



Food for Thought

Updates from the Safety Net Advisory Committee (SNAC)

P is for Payment P is for Patients

Opportunities for Medicaid Payment Reform and Measuring Patient Experience

JULY 2013

The Colorado Health Institute’s Safety Net Advisory Committee (SNAC) Lab on July 25, 2013, marked the first time that details were shared about a pilot proposal selected under HCPF’s new Medicaid Accountable Care Collaborative Payment Reform Initiative. The initiative was created by legislation in 2012 (HB12-1281). Participants in the meeting included leaders from groups that serve vulnerable Coloradans – including safety net clinics, patient advocacy organizations, the Regional Care Collaborative Organizations and the Colorado Department of Health Care Policy and Financing (HCPF).

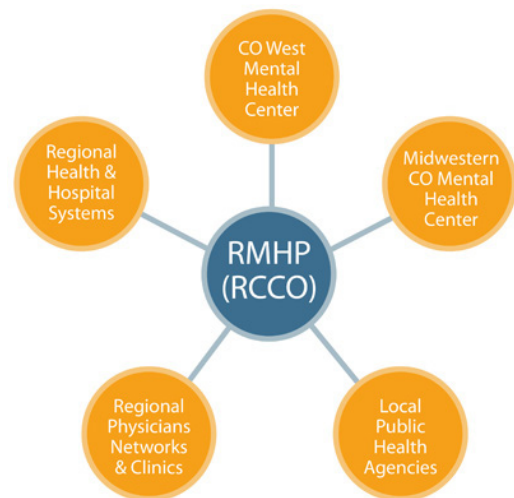
This report of the learning lab has two sections: Background information provided by the Colorado Health Institute and a summary of the discussion.

Primary Themes

- HB12-1281 is an opportunity to learn how a global payment model impacts cost and quality of care in Medicaid.
- Payers and providers will be involved in different ways, and many questions remain.
- Regional enrollee satisfaction data represent a new tool to assess patient experience in the Medicaid ACC.

Background: Colorado’s Changing Health Insurance Landscape

On July 1, 2013, HCPF announced that it had selected a pilot program from among 10 proposals submitted by Colorado’s Regional Care Collaborative Organizations (RCCOs) to reform how health care is provided and paid for in the state’s Medicaid program. The proposal was developed by Rocky Mountain Health Plans and a number of community partners, including mental health centers, hospitals, physician networks, clinics and local public health agencies.



The Colorado Health Institute and its Safety Net Advisory Committee (SNAC) are engaged in a series of information-sharing sessions called SNAC Labs. The goal is to identify the health care challenges facing vulnerable Coloradans, leverage the lessons learned on the front lines with policymakers, patient advocates, providers and philanthropic organizations, and explore innovative approaches and promising practices.

As a RCCO within the existing Accountable Care Collaborative (ACC), Rocky Mountain Health Plans already works with primary care providers in 22 counties to connect Medicaid enrollees to a patient-centered medical home, a place that coordinates all of their health care and provides access to preventive health services.

While the ACC is taking important steps forward, it is still based on a fee-for-service payment system, which tends to encourage quantity of care by paying for each service and procedure.

The pilot program is attempting to change that by using global payments, or fixed amounts, for a patient's care. The key components of the plan are summarized on the insert included with this publication.

The SNAC Lab Discussion

The SNAC Lab discussion brought to light the long-term vision of the 1281 proposal, as well as operational elements. However, many details of the 1281 pilot program have yet to be worked out, not least of which are arrangements between RMHP and HCPF about how the global payment will be structured.

• Providers Will be Affected in Different Ways

Primary care providers have the opportunity to receive payments that are enhanced by up to 25 percent and that are adjusted based on the severity of their patients' health. However, they must already be participating in the ACC and meet strict care coordination standards.

Mental health center providers, on the other hand, will continue to operate under their existing arrangements with HCPF, but will invest in community intervention and potentially benefit financially if cost and quality goals are met. Both types of providers will be involved in placing behavioral health professionals in primary care practices with the goal of integrating physical and behavioral health.

Specialists will receive enhanced payments from RMHP to partner in managing the care of patients in the program. **Hospitals** are partners in the pilot, but their payments will continue under current RMHP network agreements for services provided to the target population.

