A HEALTH COLORADO, INC. RESPONSE TO:

The Colorado Department of Health Care Policy and Financing
Request for Proposals, Solicitation # 2017000265
Regional Accountable Entity for the Accountable Care
Collaborative for Region 4

PROPOSAL SUBMISSION DEADLINE: July 28, 2017, 3:00 p.m. Mountain Time

Health Colorado
Dedication. Compassion. Innovation.

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EXECUTIVE SUMMARY

> *With 60 years of local experience as community providers and with locations throughout the region, Health Colorado makes services available to Medicaid Members across the entire region.*

We are delighted to have this opportunity to continue to serve the Department of Health Care Policy and Financing (the Department) and our Members in Region 4. Health Colorado, Inc. (Health Colorado) is a new and *purpose-built company created to serve* the Department and Colorado's Medicaid Members as the Region 4 Regional Accountable Entity (RAE). In our review of the Draft RFP, we identified the need for a new type of partnership bringing together local, experienced organizations that serve the physical and behavioral health needs of Members, as well as the care coordination, education, transformation, and administration needs of the Department and the local provider community.

By establishing a new partnership with a seasoned managed care company, a large physical health presence, and the regional behavioral health delivery system, Health Colorado has the right infrastructure to successfully transition into the Accountable Care Collaborative 2.0 (ACC 2.0) program. The members of this new partnership, Valley-Wide Health Systems, Inc., Health Solutions, Beacon Health Options, Inc. (Beacon), San Luis Valley Behavioral Health Group, (San Luis Valley Behavioral Health), Solvista Health, and Southeast Health Group bring experienced Medicaid providers and an experienced Administrative Service Organization together with *equal stake in the success of the RAE*, and shared risk in the management of the capitated behavioral health benefits. In our model, we are accountable to the Department, Medicaid Members, providers, the Health Neighborhood in Region 4, and to each other.

We leverage the complementary experience and expertise of our Federally Qualified Health Center (FQHC), Community Mental Health Center (CMHC), and Managed Care Organization (MCO) partners to blend the best attributes of local, regional, and national health care organizations to better serve Colorado's Medicaid Members across Region 4. This innovative collaboration offers the Department the best from a mature, national MCO that has deep roots in

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Colorado with nationally recognized integrated care expertise, and a dynamic, community-based health care delivery system. To sum up, we have the right components for success.

Health Colorado Provider Partners' Service Area

Our partnership brings decades of experience serving Colorado's Medicaid community and expertise in both Behavioral Health Organization (BHO), and Regional Care Collaborative Organization (RCCO) programs. This experience gives us the opportunity to leverage systems, processes, and relationships that have been integrated across physical and behavioral health for years. For example, our technology infrastructure administers both PCCM Entity (RCCO) and PIHP (BHO) programs and services and does not require a large or complex technical development or configuration to meet the RAE statement of work requirements. Therefore, in lieu of a traditional new implementation, which starts from scratch, we will focus our implementation efforts on adding incremental assets to our existing infrastructure and operations so that *on Day 1, we are ready to make meaningful progress on program key performance indicators (KPIs)* rather than test new local infrastructure.
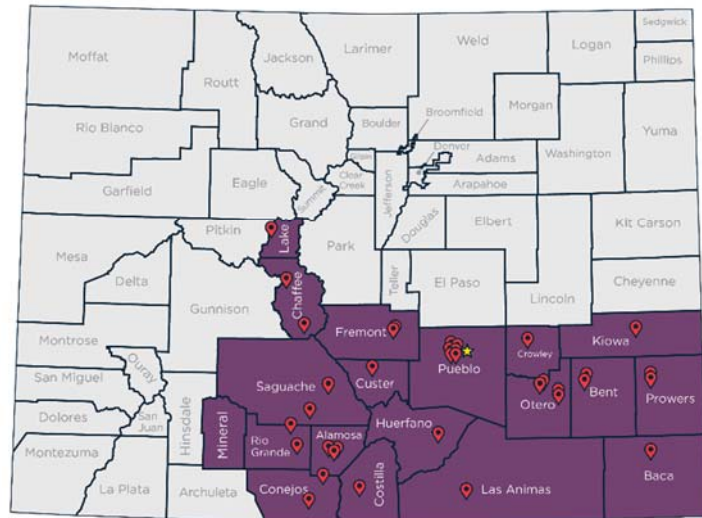
Health Colorado's partners' collective experience and performance in the RCCO and BHO programs is among the best in the State as evidenced by our External Quality Review Organization scores and we have all built relationships across the entire region with Members, providers, specialists, social service organizations and other health neighborhood contributors. As an example, our partners currently have over *320* relationships with Health Neighborhood stakeholders across the entire Region and a comprehensive local, Medicaid mental health and substance use disorder network comprising *532* providers ready to continue their work with us. We have provided Letters of Support from some of these trusted collaborators as **Attachment 1**.

Of equal importance are our existing relationships with Primary Care Medical Providers (PCMPs), include existing care coordination contracts and high functioning integrated care that includes behavioral health practitioners embedded into 18 sites across the region. We will leverage these relationships as we deploy our new PCMP and Health Neighborhood financial support model.

Health Colorado has an existing network of 532 credentialed behavioral health and substance use providers. Our network is already established and ready to serve the Region 4 Members on Day 1 (July 1st, 2018).

Region 4, like others, has its own unique needs and challenges. Our region is 90 percent rural or frontier and requires equal attention and focus on all 19 counties. *We know this region and the people that live here because we live here and are rooted in these communities*. Our Governing

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Body, key personnel, and staff all live in Colorado. Our senior executives have an average of over 15 years in their local organizations and many grew up in the communities they now serve. We understand that 11 of the state's 14 poorest counties exist in our region and transportation issues resulting from our geography and seasonal road conditions can complicate access even when network adequacy standards are exceeded. We know how the social determinants of health affect our Members and have detailed plans to continue to coordinate and arrange for services and care to improve the overall health of the communities in Region 4 and to meet the Department's goals.

STAFFING, METHODOLOGIES, AND APPROACHES

The Health Colorado Partners have a proven track record of success and an established infrastructure that will be leveraged for ACC 2.0. As a new company comprising existing local experts, *all of our key personnel and the vast majority of our operational and clinical staff are already in place and prepared to serve*. These local resources are backed by Beacon's national workforce allowing us to leverage best practices and national expertise for important functions like credentialing, claims processing, finance, accounting, compliance, and legal. This allows our local organization to benefit from the disciplines, processes, technology, and scale of one of the nation's largest specialty managed service organization and experience derived from serving 50 million members. This includes *14 million Medicaid members across 26 states and the District of Columbia*. As shown in our organizational chart below, we are a local partnership that will have a meaningful economic impact in Colorado.

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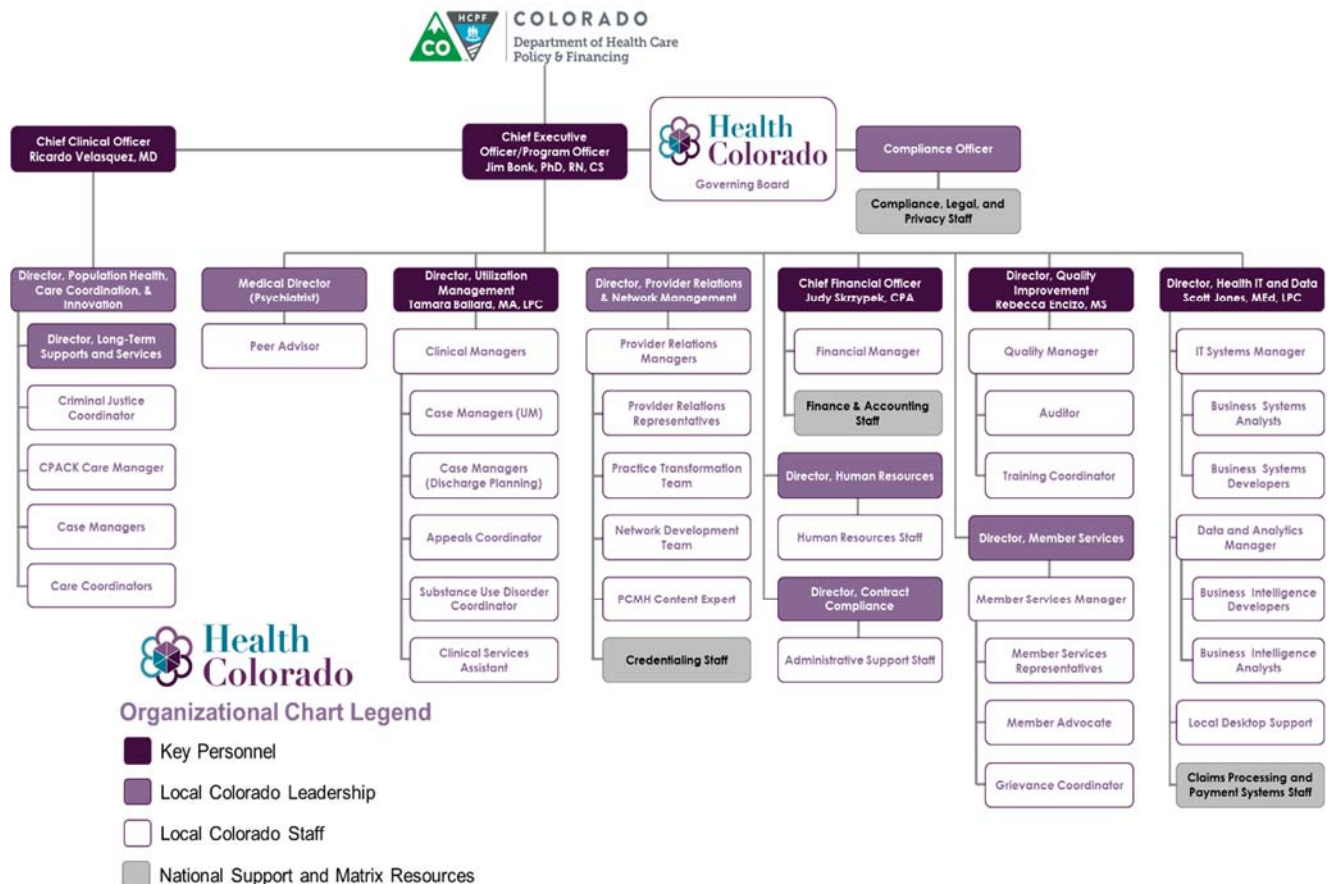
Health Colorado includes provider partners as owners because we know providers can affect the delivery system. These providers have led the region's transformation to integrated care and will continue to innovate and share best practices with all other providers to meet KPIs and fill gaps in the way care is delivered in this specific community, including our frontier areas. Plans are already in place to develop new programs in rural Colorado to meet the population health requirements of the RAE. These programs include the deployment of ***leading technology solutions*** that will allow our Members to access adult and child wellness and prevention programs, diabetes care, smoking cessation and prenatal care via simple and effective interactive texting campaigns. We have also selected an ***advanced analytics*** tool that leverages the power of supervised machine learning (the most accurate predictive analytics method) to create and distribute actionable lists of Members who are likely to have a preventable event with intervention from our care coordination team or their PCMP. This tool will allow us to get in front of issues before they occur and bring the type of technology usually reserved for high-tech companies to the Members of Region 4.

Our organization and program design methodology are built upon the following three core elements:

1. We know that the closer and more integrated we are to the community, the quicker we can react to its needs. By developing a new organization with a national Administrative Services Organization partnered with local providers that serve the entire region, ***we can affect care and implement delivery system changes at speed and scale***.
2. We know that using sophisticated, nationally-tested technology and assets that have already been configured to serve this specific region and unique Statement of Work will allow us to ***focus on what matters most not only in Year 1 of the contract, but on Day 1***.
3. We have redesigned our financial support model and clinical programs to ***align with the Department's transformation towards value-based care and payments***. We have designed and developed objective methods to measure our programs, to track and establish accountability amongst ourselves and our partners in the community including PCMPs that choose to provide care coordination services or use our care coordination software.

