



# COLORADO ACCESS

Region 3 Program Improvement Advisory Committee

Inaugural Meeting | September 26, 2018



# Welcome & Introductions

Robert Bremer  
*Vice President of Integration*  
*Colorado Access*



# Review Agenda & Housekeeping Items

Kelly Marshall  
*Director of Community & External Relations*  
*Colorado Access*



# Ground Rules & General Housekeeping

## Ground Rules:

- **Quit Using Acronyms Please!**
- Assume good intent

## Housekeeping:

- No scheduled break – please break on your own as needed.
- Accommodations form – please fill out!
- Presentations will be distributed electronically after the meeting.
- Observing public:
  - Please sign in on the registration sheet
  - Comment and questions will be taken at the end of the meeting
  - Please help yourself to snacks and beverages



# Getting to know Colorado Access



# OUR MISSION

Partner with communities and empower people through access to quality, affordable care.

# Programs and Lines of Business

- Regional Organization for Health First Colorado
  - Denver (Region 5)
  - Adams, Arapahoe, Douglas and Elbert Counties (Region 3)
- Child Health Plan Plus (CHP+)
  - State Managed Care Network (SMCN) CHP+
- Long Term Services and Supports/Single Entry Point
  - Medicaid Home and Community Based Services
- Medical Assistance Site (AMES and MAS)
- Tele-behavioral health (Access Care Services)

# What Makes Us Unique

## **Integrated, whole-person approach**

Helping eligible Coloradans enroll in state programs like Medicaid and CHP+.

Serving physical health, behavioral health, and long term service and support needs for Medicaid members in our regions.

Providing traditional health plan administration services like paying insurance claims and building provider networks.

Offering care coordination and navigation services for members.





# OUR MEMBERSHIP

- 560,000 unique members
  - Medicaid Physical and Behavioral Health: 492,000
  - CHP+ (kids and pregnant moms): 56,000
  - Medicaid Long term services and supports: 12,000
- 47% are under 20 years old
- Region 3 Medicaid Physical and Behavioral Health = **285,601** (Adams, Arapahoe, Douglas & Elbert Counties) (as of 9/25/18)



## Snapshot – Customer Service & Member Communications

**394,178 new member packets** have been mailed so far this year.

Marketing has received and serviced requests in **19 different languages.**

The customer service team, who supports **questions** from departments including **members and providers**, answered **2,245 calls** last week alone.

## Snapshot – Care Management

Our care management staff actively engage with approximately 1,600 members a month in care coordination services.

There are **21 care coordinators** that help support **resource and referral needs for members**.

They also support incoming **calls** from our population health campaigns and are **support** to their fellow **care management** teams.



## Snapshot – Telehealth

Access Care Services (ACS) launched in July 2017 and in 2018 has had nearly **600 collaborative and telehealth consultations.**

ACS works directly with members and is a resource for providers to **drive improved integration for behavioral health services in the primary care setting.**



# Snapshot – Health Plan Operations

The claims team processes nearly **190,000 claims per month**.

Of those, **1,100 claims are appealed** and reviewed every month.



## Snapshot – Health & Wellness Programming

Population health and information technology teams at COA **collaborate to use claims data** to create clinical registries to **match members with the right health programs**- like the diabetes management program.

Health programs help members better manage their health by **offering health & wellness information and support in text, email, or IVR calls.**