• The Program Differs from Past Models in Distinct Ways

Comparisons between RMHP's pilot program and past managed care models are inevitable. However, the most significant distinction is that RMHP and its partners are now accountable for all Medicaid spending in the seven counties within a certain budget. In other words, RMHP and the participating health care providers share in the financial loss if they go over the budget and share in the savings if they are under. Providers work with patients to make decisions about care, rather than by a managed care gatekeeper. The program envisions that the quality of health care will not suffer because of new technology and data systems that enable quality control and focus on improving – or maintaining – the health of the patient. RMHP also pointed out that this pilot program, unlike past managed care plans, is not dependent on a high volume of enrollees.

• Population Health is the Focus

RMHP stresses that the focus is to improve the health of residents in the seven counties, rather than simply to reform how health care is paid for. Medicaid is the focus in the short term, but the longer term is the health all residents, regardless of their insurance coverage.

Conclusion

The new HB12-1281 pilot program is scheduled to launch on January 1, 2014 amid a flurry of health care activity in Colorado, including the state's Medicaid expansion, the roll out of numerous federal provisions of the Affordable Care Act and the launch of benefits purchased through Connect for Health Colorado. However, ensuring that the program does not get lost in the shuffle is important in understanding how the global payment structure affects cost and quality of care. The Colorado Health Institute will be closely monitoring the program as decisions and details are revealed.

1281 at a Glance

What is 1281?

House Bill 1281, passed on a bipartisan basis during the 2012 legislative session, required the creation of a pilot program to test alternatives for health care delivery and payment within the existing Medicaid Accountable Care Collaborative (ACC). The effort came to be known as the Medicaid ACC Payment Reform Initiative.

Who is affected?

The pilot will include adult Medicaid enrollees, including individuals with disabilities and Coloradans who will become eligible for Medicaid for the first time on January 1, 2014 as part of recent legislation expanding the program. Notably, the plan also includes people who are enrolled in both Medicare and Medicaid, often called dually eligible, who have voluntarily enrolled in RMHP's existing Medicare HMO plan. These patients currently are not enrolled in the ACC.

Where is it taking place?

Seven Western Slope counties: Delta, Garfield, Gunnison, Mesa, Montrose, Pitkin and Rio Blanco.

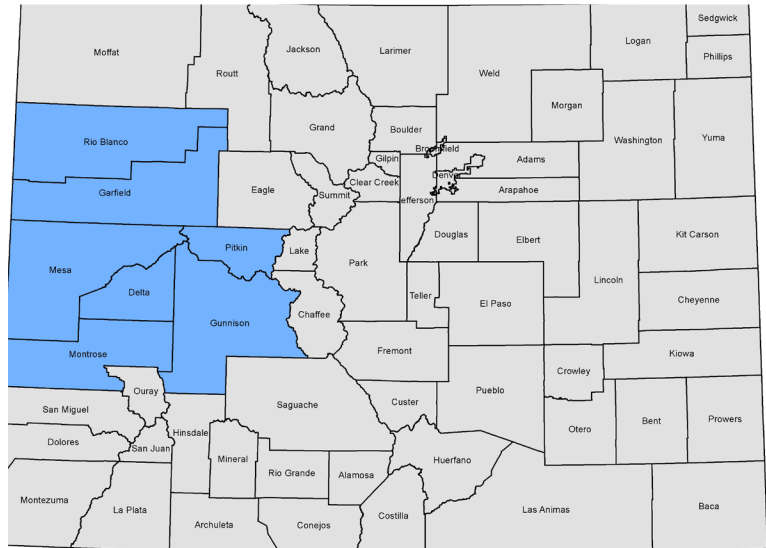
When will it happen?

Over a two-year period scheduled to begin on January 1, 2014.

How does it work?

RMHP, the primary care providers, and Medicaid will share in the financial risk. If the patient's care costs less than the allocated global amount, the savings will be returned to Medicaid, RMHP and the primary care doctors and mental health providers. If caring for that patient costs more than anticipated, RMHP and the primary care providers will share in the financial loss.

- Any savings would be allocated by this formula:



30 percent to HCPF, 30 percent to the primary care providers, 30 percent to participating community mental health centers (CMHCs), and 10 percent to RMHP.