HEALTH COLORADO AT A GLANCE

Experience	Through our provider partners' experience in both the RCCO and the BHO, as well as the Colorado and national experience of our Administrative Services Organization, Beacon, we meet all of the qualifications, and will provide the Department with an organization that is ready to deliver results on Day 1.	✓
Infrastructure	Our existing infrastructure such as our information technology and data platforms is already integrated with the Department's assets and state resources like Colorado interChange, CORHIO and BIDM. Our implementation focus will be on augmenting that system with new capabilities to meet the distinct needs of the RAE program such as member engagement and population health management technology and advanced analytics that will compliment BIDM.	✓

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People	Our local, experienced staff is ready to transition from their current RCCO and BHO responsibilities to those of the RAE.	✓
Relationships	Our 320 existing Health Neighborhood and Community relationships will allow us to focus on results on **Day 1** rather than introductions.	✓
Organization	Our purpose-built organization includes partners across physical health, behavioral health, and managed care. This blend will allow us to affect the delivery system across our entire 19-county region better than those without this depth and breadth.	✓
Value	We have considered what is of value to the Department in all of our designs and proposed solutions. We have used our knowledge of the Department's work and investments as well as the region and state's healthcare landscape to ensure that our investments will be additive and complementary rather than duplicative. We have further considered what is of value to PCMP, Health Neighborhood, and community partners and have designed accountable and measureable financial support models so that we can empower and align entire communities to achieve the goals of the Accountable Care Collaborative.	✓

Health Colorado represents all 19 counties in Region 4 and will give equal focus and attention to each county. We bring existing assets, like our technical infrastructure, relationships, knowledge of the Department and the local health delivery system, established and tested administrative processes and finally, experienced staff to this opportunity.

Our partners are already among the best in Colorado as members of the current RCCO and BHO organizations and intend to continue to create, innovate and adapt on pace with the Department's innovation. With Essential Community Providers in our organization, we are a mission driven venture that has served Region 4 through multiple reforms, expansions and adaptations and will remain no matter what the local, state or national landscape requires.

PROPOSAL CONTACT PERSON
Name: Myron Unruh
Phone Number: 719-538-1469 (office)
719-426-8423 (mobile)
Email Address: myron.unruh@beaconhealthoptions.com

CORE VSS NUMBER
Health Colorado's CORE VSS number is VS50000000026759.

Substitute Form **W-9**	REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (TIN) VERIFICATION	State of Colorado **Do NOT send to IRS**

PRINT OR TYPE | RETURN TO ADDRESS BELOW

Legal Name (OWNER OF THE EIN OR SSN AS NAME APPEARS ON IRS OR SOCIAL SECURITY ADMINISTRATION RECORDS)
DO NOT ENTER THE BUSINESS NAME OF A SOLE PROPIETORSHIP ON THIS LINE - See Reverse for Important Information

Health Colorado, Inc.

Trade Name -- complete only if doing business as (D/B/A)

Remit Address

1740 Eagleridge Blvd, Suite 110, Pueblo Co, 81008

Purchase Order Address -- Optional

PART II See Part II Instructions on Back of Form

Check legal entity type and enter 9 digit Taxpayer Identification Number (TIN) below:
(SSN = Social Security Number   EIN = Employer Identification Number)

Do Not enter an SSN or EIN that was not assigned to the legal name entered above

☐	**Individual**	(Individual's SSN)	__ __ __ -- __ __ -- __ __ __ __

NOTE: If no name is circled on a Joint Account when there is more that one name, the number will be considered to be that of the first name listed.

☐	**Sole Proprietorship** (Owner's SSN or Business EIN)	SSN	

Note: Enter both the owner's SSN and the business EIN (if you are required to have one) | EIN |

| ☐ | **Partnership**   ☐ General   ☐ Limited | (Partnership'S EIN) | |

| ☐ | **Estate/Trust** | (Legal Entity's EIN) | |

NOTE: Do not furnish the identification number of the personal representative or trustee unless the legal entity itself is not designated in the account title. List and circle the name of the legal trust, estate, or pension trust.

| ☐ | **Other >** --- | (Entity's EIN) | |

Limited Liability Company, Joint Venture, Club, etc.

| ☒ | **Corporation**   Do you provide medical services?   ☒ Yes ☐ No | (Corp's EIN) | *82 -- 1820099* |

Includes corporations providing medical billing services

| ☐ | **Government (or Government Operated) Entity** | (Entity's EIN) | |

| ☐ | **Organization Exempt from Tax under Section 501(a)** | (Org's EIN) | |

Do you provide medical services?   ☐ Yes   ☐ No

| ☐ | **Check Here if you do not have a SSN or EIN, but have applied for one.** See reverse for information on *How to Obtain A TIN* |

Licensed Real Estate Broker?   ☐ Yes   ☐ No

Under Penalties of Perjury, I certify that:

(1)   The number listed on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me) AND

(2)   I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secure property, contribution to an individual retirement arrangement (IRA), and payment other than interest and dividends).

CERTIFICATION INSTRUCTIONS -- You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return. (See Signing the Certification on the reverse of this form.)

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

NAME (Print or Type) *Clifford Coppola*   TITLE (Print or Type) *Incorporator*

AUTHORIZED SIGNATURE *[signature]*   DATE *6/28/17*   PHONE (*757*) *459-5486*

DO NOT WRITE BELOW THIS LINE   RETURN BOTH COPIES TO ADDRESS ABOVE

AGENCY USE ONLY

Agency ____ ____ ____   Approved by _____   Date _____

1099: Yes ____ No ____   Action Completed by _____   Date _____

VENDOR: Addition ____ Change ____

615-82-50-7093 (R 4/97)

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OFFEROR'S RESPONSE 1

Provide documentation demonstrating how the Offeror meets all mandatory qualification requirements including, at a minimum, the following information:

a. Offeror's legal name and address, number of years in business under this legal name, total number of employees, including contracted staff, and the organization's location(s), including any in Colorado.
b. Documentation of the Offeror's licensure required to perform the Work and verification that the licensure is not suspended, revoked, denied renewal or found to be noncompliant by the Colorado Division of Insurance. If the Offeror is not licensed as required by the Colorado Division of Insurance at the time the proposal is submitted, the Offeror shall attest that the appropriate licensure shall be obtained prior to executing a Contract with the Department.
c. Attestation that the Offeror meets the requirements of a PCCM Entity and a PIHP.

Health Colorado, Inc. (Health Colorado) is a new and purpose-built company that was created to serve the Department of Health Care Policy and Financing (the Department) and Colorado's Medicaid Members as the Region 4 Regional Accountable Entity (RAE). In our review of the Draft RFP, we identified a need for a new type of partnership bringing together local, experienced organizations that serve the physical and behavioral health needs of Members, as well as the care coordination, education, transformation, and administration needs of the Department and the local provider community. By joining forces with Valley-Wide Health Systems, Inc. (Valley-Wide), Health Solutions, Beacon Health Options, Inc. (Beacon), San Luis Valley Behavioral Health Group (San Luis Valley Behavioral Health), Solvista Health, and Southeast Health Group, this new partnership brings experienced Medicaid providers and service organizations together with equal stake in the success of the RAE, and equal risk in the management of the capitated behavioral health benefits.

Health Colorado leverages the complimentary experience and expertise of our Federally Qualified Health Center (FQHC), Community Mental Health Center (CMHC), and Managed Care Organization (MCO) partners to blend the best attributes of local, regional, and national health care organizations to better serve Colorado's Medicaid Members in Region 4. This innovative collaboration offers the Department the best of a mature, national, MCO that has deep roots in Colorado with nationally recognized integrated care expertise, and a dynamic, community-based health care delivery system.

a. OFFEROR'S INFORMATION

Required Information
Legal Name: Health Colorado, Inc. (Health Colorado)
Address: 1740 Eagleridge Blvd., Suite 110, Pueblo, CO 81008
Number of years in business under this legal name: Health Colorado is a newly formed partnership created in 2017 to specifically deliver integrated health care services as the RAE for Region 4.
Total number of employees, including contracted staff: Health Colorado will have between 77 and 95 staff to support the RAE contract in Region 4. Based on our financial support model detailed in *Offeror's Response 17*, we have provided a range of staff due to the varying level of support we offer to providers, which will affect the number of care coordination staff we allocate. Health Colorado staff will be further augmented by local and national expertise and resources from our partner organizations. For example, claims processing is delegated to

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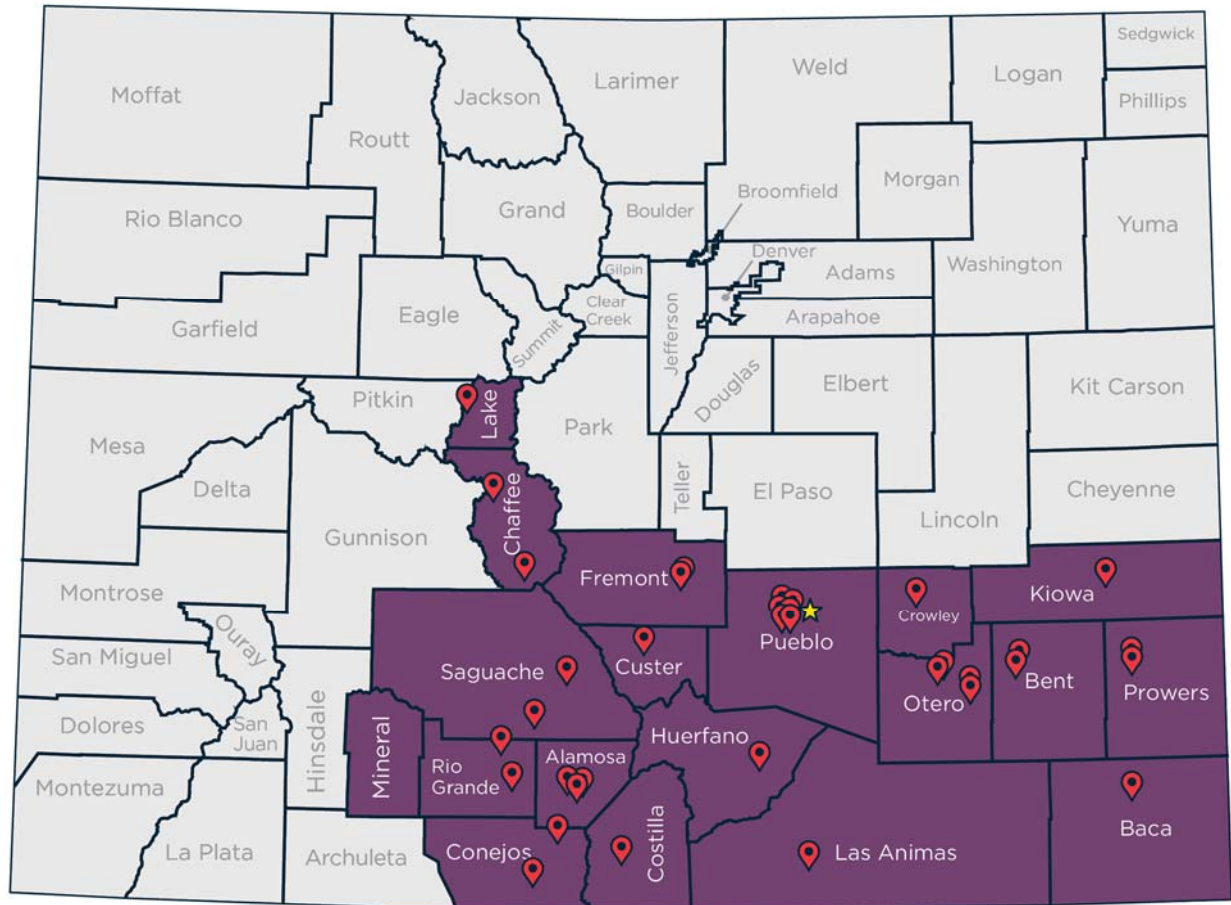*Request for Proposal 2017000265*

Required Information
Beacon. As such, they will rely on their Service Center in Latham, New York to process claims for Health Colorado. Beacon processes over 22 million claims per year; the RAE program will benefit significantly from the efficiency of national operations.