## What is the Accountable Care Collaborative?

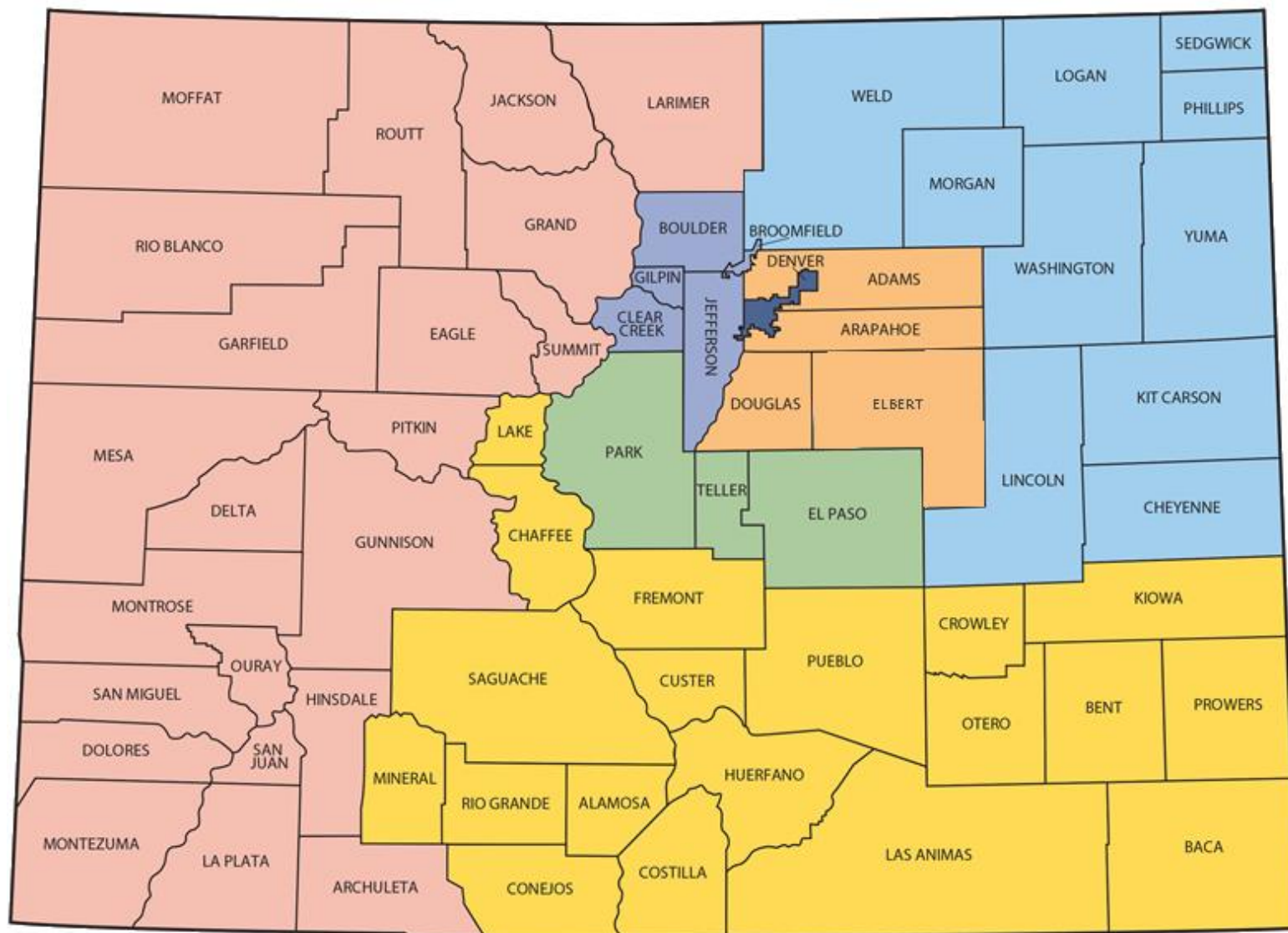
Marty Janssen  
*Senior Program Director*

Kelly Marshall  
*Director of Community & External Relations*





# Accountable Care Collaborative – 7 Regional Organizations



- |  |   |                             |  |          |   |                                    |
|--|---|-----------------------------|--|----------|---|------------------------------------|
| Region 1   |  | Rocky Mountain Health Plans |  | Region 5 |  | Colorado Access                    |
| Region 2   |  | Northeast Health Partners   |  | Region 6 |  | Colorado Community Health Alliance |
|  Region 3 |  | Colorado Access             |  | Region 7 |  | Colorado Community Health Alliance |
| Region 4   |  | Health Colorado, Inc.       |  |          |   |                                    |



# *Accountable Care Collaborative*

## Improve Health and Reduce Costs



### Medical Home

Ensure Health First Colorado members have a focal point of care.



