**Health First Colorado Payment Reform**

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**Colorado Medicaid in Context**

Federal Uncertainty

- Comprehensive Primary Care +
- MACRA - Medicare Payment Reforms
- CHP At Risk
- Pending Gubernatorial Changes

State Budgetary Constraints
- Education Funding Deficit
- State Innovation Model
- Medicaid Expansion At Risk
- Department Resource Constraints
- Political Pressure to LIMIT Medicaid Spending
- Political Pressure to INCREASE Medicaid Spending

Program Administration - Regional Accountable Entities
- Physical Health (Mostly) Fee-For-Service
- Behavioral Health Full Risk

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Payment and Delivery System Reform in Colorado

Today’s Overview
• The Accountable Care Collaborative
• Primary Care Reforms
• Behavioral Health Reforms

The Accountable Care Collaborative - Phase II

Integration
Accountability
Flexibility
Whole Person Care
Aligned Incentives

Today
• 7 Regional Care Coordination Contracts
• 5 Behavioral Health Contracts
• History of Financial Success - Cost Savings
• Most Clients Enrolled

The Future
• 7 Regional Accountable Entities Contracts
• Modified Risk Structure
• All Eligible Clients Enrolled
• Many Other Program Improvements
**Primary Care Reforms - Four Models**

<table>
<thead>
<tr>
<th>Quality Adjusted Payments</th>
<th>Federally Qualified Health Centers</th>
<th>Other Primary Care Medical Providers</th>
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<tbody>
<tr>
<td>Encounter Rate Adjusted by Quality Score</td>
<td>Fee-for-Service Reimbursement Adjusted by Quality Score</td>
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<tr>
<td>Quality Adjusted PMPM for Attributed Clients</td>
<td>Hybrid Model: QA PMPM and QA Discounted FFS</td>
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**Behavioral Health - The Gate**

1. Timely submission and completion of corrective action plans and activities
2. Timely and accurate submission of monthly encounter data
3. Accuracy demonstrated in audits of the following six categories:
   - Procedure Code
   - Diagnosis Code
   - Place of Service
   - Service Program Category
   - Units
   - Staff Requirements

Basic Performance Standards ➔ Participation in Incentive Program
Behavioral Health - The Goal

Care Coordination Performance Measures
- Suicide risk assessment for those receiving mental health or substance abuse disorder (SUD) evaluation
- Documented care coordination agreements for specific vulnerable populations
- Documented care plans for dual diagnosis service denials

Quality and Access to Care Process Measures
- Mental health engagement
- SUD treatment engagement
- Follow-up appointment after hospital discharge for mental health condition
- Emergency department utilization for behavioral health condition

Basic Performance Standards ➔ Participation in Incentive Program

Future Reform Efforts

- Hospitals - Statutory Requirement for transformation waiver
- Long Term Services and Supports
Critical Concepts

- Alignment Across Initiatives
- Alignment of Incentives Across Provider Types and Management Entities Matters
- Resources Matter
- Glide paths should lead to somewhere

This is hard work, but it is important - keep moving forward!

Contact Information

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Thank You!