Organization's location(s): Health Colorado is headquartered at 1740 Eagleridge Blvd., Suite 110, Pueblo, CO 81008. In addition to our headquarters, our partner organizations will also support Health Colorado as the RAE for Region 4 from the following administrative and clinical locations:

- 711 Barnes Ave., La Junta, CO 81050
- 100 Kendall Dr., Lamar, CO 81052
- 101 E. Lowell Ave., Eads, CO 81036
- 220 1st St., Ordway, CO 81063
- 963 Elm Ave., Rocky Ford, CO 80167
- 3225 Independence Rd., Cañon City, CO 81212
- 28374 County Road 317, Buena Vista, CO 81211
- 511 W. Main St., Westcliffe, CO 81252
- 522 Alamosa Ave., Alamosa, CO 81101
- 402 Fourth Ave., Monte Vista, CO 81144
- 9th and Dahlia, Antonito, CO 81120
- 400 W. 17th St., Parkview Medical Center North Annex, Pueblo, CO 81003
- 1304 Chinook Ln., Pueblo, CO 81001
- 41 Montebello Rd., Ste. LL1 & LL2, Pueblo, CO 81001
- 2003 E. 4th St., Pueblo, CO 81001
- 417 S. Indiana, Trinidad, CO 81082
- 1710 First St., Alamosa, CO 81101
- 10th & Dahlia St., Antonito, CO 81120
- 186 Hurt St., Center, CO 81125
- 602 Yale Pl., Cañon City, CO 81212
- 1012 Belmont Ave., La Junta, CO 81050
- 545 Moffat Way, Moffat, CO 81143
- 903 S. 12th St., Rocky Ford, CO 81067
- 106 Blanca Ave., Ste. 300, Alamosa, CO 81101
- 9925 Federal Dr., Ste. 100, Colorado Springs, CO 80921

- 302 Barnes Ave., La Junta, CO 81050
- 3500 1st St. South, Lamar, CO 81052
- 701 Park Ave., Las Animas, CO 81054
- 404 N. Main St., Rocky Ford, CO 80167
- 210 E. 10th St., Springfield, CO 81073
- 111 Vesta Rd., Salida, CO 81201
- 714 Front St., Leadville, CO 80461
- 8745 CR 9 South, Alamosa, CO 81101
- 322 Walnut St., La Jara, CO 81140
- 409 Trinchera, San Luis, CO 81152
- 260 Worth St., Center, CO 81125
- 41 Montebello Rd., Ste. 116 & 202, Pueblo, CO 81001
- 1302 Chinook Ln., Pueblo, CO 81001
- 1012 W. Abriendo Ave., Pueblo, CO 81004
- 512 Henry Ave., Pueblo, CO 81005
- 926 Russell, Walsenburg, CO 81089
- 128 Market St., Alamosa, CO 81101
- 128 Market St., Alamosa, CO 81101
- 220 S. Worth St., Center, CO 81125
- 1131 Main St., Alamosa, CO 81101
- 421 Walnut St., La Jara, CO 81140
- 245 Vine Ave., Las Animas, CO 81054
- 925 2nd Ave., Monte Vista, CO 81144
- 233 Main St., Ste. B, San Luis, CO 81151
- 1335 Phay Ave., Ste. C, Cañon City, CO 81212
- 7979 E. Tufts Ave., Ste. 820, Denver, CO 80237
- 4 British American Blvd., Bldg. 4, Latham, NY 12110

Health Colorado's provider partners are the most comprehensive medical and behavioral health care providers in their respective regions, as evidenced by the map on the following page. Together, our partners represent nearly 50 physical, behavioral, and oral health care provider sites across Region 4.

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Health Colorado Provider Partners Service Areas

Spanning nearly 60 years of offering health care services in Region 4, Health Colorado's provider partners have delivered comprehensive physical, behavioral, and oral health care services in some of Colorado's most rural and frontier counties.

Additionally, our history in the area comprising RAE Region 4 spans nearly 60 years. As integral partners in the Colorado Medicaid system, our FQHC and CMHC partners have provided essential, high quality health care services for uninsured and Medicaid Members in the rural and frontier counties of southeastern Colorado prior to the introduction of Medicaid managed care in 1983. In addition, since 1995, our CMHC partners and Beacon have administered behavioral health benefits for Colorado's Medicaid programs as partners in the Behavioral Health Organization (BHO) that serves the counties comprising Region 4. Furthermore, *all* of Health Colorado's partners have managed integrated physical and behavioral health care services as partners in the Region 4 Regional Care Collaborative Organization (RCCO) since 2010.

These Essential Community Providers have and will continue to serve the Members residing in Region 4 as the Accountable Care Collaborative (ACC) Program and Health First Colorado evolve over time. While our FQHC and CMHC partners boast an impressive network throughout Region 4, they are augmented by Health Colorado's large and competitive network brought forward by our Administrative Services Organization, Beacon. Together, Health Colorado's

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network will meet and exceed the Department's standards and, importantly, offer Members' choice when selecting a provider.

b. OFFEROR'S LICENSURE

Valley-Wide, Health Solutions, Beacon, San Luis Valley Behavioral Health, Solvista Health, and Southeast Health Group have joined to form Health Colorado. Health Colorado will have all necessary licenses, certifications, approvals, insurance, and permits required to perform the services described in this RFP and proposed in our response, including a Certificate of Authority by July 1, 2018. We have provided our Certificate of Fact of Good Standing as **Attachment 2**.

Health Colorado has already submitted our Health Maintenance Organization (HMO) application to the Colorado Division of Insurance and is actively working on acquiring this license. We will obtain a Colorado HMO license to serve as the Region 4 RAE.

We have provided a signed attestation that Health Colorado will obtain the appropriate licensure prior to executing a contract with the Department as **Attachment 3**.

c. PCCM ENTITY AND PIHP ATTESTATION

Health Colorado certifies and attests that we meet the federal requirements of **both** a Primary Care Case Management Entity (PCCM Entity) set forth in 42 C.F.R. § 438.2, and as a Prepaid Inpatient Health Plan (PIHP) as defined in 42 CFR § 438.2 as detailed below.

PCCM Entity

> *Primary Care Case Management Entity (PCCM Entity) – An organization that provides any of the following functions, in addition to PCCM services, for the state: provision of intensive telephonic or face-to-face case management; development of enrollee care plans; execution of contracts with and/or oversight responsibilities for the activities of fee-for-service providers in the Fee-for-Service program; provision of payments to Fee-for-Service providers on behalf of the state; provision of enrollee outreach and education activities; operation of a customer service call center; review of provider claims, utilization and practice patterns to conduct provider profiling and/or practice improvement; implementation of quality improvement activities including administering enrollee satisfaction surveys or collecting data necessary for performance measurement of providers; coordination with behavioral health systems/providers; coordination with long-term services and supports systems/providers as defined in 42 C.F.R. § 438.2.*

As the current Administrative Services Organization for two BHOs for the South/West and Metro West Service Areas (Colorado Health Partnerships, LLC and Foothills Behavioral Health Partners, LLC, respectively), and the Administrative Services Organization for Integrated Community Health Partners, LLC, the current Regional Care Collaborative Organization (RCCO) for Region 4, Beacon provides the following functions for the State:

- Provision of intensive telephonic or face-to-face case management
- Development of Member care plans
- Execution of contracts with and/or oversight responsibilities for the activities of fee-for-service providers

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- Provision of payments to fee-for-service providers on behalf of the state
- Provision of Member outreach and education activities
- Operation of a customer service call center
- Review of provider claims, utilization, and practice patterns to conduct provider profiling and practice improvement
- Implementation of quality improvement activities including administering Member satisfaction surveys or collecting data necessary for performance measurement of providers
- Coordination with behavioral health systems/providers

PIHP

An entity that provides health and medical services to enrollees under a non-comprehensive risk contract with the Department, and on the basis of prepaid capitation payments, or other arrangements that do not use State Plan payment rates, and provides, arranges for, or is otherwise responsible for the provisions of any inpatient hospital or institutional services for its enrollees as defined in 42 C.F.R. § 438.2.

As current BHO members for the South/West Service Area, Health Colorado's partners:

1. Are members of Colorado Health Partnership, LLC (CHP), a limited liability corporation that currently holds an LSLPN license. As current BHO members for the South/West Service Area, our partners provide behavioral health services for Colorado Medicaid Members under contract with the Department, and provides those services on the basis of prepaid capitation payments.
2. Currently provide, arrange for, and have the responsibility for the provision of mental health inpatient hospitalization and/or institutional services for Colorado Medicaid Members.
3. Currently contract with the Department under a limited risk arrangement (i.e., behavioral health services only) and therefore does not have a comprehensive risk contract with the Department.

We have provided a signed statement attesting that Health Colorado meets the federal requirements of both a PCCM Entity and PIHP as **Attachment 4**.

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Health Colorado

OFFEROR'S RESPONSE 2

Provide a detailed description of Offeror's organizational experience and skills, including specific years of experience, pertaining to each of the following:

a. Managing projects of similar size and scope.
b. Serving Medicaid covered populations.
c. Administering managed care.
d. Managing financial risk for covered services.

For Regions 1, 2, and 4, ensure the response addresses specific experience and skills working in Rural and Frontier areas.

Health Colorado's partner organizations have a longstanding and successful history in Colorado. For example, Beacon Health Options, Inc.'s (Beacon) first Colorado Medicaid Administrative Services contract was implemented in 1995 and is still active today. In addition, our Federally Qualified Health Center (FQHC) and Community Mental Health Center (CMHC) partners have been delivering integrated health care (i.e., physical, behavioral, and oral health) in rural and frontier counties for Colorado's uninsured and Medicaid Members prior to the introduction of Medicaid managed care in Colorado. Our six partner organizations: Valley-Wide Health Systems, Inc. (Valley-Wide), Health Solutions, Beacon Health Options, Inc. (Beacon), San Luis Valley Behavioral Health Group (San Luis Valley Behavioral Health), Solvista Health, and Southeast Health Group bring more than 60 years' experience to Colorado, and specifically to the area that comprises Regional Account Entity (RAE) Region 4.
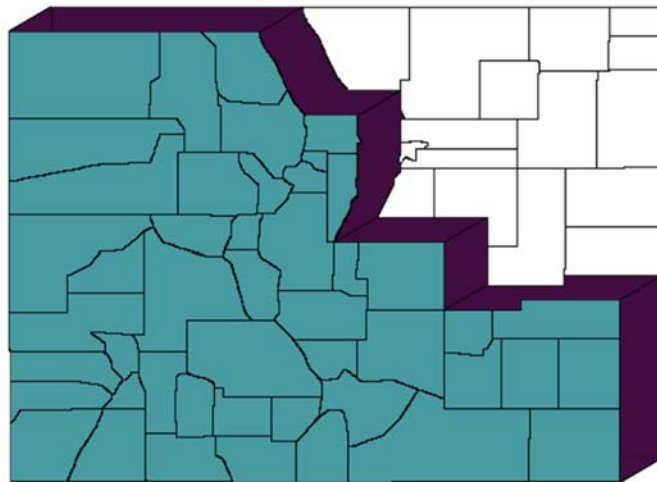
All of Health Colorado's partners are partners in either the local Behavioral Health Organization (BHO) or local Regional Care Collaboration Organization (RCCO). Beacon also partners with CMHCs in the Metro West Service Area to administer the current BHO program in that region.