### Regional Coordination

Health First Colorado members have complex needs and are served by multiple systems. Regional umbrella organizations help to coordinate across systems.



### Data

Health First Colorado members, providers and the system receive the data needed to make real-time decisions that improve care, increase coordination of services and improve overall efficiencies.



**COLORADO**

Department of Health Care  
Policy & Financing

Moving toward more **coordinated**  
and **integrated care** that  
increasingly rewards improved health



**COLORADO**

Department of Health Care  
Policy & Financing

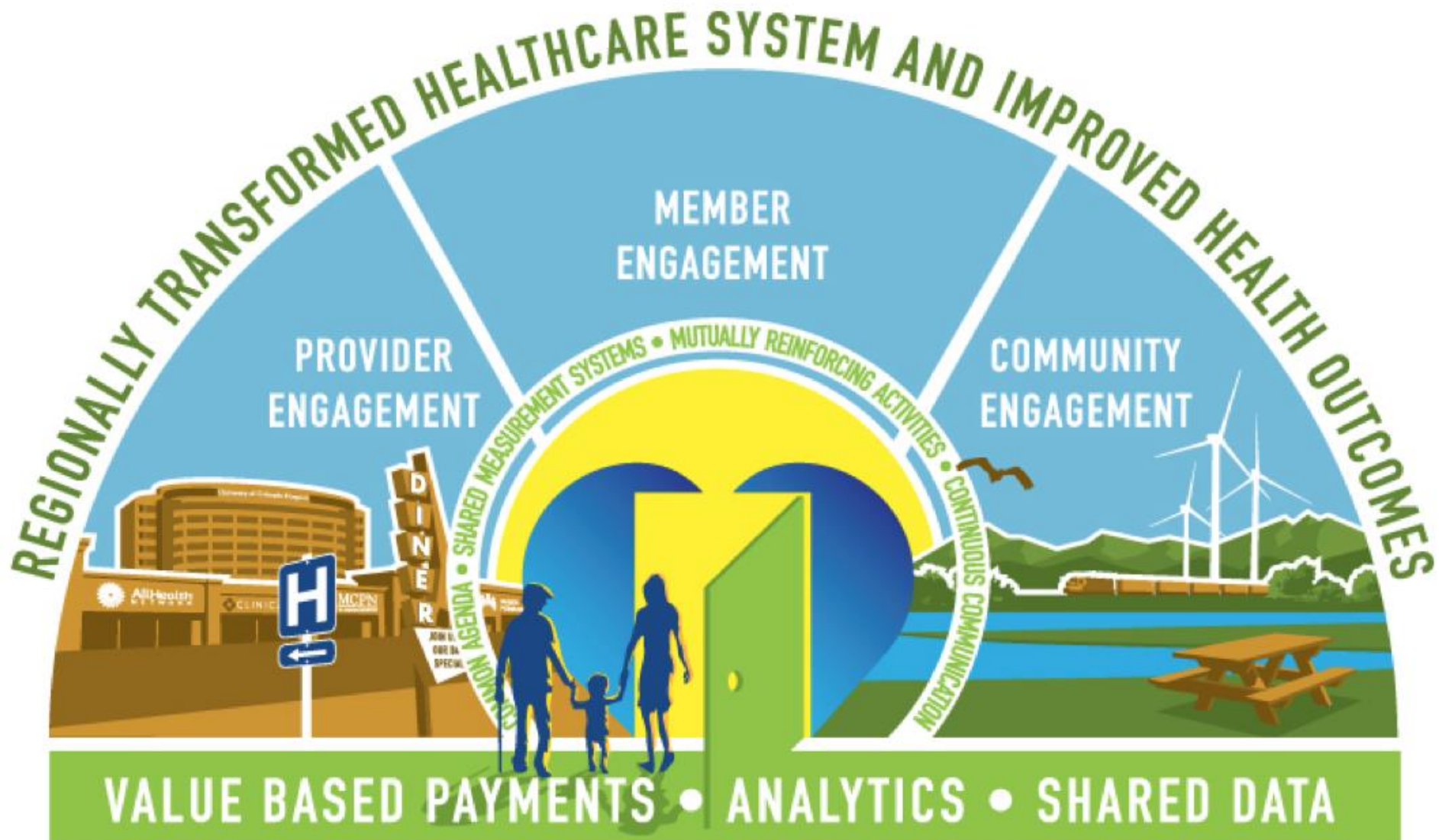
# Goals

- To improve member health & reduce costs

# Objectives

1. **Join physical and behavioral health** under one accountable entity
2. **Strengthen coordination of services** by advancing team-based care and health neighborhoods
3. **Promote member choice and engagement**
4. Pay providers for the **increased value** they deliver
5. Ensure **greater accountability and transparency**