- Health care providers involved in the program will use specific clinical interventions that focus on prevention or health improvement, such as depression screening or protocols for managing pain. These interventions are based on a model that accounts for the severity of both the patient's physical and behavioral problems.
- The plan includes a system of checks and balances to ensure that patients receive quality services. If there are savings, but quality goals are not met, all savings go to HCPF.
- These quality goals include cholesterol management, screening for depression, establishing a follow-up plan for depression and screening for obesity. There are also goals related to how knowledgeable and confident a patient feels about his or her care, referred to as patient activation. The existing ACC goals of reducing costly services such as emergency room visits and MRIs will continue.

The CAHPS

A New Opportunity for Measuring Patient Satisfaction

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey has been commonly used at the national, state and programmatic levels to quantify the patient experience of care. In Colorado, CAHPS data are being collected at the regional level and to establish baseline information within the ACC. The Colorado Health

Institute and HCPF have partnered to use this survey to assess client satisfaction at both the RCCO level, as well as between the ACC and regular fee-for-service Medicaid. Through telephone and mail surveys, the RCCO CAHPS has focused on adults who have been enrolled in the Medicaid ACC for at least nine months.

Topics covered by the RCCO CAHPS survey

- *Having a personal doctor/medical home*
- *Care coordination*
- *Communication between provider and patient*
- *Medication management*
- *Conversation with a provider about illness prevention and health goals*
- *Access to blood tests, X-rays or other tests*
- *Stress and mental/emotional illness*
- *Rating the care received*
- *Access to care*
- *Access to, and rating of, specialist care*
- *Overall health status*
- *Health risks (smoking, high blood pressure, high cholesterol)*
- *Demographic information*

The Colorado Health Institute and HCPF value any feedback or comments regarding what analyses would be most useful, and which survey topics are of most importance to you.

Please send suggestions to Jeff Bontrager at bontragerj@coloradohealthinstitute.org or Russell Kennedy at Russell.Kennedy@state.co.us. Initial results will be available this fall.

Reporting from the Field

Sharon Raggio, President and Chief Executive Officer of Mind Springs Health – previously known as Colorado West Regional Mental Health, Inc. – believes deeply in the importance of integrated care and innovative payment models. Mind Springs Health is one of the community mental health centers (CMHCs) participating in the 1281 pilot program, along with Midwestern Colorado Mental Health Center. The two CMHCs work closely with the region’s Behavioral Health Organization (BHO), Colorado Health Networks, to provide mental health services to Medicaid enrollees.



its expertise on creating behavior change to the physical health arena. In integrating these services, Mind Springs Health will work with primary care partners to place behavioral health providers into primary care settings and develop a ‘Community Health Worker’ model to assist in decreasing “hot spotters”, a term coined by Jeffrey Brenner of the Camden Coalition, regarding the 20% who use 80% of health care resources.

Part of the CMHCs’ participation in the 1281 pilot will be an expansion of services to help provide more integrated, holistic care addressing population health. Raggio notes that the global payment program incentivizes a focus on whole health, including physical health behaviors such as controlling weight and cholesterol. Mind Springs Health is excited to be a part of this project and to apply

This integration, along with the 1281 pilot’s global payment and quality measures, means that the CMHCs will be working alongside primary care providers in meeting goals such as reducing inpatient hospital readmission, emergency room use and high-cost imaging services – measures often connected with physical health, not mental health. “At Mind Springs Health we are turning our existing strength of behavioral change into improved health behaviors” Raggio says. “We will always stay true to our values of population health, holistic care and transparency.”

Organizations Represented at the July 25 SNAC Lab

- AspenPointe
- Caring for Colorado Foundation
- Center for Improving Value in Health Care
- ClinicNET
- Colorado Access
- Colorado Coalition for the Medically Underserved
- Colorado Community Health Network
- Colorado Consumer Health Initiative
- Colorado Department of Health Care Policy and Financing
- Colorado Foundation for Medical Care
- Colorado Hospital Association
- Colorado Regional Health Information Organization
- Colorado Rural Health Center
- Colorado West Regional Mental Health, Inc.
- Connect for Health Colorado
- DoctorsCare
- Inner City Health Center
- Integrated Community Health Partners
- Jefferson Center for Mental Health
- Quality Health Network
- The Steadman Group
- Value Options

What to Watch

October 10, 2013 SNAC Lab: Planned release of initial findings from the CAHPS survey, comparing adult enrollee satisfaction between the ACC and regular fee-for-service Medicaid.

January 1, 2014: Planned launch of Rocky Mountain Health Plans’ HB12-1281 payment reform pilot program in seven Western Slope counties.



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