The organizational experience and skills detailed in the following paragraphs, demonstrate that Health Colorado meets and exceeds the requirements delineated in *Section 4.2* of the RFP and as detailed below:

- Managing projects of similar size and scope
- Serving Medicaid covered populations, including children, adults, older adults, Medicare and Medicaid Members, individuals with disabilities, and individuals with multiple chronic, co-morbid conditions in the last five years
- Administering managed care with the infrastructure necessary to improve access to care, build and manage a provider network, pay claims, monitor and evaluate provider and system performance, and implement quality improvement initiatives in the last 10 years
- Managing financial risk for covered services within the last 10 years

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- Delivering and coordinating comprehensive physical and behavioral health care services spanning the continuum of care of outpatient and inpatient services in the last 10 years
- Delivering community behavioral health care for Members with serious and persistent mental illness (SPMI) and serious emotional disturbance (SED)
- Delivering and coordinating physical health care services as an Administrative Services Organization or Primary Care Case Management Entity (PCCM Entity) in the past five years
- Delivering and coordinating health services in rural and frontier counties in the last five years

a. MANAGING PROJECTS OF SIMILAR SIZE AND SCOPE

Even though Health Colorado is a new entity, we bring together experience, experts, and intimate knowledge of Members' and providers' needs, and the Department's vision and goals for the Accountable Care Collaborative 2.0 (ACC 2.0). Our partners have all served in BHO and RCCO models of care in the South/West and Metro West Service Area and RCCO Region 4. We are building upon a broad foundation of management expertise that we will demonstrate through descriptions of several projects that are similar in size and scope to the RAE Region 4 project. These projects include current programs that Health Colorado's partners are involved with:

Colorado Health Partnerships, LLC (CHP) and Integrated Community Health Partners, LLC (ICHP), as well as Beacon's national project that serves the Commonwealth of Massachusetts.

Beacon's program in Massachusetts, the Massachusetts Behavioral Health Partnership (MBHP), has been in place since 1996 and has been enhanced and expanded over the years to include a fully integrated physical and behavioral health care management program. It has also shifted care management from a back-office function of the MCO to providers in the community through accountable contracts, which generated valuable experience that will be leveraged by Health Colorado in Region 4.

These projects and partnerships have many shared experiences and lessons learned throughout the years on which Health Colorado will build. The experience described throughout this response clearly demonstrates our ability to meet and exceed the requirements of this solicitation.

COLORADO AT A GLANCE

COVERED LIVES
More than 614,600 adults and children enrolled in the Medicaid Capitated Behavioral Health Services Program, and 119,000 enrolled in the ACC program.

COVERED SERVICES
Broad range of mental health and substance use disorder services, as well as integrated health services under the ACC.

CONTRACT TYPE
Capitated

GEOGRAPHY
48 of Colorado's 64 Counties

YEAR STARTED
1995

Colorado Health Partnerships, LLC (CHP)

CHP, a Managed BHO, provides Colorado residents with advanced behavioral health services through a unique and innovative partnership between Beacon and eight CMHCs. This partnership includes Health Colorado's CMHC provider partners (i.e., Health Solutions, San Luis Valley Behavioral Health, Solvista Health, and Southeast Health Group), as well as AspenPointe, Axis Health System, The Center for Mental Health, and Mind Springs Inc. These organizations encompass the eight CMHCs with responsibility for behavioral health services in

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the 43 counties in the South/West Service Area. CHP and their predecessor organizations have operated since 1995 to provide services to Medicaid Members in the rural and frontier areas of southern and western Colorado.

Project Description

CHP, formerly known as Colorado Health Networks, was among the first examples nationally of a successful partnership between community-based, non-profit provider organizations and a national managed care company. The results of this partnership were remarkable in terms of the impact on community-based mental health services, which constitute the safety net for individuals with psychiatric disorders and adults in poverty. By creating robust, intensive community-based services customized to the needs of the populations served in each sub-region of the South/West Service Area, CHP has been able to achieve key service objectives, including:

- Integrating mental health/substance use disorder treatment broadly across the Service Area
- Integrating behavioral health with primary care in some of the earliest successful efforts in the state
- Reducing wait lists for access to routine services from months to days
- Providing face-to-face crisis assessments in less than two hours for Members in rural and frontier counties
- Providing in-home services to families throughout the entire Service Area
- Engaging adults, the families of children, and youth as active participants in every aspect of service planning
- Implementing a treatment culture that fosters independence and recovery for all people with serious and persistent mental health conditions
- Giving Members a choice of providers who are qualified to meet their needs
- Reducing reliance on institutional care that inhibits recovery in adults and resiliency in children and their families

CHP's efforts have resulted in a significant and meaningful shift of financial resources from institutions to community-based services. Prior to the implementation of the Colorado Medicaid program, more than 60 percent of Medicaid mental health funding in the South/West Service Area went to institutional care, with most services being delivered far from the homes where Members lived. ***Today, more than 90 percent of program funding goes to some form of community-based services.*** Members are able to access services that support their safety and wellness in or close to their homes in spite of the sparseness of population densities across the Service Area. This demonstrates that CHP:

- Delivers on their core value that Members have the right to expect access to safe and effective services in their own homes and communities
- Manages risk by implementing effective intervention and diversionary services to manage utilization and reduce clinical acuity before it reaches catastrophic levels for the Member
- Leads in the system transformation that is called for today as we drive toward a more integrated system of care that is highly adaptable to changing conditions and ideas
- Applies a data-rich continuous quality improvement process to the challenge of rapidly evolving treatment technologies that are highly responsive to the needs of local populations and are sensitive to the capacity of local resources

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Children, adults, and families are offered trauma-informed, evidence-based psychotherapies and best practice programs that foster resiliency and preserve families. Geographic access to both routine and specialized services has improved. Telehealth brings child psychiatric expertise into two dozen small communities that are several hours driving time from the Front Range population centers where nearly all of the state's sparse number of child psychiatry practices are located, which has improved Member and family satisfaction.

Recovery and resiliency principles and programs remain the cornerstones of CHP's treatment planning. First implemented by Colorado Health Networks beginning in early 1996, some of CHP's Member-run drop-in centers are among the oldest and most successful in the state. CHP's recovery services continue to evolve—now focused on the development of a variety of peer-run services and in the development of a curriculum and employment opportunities for peer integration specialists who work with a variety of medically and behaviorally complex Members.

CHP has never adopted the disarticulation of mental health from substance use disorder treatment services. Mental health and substance use disorder treatment have been continuously integrated in the majority of CMHC treatment sites since before the inception of the Community Behavioral Health Services Program in 1995. This integration had occurred in 100 percent of CHP's CMHCs treatment sites by 2004.

Integrated Community Health Partners, LLC (ICHP)

ICHP, the RCCO for Region 4, serves Colorado residents by improving the health outcomes of Members by ensuring right services at the right time and improving total cost of care. This involves a unique and innovative integrated relationship between Beacon, the Colorado Community Managed Care Network (CCMCN), CMHCs, and FQHCs. ICHP comprises nine different organizations with complimentary abilities, which allows ICHP to blend the knowledge of longstanding, time-tested agencies with the entrepreneurship and creativity of new enterprises. This partnership includes Health Colorado's partners: Valley-Wide Health Systems, Inc. (Valley-Wide), Health Solutions, Beacon Health Options, Inc. (Beacon), San Luis Valley Behavioral Health Group (San Luis Valley Behavioral Health), Solvista Health, and Southeast Health Group, as well as High Plains Community Health Center and Pueblo Community Health Center.

Region 4 was one of the first partnerships to implement the ACC Program. By working and growing expertise with the Department, the partnership has demonstrated its knowledge in building integrated health care projects involving data and the needs of Members to improve the outcomes of Members, building a whole-person care network, and strengthening community relationships. Over the past six years, ICHP has moved the ACC from a concept to a fully functional health care delivery model with demonstrable outcomes. Since the inception of the contract, membership has steadily increased. In 2013, there were 45,122 Members enrolled in the RCCO. As of the most recent enrollment data, there are 119,277 Members enrolled, with 81.8 percent attributed—the highest attribution rate in the state.

ICHP's provider partners are the basis for success in Region 4, as they are integrated into all aspects of regional operations through representation on all regional committees and workgroups and participation in quality-driven projects and initiatives. The network grew to include pediatricians in the Pueblo area, as they represented the most needed and important specialty

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providers for the population at the time. As the network developed, provider outreach encompassed all FQHCs, providers identified through claims systems as already serving Medicaid members, providers specifically requested by members, and providers in areas with little to no participation. Today, the ICHP network covers all 19 counties and includes 48 Primary Care Medical Providers (PCMPs) with 108 sites, and more than 300 rendering providers. By partnering with the FQHCs and CMHCs, which were already well-established in the region's communities, Beacon has built a strong infrastructure for delivering quality physical and behavioral health care based on data driven population health management and evidence-based care coordination interventions.

In addition to building and supporting a robust provider network, Beacon brings extensive experience in designing and implementing quality programs, projects, and initiatives. The Quality Improvement Program structure incorporates Beacon's considerable experience operating both PCCM Entity and Prepaid Inpatient Health Plan (PIHP) programs. Beacon's Quality Department simultaneously conducts multiple performance improvement projects in addition to integrated projects and other quality initiatives that have positively impacted Member outcomes and improved integration across systems. For example, Beacon has developed a population health management program that takes into account a multitude of medical and social determinants of health for identifying Members who could benefit from targeted care coordination interventions. The ability to identify and stratify Members based on social determinants of health and life transitions in addition to medical claims information is crucial to providing adequate support for care coordinators tasked with member outreach.

Massachusetts Behavioral Health Partnership (MBHP)

MBHP is a Beacon program that manages a comprehensive system of behavioral health care management support services and specialty services for more than 425,000 members enrolled in MassHealth's Primary Care Clinician Plan (a Massachusetts Medicaid program). In 1996, MBHP and the Commonwealth collaborated to build a nationally recognized public behavioral health system, which promotes both access to quality care and fiscal accountability.

MASSACHUSETTS AT A GLANCE

COVERED LIVES
425,000 Medicaid Members

COVERED SERVICES
Full range of mental health and substance use disorder services, as well as physical and behavioral health care coordination and network quality management.

CONTRACT TYPE
Capitated with additional financial earning s for documented achievements in quality of care and service delivery.

GEOGRAPHY
Statewide

YEAR STARTED
1996

MBHP expanded services in October 2012 to encompass a comprehensive, integrated physical and behavioral health care system in which medical and mental health providers collaborate in managing Member health. Members and families play a role in this integrated system by engaging more actively in their health care management. Enhancing Member outcomes while containing health care costs are the overarching objectives of MBHP's integrated health care system. A key component of the integrated health care system is enhancing Member engagement in their

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health care. To support this goal, MBHP's Member Engagement Center employs a dedicated staff of engagement specialists who promote a "no wrong door" access policy.

MBHP delivers a seamless and enhanced Integrated Care Management Program (ICMP) with a diverse team of professional and para-professional staff. ICMP accepts referrals from medical and behavioral health providers and uses a predictive modeling tool that integrates behavioral health, medical and pharmacy claims to identify individuals who would benefit from the program. The goals of the ICMP are to improve wellness and recovery-based Member outcomes, increase proactive use of medical and behavioral health community based services, reduce poly-psychopharmacy and increase patient satisfaction and quality of life.

MBHP collaborates with their providers and primary care clinicians to deliver innovative clinical tools and technologies that support integrated care coordination. MBHP co-locates behavioral health providers in primary care offices and trains pediatricians on the use of behavioral health screens. Primary care and behavioral health providers share Member-specific information to provide quality integrated care. Beacon's state-of-the-art technology provides essential support to this level of decision-making and operational demands.