# COA Regional Organization model

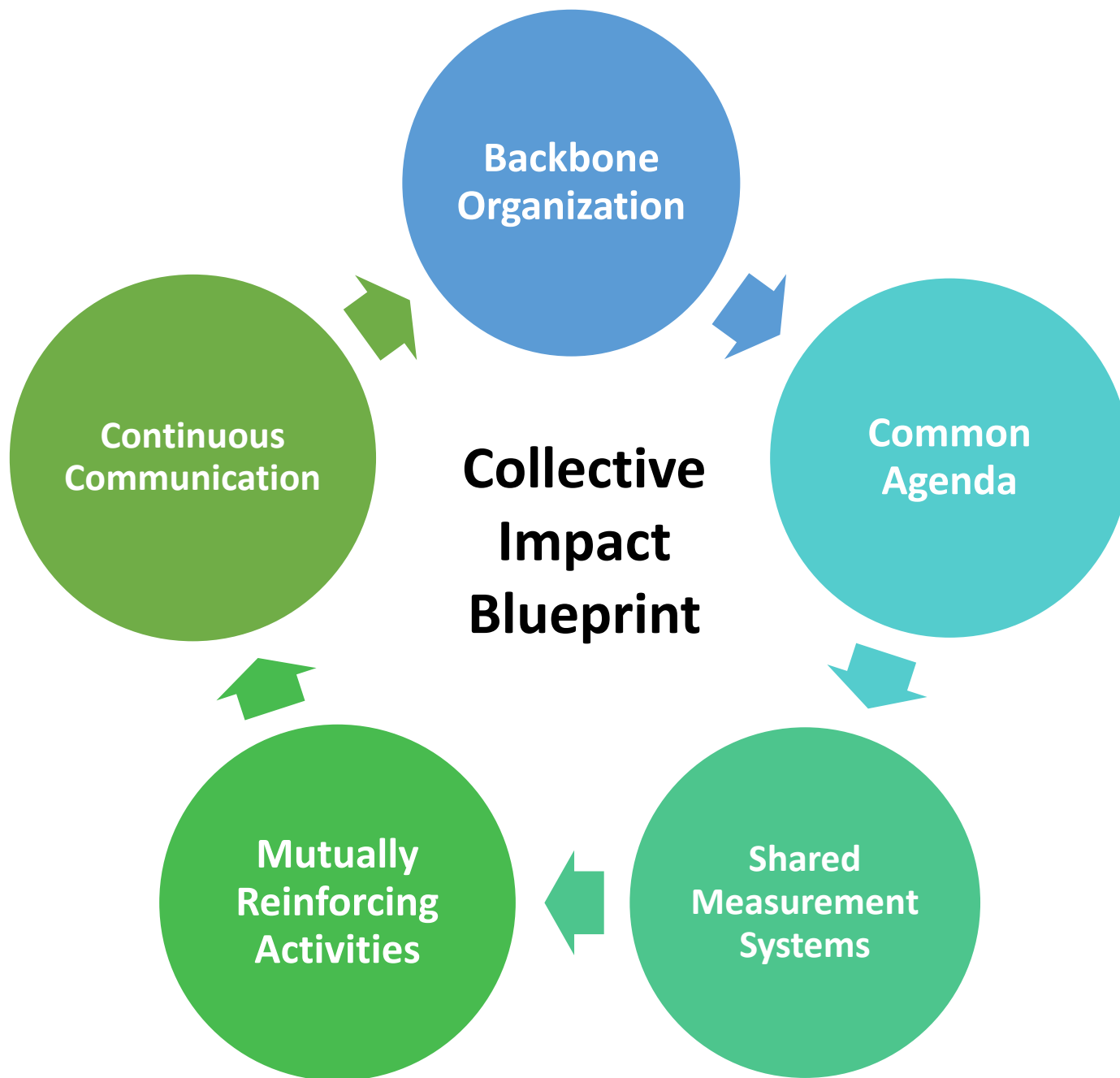




