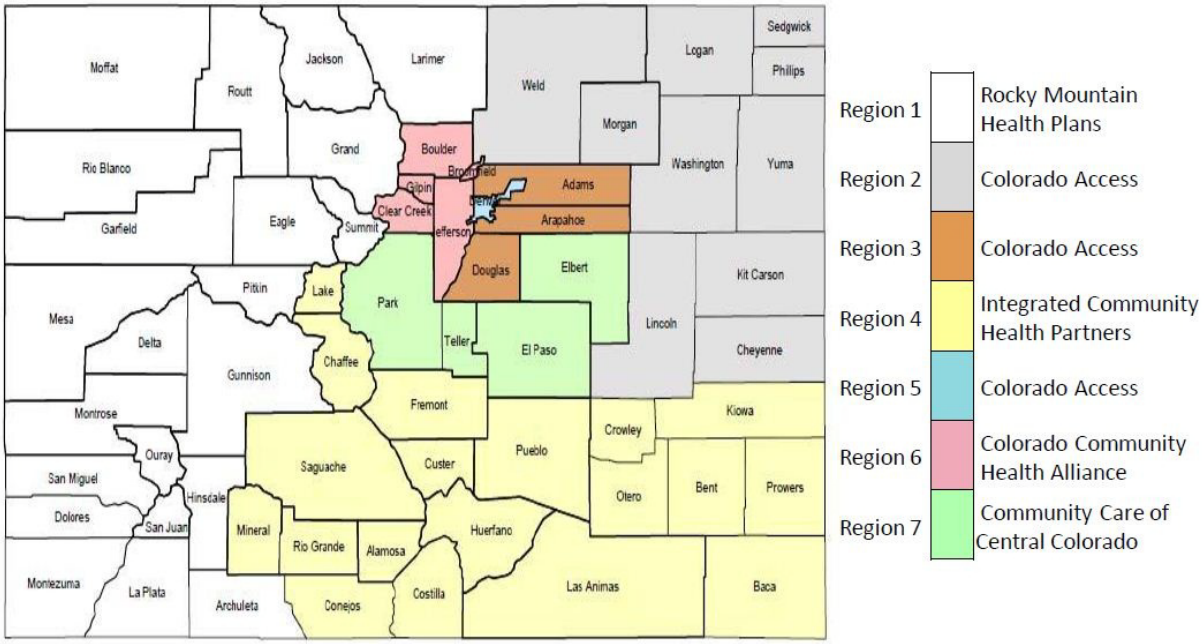
Dan Tuteur, Executive Director of the Colorado Community Managed Care Network (RCCO 4), reiterated the issue in HB 12-1281 of who the managed care entity could be and his RCCO's emphasis on behavioral health integration in their 1281 approach.

Laurel Karabatsos said that HCPF's goal is not to transition everyone to global payments right now. HB-1281 provides opportunities for areas not ready for global payment, too. They are hoping that ideas are not just limited to global payments and that a variety of innovative plans will be proposed.

Elizabeth Arenales expressed concern about whether individuals needing extraordinary medical services, putting the RCCO at significant risk, would find difficulty receiving those services. Gretchen McGinnis explained that there are certainly non-covered benefits, such as state and federal non-covered benefits in Medicaid and Medicare, but that they make these decisions on a case-by-case basis with a transparent, open process. Abby Brookover said that in her RCCO, such situations tend to favor the patient because procedures may decrease the chance of a recurring problem, which is better for the RCCO.

Dan Tuteur said that transparency, including how the dollars are flowing in the organization and ensuring that Medicaid funds go to care for Medicaid enrollees, will decide whether the ACC succeeds.

Map 1. Regional Care Collaborative Organizations (RCCOs)



Attachment 1: List of SNAC Lab Attendees--September 27, 2012

Sharon Adams, *ClinicNET*
Elisabeth Arenales, *Colorado Center on Law and Policy*
Neysa Birmingham, *Kaiser Permanente Colorado*
Katie Brookler, *Colorado Department for Health Care Policy and Financing*
Lynn Dierker, *Health Management Associates*
Maggie Dunham, *Colorado Department of Public Health and Environment*
Marci Eads, *Colorado Department for Health Care Policy and Financing*
Gail Finley, *Colorado Hospital Association*
Brandi Haws, *AspenPointe*
Alicia Haywood, *Colorado Rural Health Center*
Aubrey Hill, *Colorado Coalition for the Medically Underserved*
Steve Holloway, *Colorado Department of Public Health and Environment*
Deborah Judy, *Colorado Consumer Health Initiative*
Laurel Karabatsos, *Colorado Department for Health Care Policy and Financing*
Erin Lantz, *Colorado Community Health Network*
Gretchen McGinnis, *Colorado Access*
Donna Mills, *Integrated Community Health Partners* (by phone)
Wendy Nading, *Tri County Health Department*
Jenny Nate, *Center for Improving Value in Health Care*
Maureen O'Brien, *Colorado Foundation for Medical Care*
Dan Tuteur, *Integrated Community Health Partners*
Emily Wattman-Turner, *Colorado Center on Law and Policy*

CHI Staff:
Jeff Bontrager
Amy Downs
Deborah Goeken
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