Children's Behavioral Health Initiative (CBHI)

The CBHI is an interagency initiative of the Commonwealth of Massachusetts' Executive Office of Health and Human Services (EOHHS) whose mission is to strengthen, expand, and integrate Massachusetts Medicaid services into a comprehensive, community-based system of care to ensure that families and their children with significant behavioral, emotional, and mental health needs obtain the services necessary for success in home, school, and community. Through CBHI, the Commonwealth requires primary care providers to offer standard behavioral health screenings at well child visits, mental health clinicians to use a standardized behavioral health assessment tool, and provides for new or enhanced home- and community-based behavioral health services. CBHI also includes a larger interagency effort to develop an integrated system of state-funded behavioral health services for children, youth and their families. Six services have been developed and implemented to meet this mission, including:

- Intensive Care Coordination
- Mobile Crisis Intervention
- Therapeutic Mentoring Services
- Family Support and Training
- In-home Behavioral Services
- In-home Therapy Services

MBHP partnered with the other Medicaid Managed Care Entities in the Commonwealth in implementing the six services developed under the CBHI. Beacon was asked by EOHHS to assume various leadership roles in the development, implementation and management of this new service system. Under CBHI, Beacon is responsible for monitoring the programs and ensuring quality service provision to youth and their families. Examples include CBHI internal operations and workgroup meetings and rounds, Children Awaiting Resolution and Disposition rounds, quality reviews, and telephonic clinical reviews.

b. SERVING MEDICAID COVERED POPULATIONS

As described above, the organizations that comprise Health Colorado have been valued and proven community partners in Colorado for nearly 60 years. Together, we have a long history

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serving adults, children (including children involved in the foster care system), older adults, full benefit Medicare-Medicaid Members, those Members with disabilities, and dually diagnosed Medicaid Members in rural and frontier counties. We have strong relationships throughout Region 4 with PCMPs, mental health and substance use providers, hospitals, Member and family support organizations, nursing homes, assisted living facilities, the juvenile justice system, adult corrections, law enforcement, social services, developmental disability agencies, and other stakeholders. The relationships we have established in the community provide the administrative and clinical supports that ensure Members receive assistance and advocacy with obtaining appropriate medical and behavioral health services from the right health care professional at the right time and in the right setting.

Section 4.2.2.4

Requirement: Serving Medicaid covered populations in the last five years.

Beacon's Colorado Medicaid Experience

Beacon is a current owner/partner in two Colorado BHOs and the Region 4 RCCO, all of which currently serve Colorado Medicaid Members. Through the BHOs, Beacon manages Medicaid-funded behavioral health services in 48 of Colorado's 64 counties for more than 614,000 Members. Each BHO, CHP and Foothills Behavioral Health Partners (FBHP), are community provider-driven partnership between local CMHCs and Beacon.

The BHOs are based on a unique managed care model first pioneered by Colorado in 1995. Under the State's original Medicaid Behavioral Health Capitation Program, Beacon partnered with three separate provider-driven companies together called Colorado Health Network to operate Mental Health Assessment and Service Agencies. The managed care system was renowned for its implementation of recovery-based services and represents some of the earliest and best examples of integrated health homes for behavioral and medical health.

Both BHOs are built on an integrated care coordination philosophy and have dedicated resources to ensure integration at the administrative and clinical levels. Beacon's assessment of network provider's move toward integrated practice showed that the majority of providers practicing along the integration continuum are working in integrated settings, and that most integrated settings are at a co-located stage. Less integrated practices tend to have fewer providers and/or providers spread across multiple clinical sites. Based on this assessment, Beacon developed a plan designed to assist providers move towards higher levels of integration.

Below, we describe several innovations and programs that Beacon has developed and implemented in Colorado to promote the delivery of integrated, coordinated care.

Assisting Providers Move along the Integration Continuum

The BHOs are organized into a formal committee structure whose mission is to develop and promote best practices for integration throughout the BHO service areas. Beacon uses two Web-based provider-facing instruments that were co-developed in partnership with other agencies and academic institutions to measure movement along the integration continuum—the Integrated Practice Assessment Tool (IPAT) and the Vermont Integration Profile (VIP). Data is routinely analyzed to assess the effectiveness of Beacon's integration strategies for each level of integration.

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Colorado–Psychiatric Access and Consultation for Kids (C-PACK)

C-PACK replicates the evidenced-based Massachusetts Child Psychiatry Access Project to create a system of child psychiatry consultation and training for PCMPs. This includes curbside consultation available within 30 minutes, often while the PCMP has the child in his or her office. C-PACK is focused on achieving the following program outcomes:

- Promote systematic, evidence-based mental health screening
- Increase the capacity of primary care providers to deliver mental health care independently and team with local specialists when needed
- Improve access to treatment for behavioral health issues
- Ensure that scarce specialty psychiatric resources are directed toward the most complex and high-risk children
- Develop well-functioning primary care/specialist relationships among primary care providers and child psychiatrists

C-PACK also provides training for PCMPs on specific children's behavioral health topics (e.g., psychopharmacology) through a variety of mediums, including face-to-face in the physician's clinic.

Integrated Community Health Partners, LLC (ICHP)

Beacon also supports integration through partial ownership of ICHP, the Region 4 RCCO. In partnership with FQHCs, CMHCs, and the Colorado Community Managed Care Network, ICHP's integrated approach has led to the development of innovative care coordination solutions to targeted high-risk members. Integration projects include:

- Pain management for members receiving opioid prescriptions from numerous providers and/or numerous pharmacies
- Improving care coordination for adults with diabetes
- Ensuring American Diabetic Association recommendations are met for all diabetic children within the service area
- Providing training on depression screening and treatment for primary care providers

Beacon has also developed several technical innovations to support ICHP:

- **I Can Help People Software System:** This Web-based system allows medical and behavioral health care coordinators and case managers to alert other care providers if they have seen a shared member.
- **Care Coordination Dashboard:** The dashboard displays medical, behavioral and pharmacy data with trend and drill-down functionality that is updated monthly.
- **Risk Stratification:** The Business Intelligence team uses claims data and enrollment data to determine care coordination tiers. Tiers are assigned based on a summary score developed from the combination of total cost, emergency room visits and inpatient visits. Once the member tiers are determined, the stratified list is sent to the assigned care coordinators for review and action. The program has achieved success by reducing emergency room visits, high-cost imaging and recidivism rates for acute care hospitals.

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Today in Colorado, Beacon and their provider partners bring together the advanced information and managed care strengths of a national company with the full array of high quality local service providers who practice throughout Colorado.

Beacon's National Medicaid Experience

Additionally, as their national footprint demonstrates, Beacon operates Medicaid and other publicly funded programs in 26 states and the District of Columbia, serving approximately 14 million members through direct contracts with state or local governments and more than 60 health plan partners.

Beacon's National Medicaid Footprint

Over the last two decades, Beacon has managed more than $20 billion in risk-based contracts.

Beacon Health Options
Medicaid States
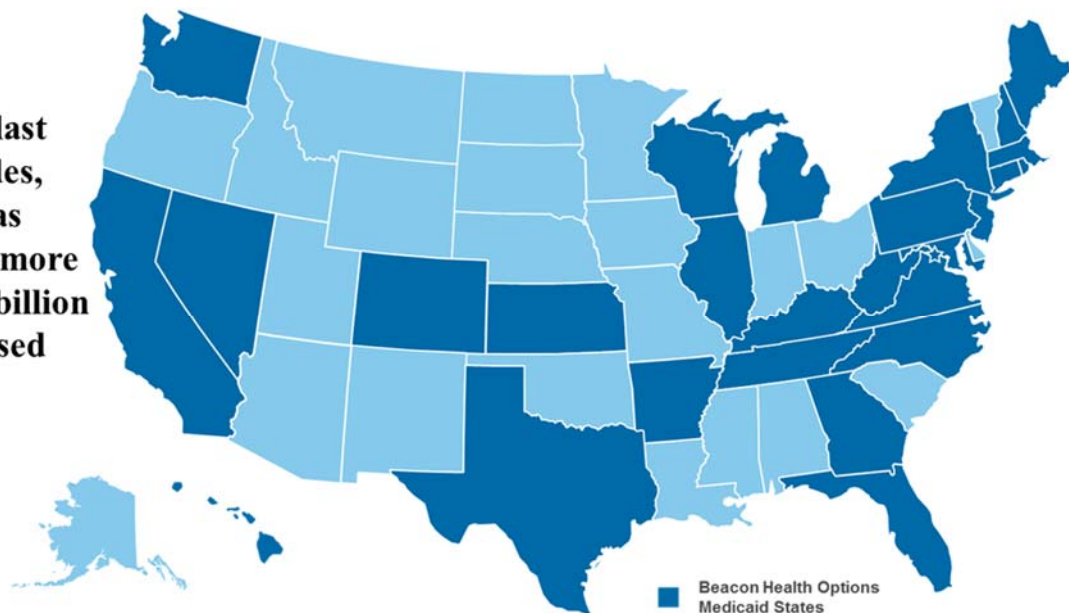
Beacon's experience includes Medicaid, state general funds, state block grants, federal block grants, and county and city government financing streams. They have developed an established information technology infrastructure, mature quality and compliance programs, efficient credentialing systems, and comprehensive expertise in all aspects of managed care. Their systems and processes have been designed with public behavioral health services in mind. They have created highly customized Medicaid managed care systems and solutions for localities across the country.

For example, in Texas, Beacon provides a full suite of behavioral health management services to meet the needs for member health plans in the Texas Association of Community Health Plans, with specific expertise partnering with Medicaid health plans to serve Medicaid beneficiaries. Beacon developed a set of core and specialty services that address the impact of behavioral health conditions on an individual's overall health. Rather than a traditional carve-out, Beacon, through their Integrated Partner Model (IPM), provides in-sourced behavioral health expertise to Medicaid health plan clients by integrating Beacon's behavioral health capabilities with their client's medical management operations. This integration leverages Beacon's analytic insight to identify opportunities for improving health outcomes, and promotes partnering with providers to improve screening, treatment, and continuity of care across the treatment team.

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In addition, Beacon is a leader in managing benefits for Medicaid-Medicare eligible members on a fully integrated basis. Beacon's manages behavioral health services for these members through 11 health plans, and through two programs that provide managed long-term care and services for dual eligibles: Fully Integrated Duals Advantage (FIDA) Demonstrations and Programs of All-Inclusive Care for the Elderly (PACE). FIDA integrates physical and behavioral health care, Medicare Part D prescription drugs, and long-term supports and services for dual eligibles who require more than 120 days of long-term support and services and who reside in one of five New York counties.

The strength of Beacon's partnership and that of our provider partners is the complimentary experience and expertise needed to blend the best attributes of local, regional, and national organizations to better serve the Medicaid Members in Region 4. Health Colorado's innovative partnership offers the Department the best of a mature, national, managed care organization that has deep roots in Colorado with established national integrated care expertise in a dynamic, community-based health care delivery system. Below, we describe the rich history that Health Colorado's provider partners have serving Colorado Medicaid Members.

c. ADMINISTERING MANAGED CARE

Health Colorado's partners have years of experience managing a broad array of mental health and substances use disorder services for all Medicaid populations defined in the RAE contract in the state of Colorado, and in the case of Beacon, across many other states. Beacon has been a national behavioral health managed care organization for 30 years, and our CMHC partners have nearly 60 years of experience providing integrated care to communities across RAE Region 4.

> **Section 4.2.2.5**
>
> **Requirement:** Administering managed care with infrastructure to improve access, build network, and evaluate performance in the last 10 years.