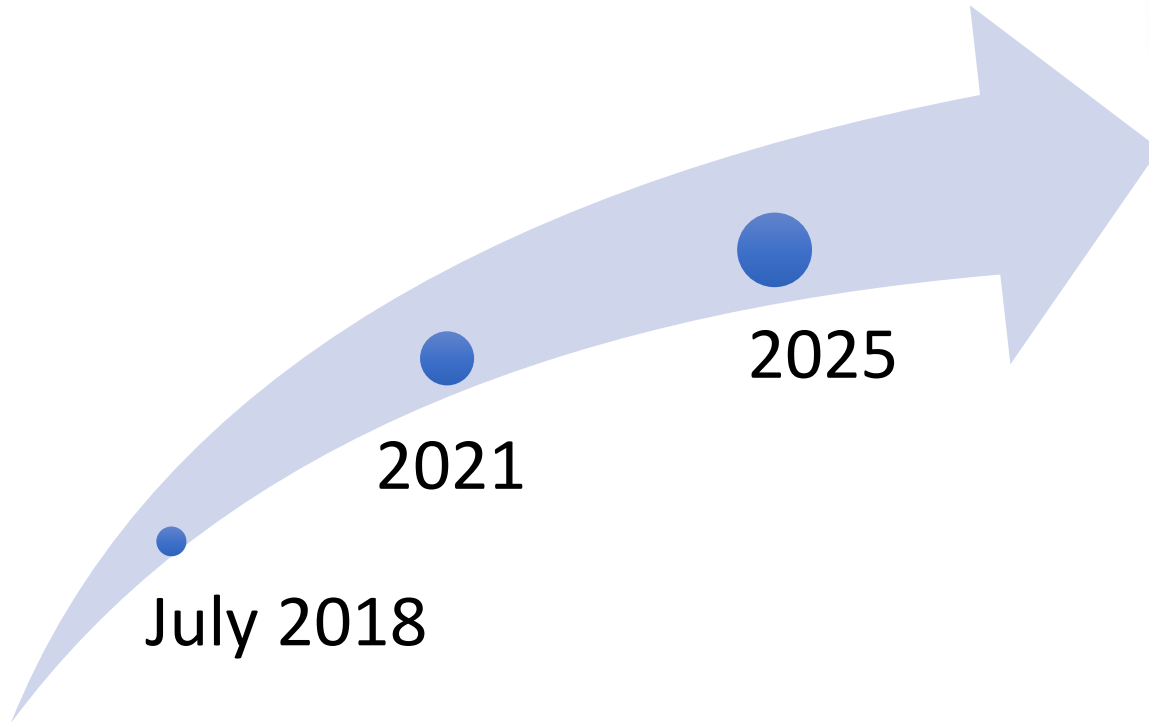
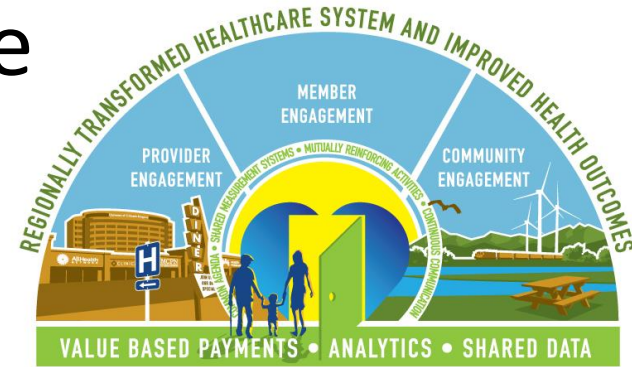
# REGIONAL ACCOUNTABLE ENTITY

