December 2019

Access Monitoring and Review Plan (AMRP)

HCPF representatives Jessica Chislett presented

The AMRP’s intent is to determine whether a person can access the right services, at the right time, in the right setting, for the right duration, and to work on improvement. The Department does considerable ongoing access evaluation, and recently concentrated on LGBTQ and non-English speaking access. They are required to submit a report to the federal government. HCPF is working with partners on improving data, including questions in the State CHAS survey, utilizing CDPHE’s Health Systems Directory, and moving towards public engagement forums. For the federal report, they are required to use a limited, prescribed data set to measure access to primary care, specialists, fee for service behavioral health, pre/post-natal access (including labor and delivery), and home health.

Ms. Chislett noted that no one way/ no one report can show everything. She noted that the number of members accessing Primary Care is trending up, and the number of providers is also up. In measuring access for those on Medicaid compared to those on other insurance, access was comparable; 99% living within a 30 minute drive.

For Specialty care, the number of members accessing it trended up, but there was a clear seasonal decrease in summer (likely related to children), with the drop in Medicaid enrollment, and the requirement for providers to re-enroll in 2017, numbers overall are slowing trending back up. One of the challenges is that it’s not currently possible to track how many people who are referred to a specialist actually get that care.

PIAC members reported that their communities are having a difficult time accessing specialty care in some specialty areas, noting that just because there are specialists who accept Medicaid, there are many who are not accepting new clients. HCPF will be setting up a method to gather information from PIAC and communities earlier in the process in the future.

Behavioral Health and Integration Strategies (BHIS) Subcommittee

The brand new committee, Chairperson Daniel Darting, presented their new proposed Charter. Their purpose is “to assess behavioral health integration within the ACC by investigating strategies by which RAEs and providers are joining behavioral and physical health at the practice and systems level, by improving foundational understanding of behavioral health issues, benefits, and services, including substance use disorders, by ensuring care coordination and continuity across benefits, and by identifying the barriers to accessing behavioral health including but not limited to gaps in care and stigma.”
Statewide Accountable Care Collaborative (ACC) Performance Improvement Advisory Committee (PIAC) Highlights, December – January, and upcoming at February meeting

Provided by Carol Plock, Executive Director, Health District of Northern Larimer County & Statewide PIAC Co-Chair

They particularly intend to look at the following populations: 1) members who are diagnosed with both a mental health disorder and an intellectual developmental disability; pediatric members, including those in Foster Care; and geriatric members.

Their objectives include developing recommendations for care coordination and care continuity for behavioral health services during re-entry from the Department of Corrections facilities into the community, for corrections-involved members; developing recommendations regarding the implementation and alignment of the crisis service system and the RAES, specifically at the intersection of justice, primary care, and education systems; and to continuously track and monitor potential behavioral health concerns within the ACC.

January 2020

Accountable Care Collaborative Performance Incentives
HCPF Staff Ben Harris gave an overview of the Performance Incentive Portfolio, including the KPIs, BHIs, and Performance Pool, so the committee would have better understanding of what is being measured. HCPF is looking at some changes in KPIs, and a 7-step process was shared before they would be set and implemented.

Accountable Care Collaborative Operational Update
HCPF Staff Matt Lanphier presented an ACC Phase II Operational Dashboard that indicates ACC enrollment by region, PCMP Caseload by category, PCMP’s by type, Capitation Amounts by Type, and Behavioral Health Network by Region. It gives an at-a-glance view of what’s happening operationally.

Complex Care Coordination
HCPF Staff Stephanie Zieglser presented on HCPF’s new approach to care coordination for members with complex needs, reviewing the Population Pyramid the Department is using, their focus on clinical stratification, and their Focus Areas. The Department had noted that a lot of members were being directed to receiving complex care coordination when that was not the level that they actually needed. There is a new effort to identify those at the highest risk who really need higher levels of care coordination. Focus areas relating to conditions include maternity, complex newborns, diabetes, hypertension, cardiovascular disease, asthma/COPD, anxiety/depression, chronic pain, substance use disorders, and transplants.

The Department has sent a list of those they consider to be at highest risk to the RAES, and will be measuring how many of those receive care coordination. They note that this effort is a journey – and that that approach will be refined as they go along.

Upcoming, February 19, 9:30 am – 12:15

Update on the Governor’s Behavioral Health Task Force, by Summer Gathercole
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Accountable Care Collaborative Hot Topics
- Will include presentation from Tracy Johnson, HCPF Director, on the topic of what's happening with the Medicaid caseload
- PIAC members will also bring up Hot Topics from their perspective/communities