Beacon's Managed Care Administration Experience in Colorado

As previous described, in Colorado, Beacon is an owner and partner in two BHOs (CHP and FBHP), as well as ICHP, the current RCCO for Region 4. CHP is an established partnership between Beacon and eight CMHCs, including Health Colorado's CHMC partners. Together, they have administered the Community Behavioral Health Services Program in the South/West Service Area of Colorado for the past 22 years under various organizational structures that now form CHP. FBHP has successfully managed the Community Behavioral Health Services Program in the Metro West Service Area since 2009. FBHP comprises four members: Jefferson Center for Mental Health, the Mental Health Center of Boulder County (d/b/a Mental Health Partners), the Foothills Behavioral Health Partners Stakeholder's Council, and Beacon. Under these contracts, Beacon is responsible for improving access to care, building

Key Managed Care Competencies
- *Advanced Analytics*
- *Intensive Care Management*
- *Claims Payment and Processing Credentialing*
- *Compliance*
- *Financial Reporting*
- *Member Engagement*
- *NCQA Accredited Managed Behavioral Health Organization*
- *Network Development*
- *Network Management*
- *Population Health*
- *Utilization Management*

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and managing the behavioral health provider network, processing and paying claims, monitoring and evaluating provider and system performance, and deploying quality improvement initiatives.

Additionally, ICHP is a partnership between Beacon, the Colorado Community Managed Care Network, three medical care providers, and four behavioral health providers. Health Colorado's provider partners: Valley-Wide, Health Solutions, San Luis Valley Behavioral Health, Solvista Health, and Southeast Health Group are part of ICHP's organizational structure.

Beacon's National Managed Care Administration Experience

Nationally, Beacon is the **largest** provider of behavioral health managed care services to Medicaid Members in the United States. They manage behavioral health services for 50 million individuals through contracts with public and private employers, health plans, and state and local agencies in all 50 states, the District of Columbia, and the UK. Specifically, they manage behavioral health care services for approximately 14 million Medicaid Members in 26 states and the District of Columbia, including services and supports for individuals with SPMI and SED, children, adults, older adults, Medicare-Medicaid Members, individuals with disabilities, and individuals with multiple chronic, co- morbid conditions.

> *Beacon's Scope of Service*
> - *50 million total members served annually*
> - *14 million Medicaid members*
> - *Medicaid services in 26 states*
> - *6 active duals pilots*

In addition, Beacon is a leader in managing benefits for dual eligible (Medicare-Medicaid) Members on a fully integrated basis. Beacon's manages behavioral health services for these members through 11 health plans, and through two programs that provide managed long-term care and services for dual eligibles: Fully Integrated Duals Advantage (FIDA) Demonstrations and Programs of All-Inclusive Care for the Elderly (PACE). FIDA integrates physical and behavioral health care, Medicare Part D prescription drugs, and long-term supports and services for dual eligibles who require more than 120 days of long-term support and services and who reside in one of five New York counties.

Beacon's management of services focuses on partnering with Members to ensure adherence to the treatment plan, while improving his or her quality of life and functional status and achieving recovery and resilience. Management of services also span community behavioral health care through utilization management of social and alternative services, such as intensive case management, housing support, and medication management that wraparound an individual to support them living in the community.

For example, Beacon has served as the Administrative Services Organization to manage the state of Maryland's Public Behavioral Health System for the Department of Health and Mental Hygiene (DHMH)/Behavioral Health Administration (BHA) since 2009. As the state's Administrative Services Organization, Beacon assists in the management of 1.2 million Medicaid and eligible uninsured populations and provides a variety of administrative services including: utilization management, claims processing, Member and provider assistance and communication, peer recovery support, network management and maintenance, training, data analysis and quality improvement initiatives, and care coordination with multiple health care

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delivery systems, including physical health providers and local agencies. In 2015, the contract was expanded to include the management of substance use disorder services for Medicaid, eligible uninsured, and individuals receiving grant funded services. Beacon collaborates with providers, mental health advocates, and local Core Service Agencies and Local Addictions Authorities to provide appropriate services and support for Members.

In Pennsylvania, Beacon has managed behavioral health services as part of Pennsylvania's Medicaid program, known as HealthChoices since 1999. Today, Beacon provides services to more than 242,000 Medicaid Members in 12 counties across the Commonwealth. Each county is served individually with custom services to meet the specific needs of each county's staff, Members, individuals in recovery, families, and providers. Each county also has their own provider network, as well as a unique and robust array of covered services that Beacon manages.

Each contract, though designed to meet the unique needs of each county, has a common thread— an innovative behavioral health program providing access to quality driven, cost effective services that are recovery-focused. Beacon's services include:

- Tailored county-by-county approaches featuring county-specific quality improvement plans
- Dashboards containing county-specific utilization statistics delivered to user desktops or mobile devices in real time
- Management of county-funded services for non-Medicaid Members in several counties through Beacon's data claims/reporting system

d. MANAGING FINANCIAL RISK FOR COVERED SERVICES

Health Colorado's partner, Beacon, has extensive experience managing behavioral health and substance use disorder contracts on a capitated basis, in both full-risk and shared-risk contract arrangements, with a variety of Medicaid state partners. ***In fact, over the last two decades, Beacon has managed more than $20 billion in risk-based contracts. Moreover, Beacon's BHO partnerships in Colorado have managed more than $2.2 billion in risk-based contracts since 1995.*** In addition, Beacon currently manages financial risk for Medicaid programs (e.g., CHP, FBHP, MBHP), and commercial health plans, including: Aetna, EmblemHealth, Horizon Blue Cross Blue Shield of New Jersey, Humana, and MVP Health Care.

Section 4.2.2.6

Requirement: Managing financial risk for covered services within the last 10 years.

As such, Health Colorado is prepared to meet all regulations and requirements including all solvency requirements if and when it is necessary to do so.

- Beacon, as demonstrated through the submitted audited financial statements, is a national, financially solvent company that is prepared to provide the capital required to meet the solvency requirements.
- Beacon has access to credit facilities which provide revolving lines of credit in the total amount of $65 million that could be accessed, if necessary.
- The shareholders are prepared to make an additional equity investment, if required.

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We are well-positioned and have a number of tools available to fund any potential losses to ensure continued compliance (e.g., reinsurance). One illustration of CHP's success is illustrated in the graphs below. While membership rose dramatically over the life the Community Behavioral Health Services Program, the capitated cost of care remained flat with only a slight upward trend. This was accomplished while service penetration rates actually increased instead of decreasing as one may have expected with population growth.

CHP Members Served
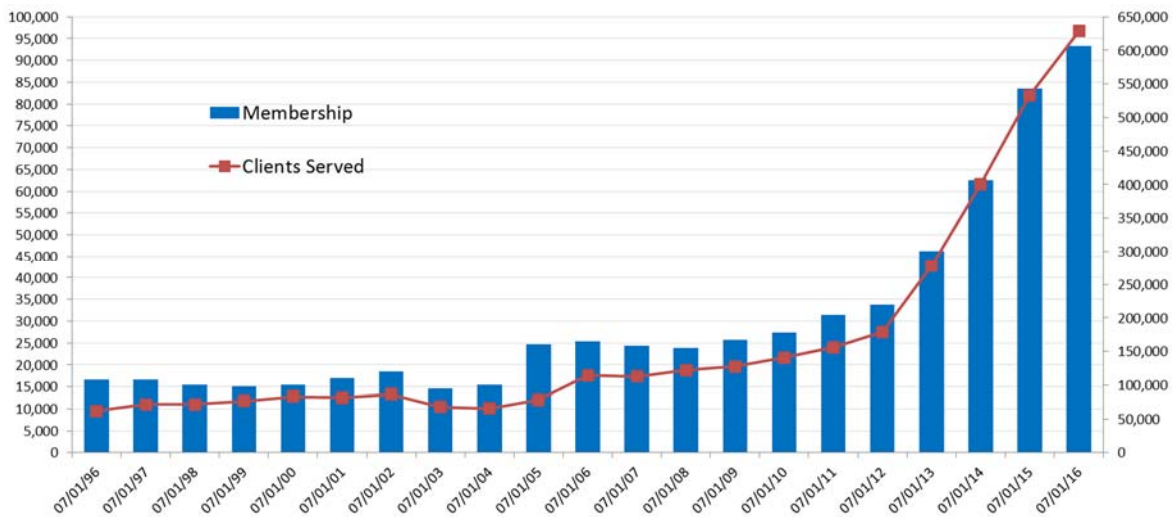
As shown in the graph below, the cost to the State of adding Medicaid Members, as occurred with the Medicaid expansion since 2014, can be reliably and accurately predicted by the Department due to CHP's superior ability to manage financial risks under the contract over time—through economic boom and bust, and across the largest and most challenging service area in the State. Additionally, the per member per month rates remained flat even with the addition of the substance use disorder benefit in 2006, which was more costly than the State anticipated, partially due to the opioid epidemic in Colorado.

CHP Rates and Membership

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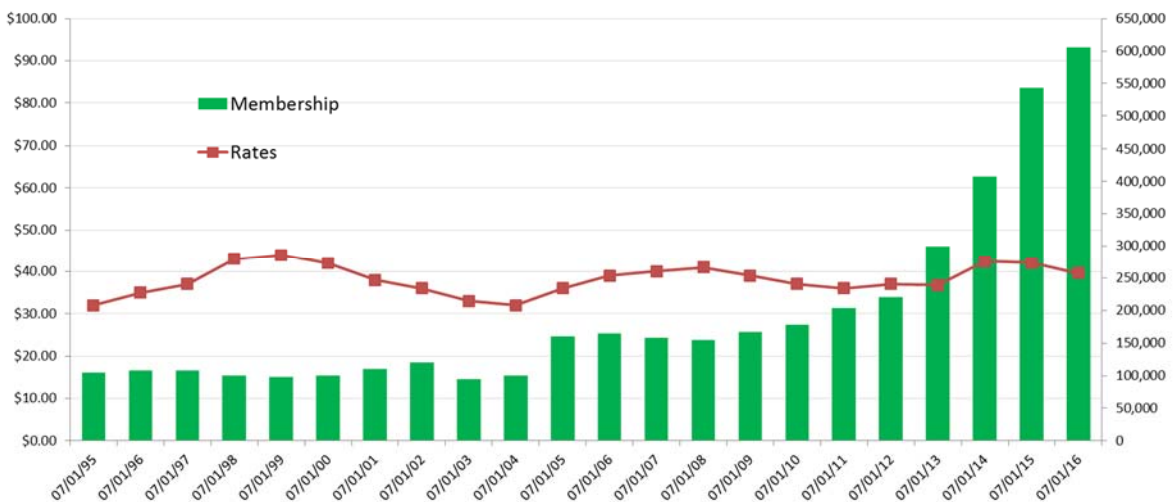
This demonstrates that Beacon's performance with managing risk and meeting and/or exceeding client expectations focuses on a Member's goals and needs, the total cost of individualized care, and collaboration with providers and State stakeholders to manage and support an integrated care plan model. Instead of contracting providers at low reimbursement rates and denial-driven utilization management that occurs in outdated clinical models and have hurt the community of essential providers, Beacon manages financial risk by collaborating, educating, and coaching the provider community. This strategy aligns with the Department's goal to enhance an individual's access to a more complete, coordinated, and cost-effective system of community-based health care services and supports. It also adheres to our commitment to the Quadruple Aim, described in detail in our response to *Offerors Response 7*, of achieving better care for Members, improving the health of all populations, reducing the per capita cost of care, and improving the work life of health care providers, including clinicians and staff.

EXPERIENCE IN RURAL AND FRONTIER AREAS

With more than 22 years serving the South/West Service Area, Health Colorado's partners have delivered high quality health services to residents of some of the most rural and frontier areas in the country. To meet the needs of rural and frontier counties, Beacon and the partners that comprise CHP developed an extensive network of crisis and alternative services, enabling people to be treated in their local communities, instead of driving hundreds of miles to an urban area. School-based treatment and after-school programs, respite homes for adults and children, in-home, crisis support and homeless outreach services all improve access for persons most at risk. *Less than one-quarter of one percent of CHP's eligible Members have to travel more than 30 miles to see a provider.*

Section 4.2.2.7

Requirement: *Delivering and coordinating health services within rural and frontier counties in the last five years.*

Project ECHO™, a Southeast Health Group Pilot

Through enabling technology, the ECHO model breaks down the walls between specialty and primary care. It links expert specialist teams at an academic "hub" with primary care and behavioral health clinicians in local communities—the "spokes" of the model. ECHO allows these providers to participate in weekly teleECHO™ clinics, which are similar to virtual grand rounds, that combine with mentoring and Member case presentations. During teleECHO clinics, primary care and behavioral health clinicians from multiple sites present Member cases to the specialist teams and to each other, discuss new developments relating to their Members, and determine treatment. Specialists serve as mentors and colleagues, sharing their medical knowledge and expertise with primary care and behavioral health clinicians. ECHO creates ongoing learning communities where primary care and behavioral health clinicians receive support and develop the skills they need to treat a particular condition, such as Hepatitis C or chronic pain (opioid addiction). As a result, clinicians can provide comprehensive, best-practice care to Members with complex health conditions, right where they live.