HEALTH NEIGHBORHOOD





# Accountable Care Collaborative Time Horizon





A close-up photograph of four diverse children smiling warmly at the camera. The child in the center is a young boy with light brown, curly hair and freckles, wearing a pink t-shirt. To his left is a girl with dark, curly hair, wearing a red and orange striped shirt. To his right is a boy with dark skin and short hair, wearing a blue t-shirt. Another child is partially visible on the far left. The background is bright and out of focus.

Let's get to know one another!

Molly Markert  
*Community Engagement Liaison*







## Program Improvement Advisory Committee

Kelly Marshall

*Director of Community & External Relations*



# State Program Improvement Advisory Committee

The State PIAC is made up of stakeholders who provide guidance and make recommendations to help improve health, access, cost and satisfaction of members and providers in the Accountable Care Collaborative.

## Subcommittees:

1. Improving and Bridging Systems
2. Health Impact on Lives: Health Improvement
3. Provider and Community Issues

## Regional PIACs – Purpose

To engage stakeholders and provide guidance on how to improve health, access, cost, and satisfaction of Members and providers in the Program.

*(Base Contract Section 16.9.2, pg. 109-110)*

# Regional PIACs – Required Composition

At a minimum, the following stakeholder representatives:

- Members
- Members' families and/or caregivers
- PCMPs
- Behavioral health providers
- Health Neighborhood provider types (specialists, hospitals, LTSS, oral health, nursing facilities)
- Other individuals who can represent advocacy and Community organizations, local public health, and child welfare interests



# Regional PIACs – Required Responsibilities

1. Review the Contractor's deliverables
2. Discuss program policy changes and provide feedback
3. Provide representatives for the statewide PIAC
4. Review the Contractor's and Program's performance data
5. Review Member materials and provide feedback