Southeast Health Group identified the Project ECHO model as a useful tool for their community providers and membership. In 2016, Southeast Health Group signed a statement of collaboration with the University of New Mexico Health Science Center for Project ECHO (extension for community health care outcomes). Through this collaboration, the project's intent is to develop the capacity to safely and effectively treat chronic, common, and complex diseases in rural and

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underserved areas, and to monitor treatment. In July 2017, Southeast Health Group was selected as a pilot site by the University of Colorado School of Family Medicine to implement an ECHO model that focuses on rural and frontier opioid addiction. A series of webinars, which are slated to run from September 2017 through October 2017, will launch this initiative to rural and frontier providers. Through this learning collaborative, Southeast Health Group will advance their current Suboxone Treatment Program and other Medication Assisted Therapy (MAT) services for Members, and test the new model that would be deployed throughout the region if successful.

Heart and Eagle Mobile Clinic

To further expand Health Colorado's footprint in rural and frontier counties in Region 4, our FQHC partner, Valley-Wide, acquired a mobile clinic in 2007. Valley-Wide's "Heart and Eagle" mobile clinic comprises a full medical exam room and a full dental operatory; each room can be used for either function. Heart and Eagle creates a mobile single point of entry to address medical, dental, and social service needs outside of the traditional clinic setting. Through Heart and Eagle, Valley-Wide provides primary and preventative medical and oral health services focusing on acute, chronic, and preventative health care services. Outreach activities focus on screening for conditions such as hypertension, diabetes, and cancer. Services include basic vital signs checks, point of care testing, health education, and lifestyle modification with specific attention to self-management strategies, limiting environmental risk exposure, and harmful health habits.

The mobile Heart and Eagle clinic is also a designated medical resource in Valley-Wide's coverage area in the event that additional medical care facilities are needed in the community and to ensure continuity of care for RAE Members in the event that any of Valley-Wide's clinics cannot be opened due to unforeseen circumstances.

Ieso Digital Health Text-based Cognitive Behavioral Therapy (CBT)

In rural and frontier areas of Colorado, it is important to not only have an extensive network with convenient locations and availability, but also offer Members treatment through advanced technology so needed care can be delivered in their own home. As such, Health Colorado has partnered with Ieso Digital Health to launch the first U.S.-based pilot of text-based cognitive behavioral therapy (CBT) in Colorado in 2016. Through this program, Medicaid Members, many of whom live in remote and rural frontier areas and stranded from accessible services, receive counseling from licensed mental health therapists from anywhere and at any time, including evenings and weekends. CBT is provided in a private and secure virtual therapy room, at a scheduled time, during a live, online appointment using written (typed) conversation—there is no video or audio component. Unlike other behavioral health methods, the Ieso platform measures the rate of improvement using before and after scores of clinically validated questionnaires, such as the PHQ-9 for depression and the GAD-7 for anxiety.

Since program initiation in November 2016, 90 percent of Members who entered treatment with Ieso and completed treatment realized a reduction in reported depression and anxiety levels.

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Beacon's National Experience in Rural Geographies

For Beacon's contract with Greene County in Pennsylvania, access to transportation for individuals within Greene County is an ongoing issue due to its rural geography and sparsely spaced communities. Apart from the Medical Assistance Transportation Program (MATP), there is no public transportation system. This forces individuals to rely on friends, family members, and other community members and resources to get to medical appointments, grocery shopping, community events, visiting friends or family, and church services. Often individuals are left to walk in order to meet their basic needs. For some of HealthChoices (Medicaid) Members, walking that far is an unrealistic feat.

Although Greene County Human Services does offer a shared ride transportation system for eligible Greene County residents, the shared ride system only transports to destinations within the county. If an individual needs to travel outside the county for a medical appointment, the shared ride service is not an option. To reduce the transportation burden that many families experience trying to get their child to behavioral health appointments, Beacon implemented the first tele-psychiatry program for Medicaid Members in the state in 2005. Now in four of the five Greene County school districts, tele-psychiatry has served approximately 58 distinct Members. Outcomes data has consistently demonstrated a reduction in missed and cancelled appointments with the psychiatrist and in-school appointment compliance and engagement increasing 18 percent over in-office appointments prior to tele-psychiatry.

As another example, Beacon, in close collaboration with prime contractor AxisPoint Health, provides behavioral health services for individuals served through Nevada's Medicaid fee-for-service program under the State's 1115 demonstration project, known as the Health Care Guidance Program (HCGP). The HCGP provides innovative solutions for nearly 41,500 high-need Medicaid Members who are facing one or more chronic medical conditions, have a persistent mental health or substance use disorder condition, or demonstrate high service needs. Beacon coordinates the behavioral health component of the program, providing care management and coordination for Members diagnosed with mental health or substance abuse disorders; outreach and education; assessment and referral; medical management services via pharmacy claims analysis; and peer support services.

Serving as an extension of Members' medical homes, the HCGP is delivered locally by regional care teams. By design, Beacon's care team members are situated geographically within the communities and reflect the local diversity of the area, as well as mitigate barriers to care in rural areas. These teams are staffed by local behavioral health professionals who are very familiar with the regional health care delivery system, providers, and community resources. They engage with Members face-to-face to help promote preventive care, wellness and recovery.

Using evidence-based clinical guidelines, care teams coordinate with the Member's providers and work with the Member on implementing personalized care plans and managing follow-up appointments and services. Beacon's Community Health Workers/Peer Supports also outreach to Members residing in rural communities with limited transportation resources to engage them in the program and improve their access to care.

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OFFEROR'S RESPONSE 3

Provide a detailed description of the Offeror's experience providing, arranging for, or otherwise being responsible for the delivery and coordination of comprehensive physical health, behavioral health, or both. Include for each project:

a.   The name and location(s) of each project;
b.   The population(s) served and number of covered lives;
c.   Whether the population served was Medicaid, Non-Medicaid or a combination;
d.   The primary health care services included in the project;
e.   Level of managed care and financial risk;
f.   Activities in Rural and Frontier areas, if appropriate;
g.   Any corrective action plans relating to contract non-compliance and/or deficient contract performance;
h.   Adverse contract actions and/or project-associated litigation (including terminations and/or cancellations) in which the Offeror was (or is) involved;
i.   A Project Contract Manager with contact information

For behavioral health projects, the Offeror must describe their experience delivering community behavioral health care, as described in 4.2.2.2.1.

Health Colorado, Inc. (Health Colorado) is a partnership between six local Colorado health care organizations: Valley-Wide Health Systems, Inc. (Valley-Wide), Health Solutions, Beacon Health Options, Inc. (Beacon), San Luis Valley Behavioral Health Group (San Luis Valley Behavioral Health), Solvista Health, and Southeast Health Group. These organizations have extensive experience delivering physical and behavioral health care services across Colorado and in the Regional Accountable Entity (RAE) Region 4.
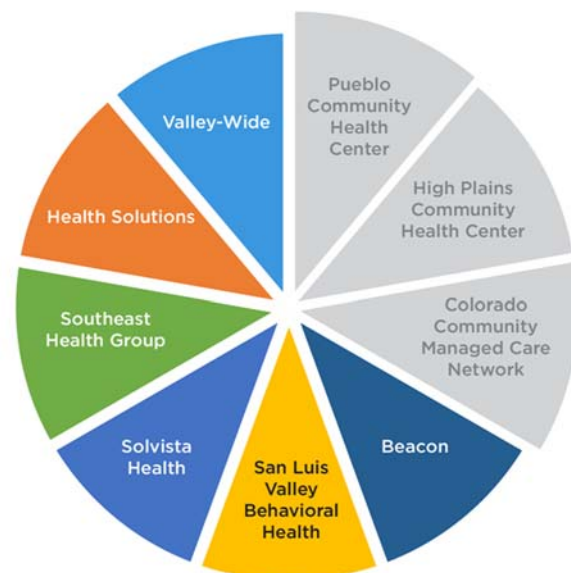
More than just our partners' individual experience in Region 4, Health Colorado's equity partners comprise a majority of the members of Integrated Community Health Partners, LLC (ICHP), the Regional Care Collaborative Organization (RCCO) that serves Region 4 under the current Accountable Care Collaboration (ACC) contract. What is more, all of Health Colorado partners are also partners in the Colorado Health Partnerships, LLC (CHP), the Behavioral Health Organization (BHO) that serves

By retaining a majority of the partners from the current RCCO contract, Health Colorado's implementation of the RAE contract assures Member care remains consistent and continuous through the transition period.

the South/West Service Area under the current Community Behavioral Health Services contract. As the Region 4 RAE, that means it is business as usual for most Members attributed to Health Colorado. We view the remaining Essential Community Providers in Region 4 as critical collaborators who will receive financial support from Health Colorado to enhance the services they provide and align their goals with those of the Accountable Care Collaborative 2.0 (ACC

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2.0). Coupled with our robust individual provider network, continuity of care is maintained as each program (i.e., Primary Care Case Management, Community Behavioral Health Services, Long Term Services and Supports), and Administrative Services transitions to the RAE and disruption of Member care is abated.

We recognize that linkages between behavioral health and physical health care are of the utmost importance to a Member's overall well-being and recovery. The organizations that make up Health Colorado have been valued and proven community partners in Colorado for nearly 60 years. As a member of the community and by serving those most at risk populations in RAE Region 4, we have gained an in-depth knowledge of our communities and the resources available. We have developed strong relationships with behavioral health and substance use disorder providers, primary care providers, hospitals, Member and family support organizations, nursing homes and assisted living facilities, the juvenile justice system, adult corrections, law enforcement, social services, developmental disability agencies, and other stakeholders. This deep network of community relationships has enabled us to design our administrative and clinical supports to ensure that Members receive assistance and advocacy while obtaining appropriate medical and behavioral health services from the right health care professional in the right setting.

> *Health Colorado leverages the complimentary experience, collaborative relationships, and time-tested expertise of our partner organizations. We seamlessly blend the best attributes of our local, regional, and national organizations to better serve Colorado's Medicaid Members. This innovative collaboration offers the Department of Health Care Policy and Financing (the Department) the best of a mature, national, managed care organization that has deep roots in Colorado with nationally recognized integrated care expertise, and a dynamic, community-based health care delivery system.*

We provide descriptions of our partners' experience providing, arranging for, or otherwise being responsible for the delivery and coordination of comprehensive physical and/or behavioral health in Colorado below. These projects—Colorado Health Partnerships, LLC (CHP) and Integrated Community Health Partners, LLC (ICHP)—directly serve Members in RAE Region 4. In addition, we have provided descriptions of four projects where Beacon is/was responsible for the delivery and coordination of comprehensive physical and/or behavioral health. These projects include Foothills Behavioral Health Partners, LLC (FBHP) and Northeast Behavioral Health Partners, LLC (NBHP) in Colorado, and Beacon's projects in Massachusetts and Connecticut.

COLORADO MANAGED CARE PROJECTS
Colorado Health Partnerships, LLC (CHP)

a. Project Name and location: Colorado Department of Health Care Policy and Financing, Community Behavioral Health Services Program for the 43-county South/West Service Area, Colorado Springs, Colorado.