*(Base Contract Section 16.9.2, pg. 109-110)*



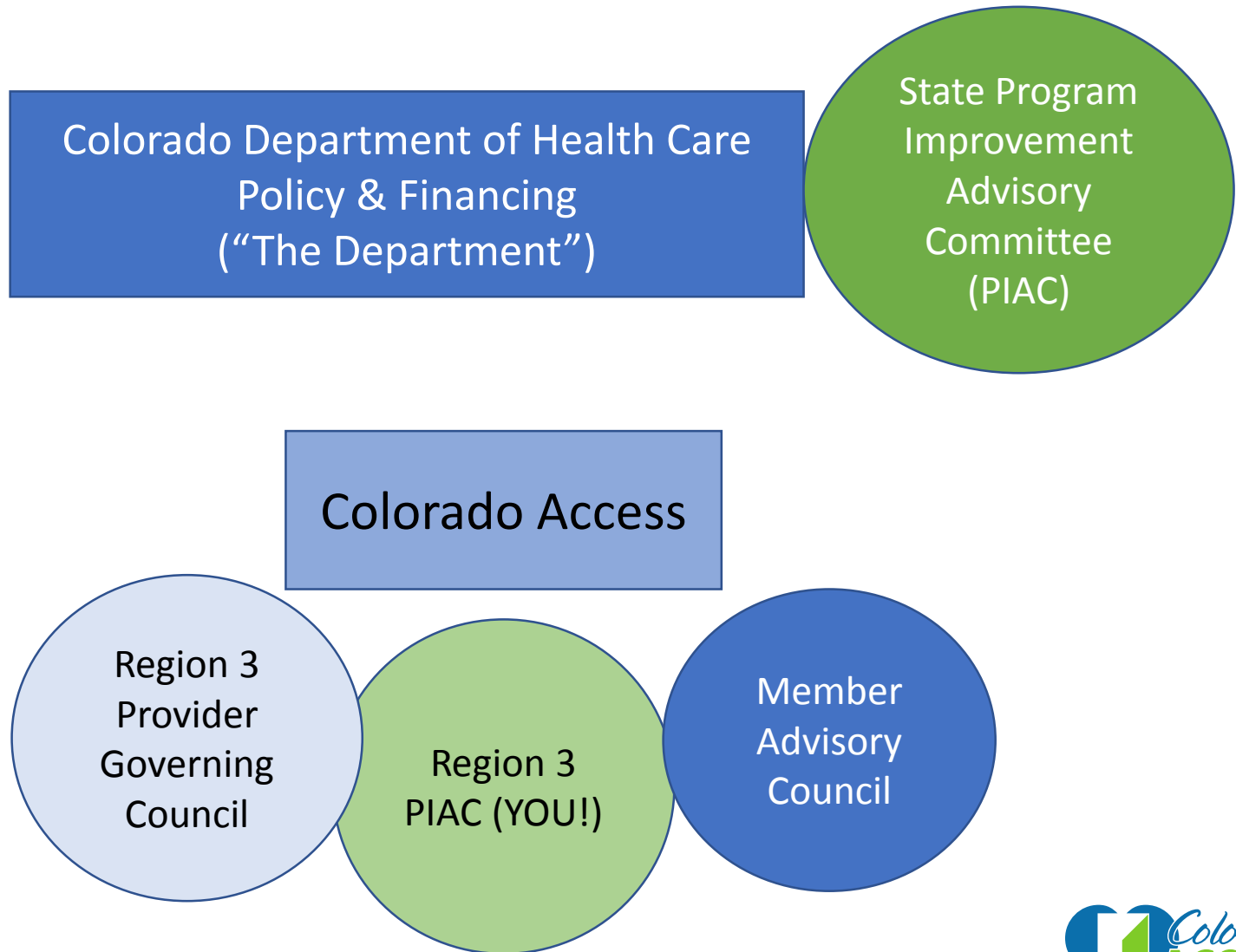
# Colorado Access Specific Deliverables

*Colorado Access would like to collaborate with our Regional PIACs to help develop these deliverables.*

## Comprehensive Community Engagement Plans

The Contractor shall conduct a **comprehensive community needs assessment in Region 3/5**, and develop a **comprehensive community engagement plan**. The community needs assessment **shall include data and evidence regarding social determinants of health that is collected via collaboration with neighborhood partners including hospital-based community needs assessments, public health and human services data sets, and research**. The Contractor **shall identify health disparities in terms of specific communities and populations within the region, collaboratively prioritized and addressed, and impacts measured**.

# Stakeholder Engagement Structures



# Member Advisory Council

The purpose of the Member Advisory Council is to ensure that members, their family members, and caregivers have a **voice** in the projects and programs at Colorado Access which impact all members. Our council members represent a variety of communities and provide valuable insight into how Colorado Access may best serve its members.

*Member Advisory Council Charter (approved 2/20/18)*



# MAC One Year Anniversary in August 2018





# Region 3 Governing Council

1. All Health Network
2. Aurora Mental Health Center
3. Children's Hospital Colorado
4. Clinica Family Health Services
5. Community Reach Center
6. CU Medicine
7. Doctors Care (Interim Vice Chair)
8. Kaiser Permanente of Colorado
9. MCPN (Interim Chair)
10. Peak Vista Community Health Centers
11. Rocky Mountain Youth Clinics
12. Salud Family Health Centers
13. UCHealth

## Region 3 PIAC – Upcoming action items

1. Committee executive leadership – elect a chair and vice chair.
2. Elect two representatives from this committee to sit on the Region 3 Governing Council
3. Approve an official Committee Charter



## Opening Discussion Re: Scope

# Discussion Questions

- How do we meet the state's requirements for this committee in a meaningful way?
- What are your areas of interest and hopes for this committee?





# Requirements: How to make this meaningful?

1. Review the Contractor's deliverables
  2. Discuss program policy changes and provide feedback
  3. Provide representatives for the statewide PIAC
  4. Review the Contractor's and Program's performance data
  5. Review Member materials and provide feedback – *MEMBER ADVISORY COUNCIL*
- ❖ Comprehensive Community Needs Assessment and Engagement Plan



# Public Comment and Questions