Section 4.2.2.1

Requirement: Managing projects of similar size and scope.

b. The population(s) served and number of covered lives: 467,557 Medicaid Members, including children, adults, older adults, and Medicare-Medicaid eligible Members. Populations

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include individuals with mental health and substance use disorders, disabilities, and multiple chronic, co-morbid conditions.

As the BHO for the Service Area that includes RAE Region 4 counties, CHP, which includes all of Health Colorado's partners, manages and coordinates mental health and substance use disorder services for Health First Colorado Members. Services managed and coordinated in the community include Intensive Case Management, home-based treatment services, medication management, and community support programs that offer daily living skills training such as budgeting, hygiene, social and recreational skills, housekeeping, and others.

In addition, CHP became one of the first managed care organizations in Colorado to have an Office of Member and Family Affairs dedicated to the psychosocial and resource needs of Members and their families, as well as advancing their recovery. In total, Beacon trained more than 300 peer and family Peer Specialists with many of them currently employed by BHO partner CMHCs. Advocates and Peer Specialists provide direct services and participate in program design, quality studies, and system advocacy. CHP has also established informal self-help support groups and Member-run programs, such as drop-in centers, club houses and empowerment centers in the South/West Service Area. These programs offer peer counseling, psychosocial support and community outreach that add to the continuum of care for Members with serious mental illness.

c. Population served: Medicaid

d. Primary health care services included: Primary health care services including integrated mental health and substance use disorder treatment services.

e. Level of managed care and financial risk: CHP is a Prepaid Inpatient Health Plan (PIHP) that accepts full behavioral health risk in the form of a capitated payment from the Department to manage all behavioral health services and supports for the South/West BHO contract.

f. Activities in Rural and Frontier Areas: With more than 22 years serving the South/West Service Area, CHP has delivered high quality behavioral health services to residents of some of the most rural areas in the country. CHP engages in rural and frontier strategic planning sessions to help lead innovation and general transformation of health care in rural and frontier counties by helping communities adopt the managed care principles of quality and access. To meet the needs of rural counties, CHP's partners developed an extensive network of crisis and alternative services that enabled Members to be treated in their local communities instead of driving hundreds of miles to an urban area. School-based treatment and after-school programs, respite homes for adults and children, in-home, crisis support, and homeless outreach services all improve access for Members most at risk. Less than one-quarter of one percent of CHP's Members must travel more than 30 miles to see a provider.

g. Corrective actions: CHP has participated in seven external quality review organization (EQRO) site visits since 2010. Listed on the following page is a summary of the results of each site visit. Full reports on site visit results are available for review.

> *CHP is among the highest performing BHOs in Colorado, and has scored 90 percent or higher in its EQRO site visits since 2010.*

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Fiscal Year	EQRO Score and Corrective Action Plan (CAP)
2010 – 2011	EQRO Score: 96%; CAPs implemented for one timely notification for denial issue, and one policy and procedure consistency issue with the Member handbook.
2011 – 2012	EQRO Score: 90%; CAPs implemented for two Member information issues, four grievance system issues, and one delegation agreement issue.
2012 – 2013	EQRO Score: 99%; CAP for delegation agreement.
2013 – 2014	EQRO Score: 100%; No CAP required.
2014 – 2015	EQRO Score: 91%; CAPs implemented for six grievances and appeals issues.
2015 – 2016	EQRO Score: 91%; CAPs implemented for six credentialing/re-credentialing issues and one coordination and continuity of care issue.
2016 – 2017	EQRO Score: 95%; CAPs developed and submitted to HSAG for approval for two coverage and authorization of services issues.

h. Adverse Contract Actions or Project Litigation: None

i. Project Contract Manager(s):

Melissa Eddleman, Contract Manager
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303-866-4025

Troy Peck, Behavioral Health Contract Specialist
troy.peck@hcpf.state.co.us
303-866-4139

Integrated Community Health Partners, LLC (ICHP)

a. Project Name and location: Colorado Department of Health Care Policy and Financing, Operation of the Regional Care Collaborative Organizations for the Accountable Care Collaborative Program for the RCCO 4 Region, Pueblo, Colorado.

Section 4.2.2.3

Requirement: *Delivery and coordination of physical health care services as a PCCM Entity in the past five years.*

b. The population(s) served and number of covered lives: 119,277 Medicaid Members, including children, adults, older adults, and Medicare-Medicaid eligible Members. Populations include individuals with mental health and substance use disorders, disabilities, and multiple chronic, co-morbid conditions.

As members of ICHP, Health Colorado's FQHC and CMHC partners have extensive experience in the delivery of physical, behavioral, and oral health, with Beacon providing a strong foundation as the Administrative Services Organization. Over the past six years, our staff have worked in concert with partner CMHCs and FQHCs, community-based providers, agencies, and advocacy organizations to address the health care needs of the Medicaid Members in the region. This includes facilitating recovery and resiliency through Member-run and innovative programs that have resulted in improvement of symptoms, functioning, and quality of life.

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For example, during the most recent audit, HSAG noted that ICHP's care coordinators appeared to more widely embrace the comprehensive care coordination requirements of the RCCO contract (i.e., they addressed more than referrals to specialists, including attending to numerous behavioral and social needs). The report further stated that record reviews demonstrated that care coordinators routinely assisted Members with securing: transportation, housing, food, clothing, and financial assistance with utilities and prescriptions. Records regularly included details such as the Member's social and family supports and cultural considerations, and demonstrated a robust and effective system of care coordination. Coupled with Beacon's proven administration, clinical and quality management, and their ability to build and support strong networks of physical and behavioral health providers, FQHCs, rural health clinics, and independent practitioners underscore Health Colorado as a well-positioned RAE for Region 4.

c. Population served: Medicaid

d. Primary health care services included: Primary health care services included the delivery and coordination of integrated physical, behavioral, and oral health care services. ICHP staff developed a population health management program that takes into account a multitude of medical and social determinants of health for identifying Members who could benefit from targeted care coordination interventions. The ability to identify and stratify Members based on medical claims information, social determinants of health, and life transitions is crucial to providing adequate support for care coordinators tasked with Member outreach.

e. Level of managed care and financial risk: ICHP is a PCCM Entity that receives an administrative per member per month (PMPM) payment for the regional population being served and while all risk is held by the Department, ICHP provides key managed care, care coordination activities and functions to help the Department manage their risk.

f. Activities in Rural and Frontier Areas: RCCO Region 4 is a diverse area of 19 counties comprising nine frontier counties, nine rural counties, and one urban county. Approximately 50 percent of ICHP's membership in Region 4 is located outside the urban area of Pueblo. Region 4 can be further divided into four sub-regions: San Luis Valley, Central (primarily Pueblo), Upper Arkansas Valley, and East (the Plains). The sub-regional divisions are largely defined by geographical and cultural boundaries, and each have unique characteristics that require different approaches to meet the needs of Members in those areas. The extent to which a system of care can function within the context of rural and frontier counties depends on the ability to understand the existing relationships and find ways to align goals and objectives.

Over the past six years, Beacon has developed an extensive network of community partnerships that enhance ICHP's health neighborhoods, created structures where state and regional initiatives are executed, and collaborated in building systems for delivering comprehensive medical and non-medical care for Members. Relationships have been established across the region with county agencies, including the Department of Social Services, Adult Protective Services, Child Protective Services, Public Health and Nursing, Single Entry Point agencies, and Community Centered Boards. ICHP's partners have been increasingly involved with agencies across the region and have created collaborative affiliations across systems that are mutually supportive and promote better outcomes.

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g. Corrective actions: ICHP has participated in five EQRO site visits since 2012. Listed below is a summary of the results of each site visit. Full reports on site visit results are available for review.

> *ICHP has scored 93 percent or higher in its EQRO site visits since 2010.*

Fiscal Year	EQRO Score and Corrective Action Plan (CAP)
2012 – 2013	EQRO Score: 93%; No CAP required.
2013 – 2014	EQRO Score: 100%; No CAP required.
2014 – 2015	EQRO Score: 100%; No CAP required.
2015 – 2016	EQRO Score: 97%; No CAP required.
2016 – 2017	EQRO Score: HSAG did not score this year's audit. No CAP required.

h. Adverse Contract Actions or Project Litigation: None

i. Project Contract Manager(s):   Rahem Mulatu, ACC Contract Manager
                                          rahem.mulatu@state.co.us
                                          303-866-4031

Foothills Behavioral Health Partners, LLC (FBHP)

a. Project Name and location: Colorado Department of Health Care Policy and Financing, Community Behavioral Health Services Program for the Metro West Service Area, Westminster, Colorado.

b. The population(s) served and number of covered lives: 161,757 Medicaid Members, including children, adults, older adults, and Medicare-Medicaid eligible Members. Populations include individuals with mental health and substance use disorders, disabilities, and multiple chronic, co-morbid conditions, as well as children involved in the foster care system.
As the BHO for the Metro West Service Area, FBHP manages and coordinates mental health and substance use disorder services for Health First Colorado Members. Services managed and coordinated in the community include Intensive Case Management, home-based treatment services, medication management, and community support programs that offer daily living skills training such as budgeting, hygiene, social and recreational skills, housekeeping, and others.

c. Population served: Medicaid

d. Primary health care services included: Primary health care services include integrated mental health and substance use disorder treatment services.

e. Level of managed care and financial risk: FBHP is a full risk bearing entity that receives a single capitated payment from the Department to manage all behavioral health services and supports for the Metro West BHO contract.

f. Activities in Rural and Frontier Areas: To address the rural and frontier areas of the Metro West Service Area, FBHP partners provides a full range of school-based services at 63 schools in the urban, rural, and mountain communities within the region. School-based services include

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prevention and early intervention group, individual interventions, and intensive therapeutic treatment for children and their families delivered by dedicated behavioral health clinicians.

g. Corrective actions: FBHP has participated in seven EQRO site visits since 2010. Listed below is a summary of the results of each site visit. Full reports on site visit results are available for review.

> *FBHP has scored 92 percent or higher on its EQRO site visits since 2010.*

Fiscal Year	EQRO Score and Corrective Action Plan (CAP)
2010 – 2011	EQRO Score: 98%; CAP implemented for one policy and procedure consistency issue with the Member handbook.
2011 – 2012	EQRO Score: 93%; CAPs implemented for two Member information issues, two grievance system issues, and one delegation agreement issue.
2012 – 2013	EQRO Score: 100%; No CAP required.
2013 – 2014	EQRO Score: 100%; No CAP required.
2014 – 2015	EQRO Score: 91%; CAPs implemented for six grievances and appeals issues.
2015 – 2016	EQRO Score: 96%; CAPs implemented for three credentialing/re-credentialing issues, and one coordination and continuity of care issue.
2016 – 2017	EQRO Score: 92%; CAPs developed and submitted to HSAG for approval for three coverage and authorization of services issues.

h. Adverse Contract Actions or Project Litigation: None

i. Project Contract Manager(s):   Melissa Eddleman, Contract Manager
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Northeast Behavioral Health Partnership, LLC (NBHP)
a. Project Name and location: Colorado Department of Health Care Policy and Financing, Community Behavioral Health Services Program for the Northeast Service Area, Greeley, Colorado.

b. The population(s) served and number of covered lives: At the time the contracted ended in June 2014, NBHP served 132,113 Medicaid Members, including children, adults, older adults, and Medicare-Medicaid eligible Members. Populations include individuals with mental health and substance use disorders, disabilities, and multiple chronic, co-morbid conditions.

NBHP successfully managed the Colorado Community Behavioral Health Services Program in the Northeast Service Area from 2009 to 2014. As the BHO for the Northeast Service Area,

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NBHP provided a wide-range of integrated mental health and substance use disorder recovery-based services that focused on addressing Members' needs holistically and developing personalized care plans that reflect individual goals for recovery. Services provided within the community included:

- Assertive Community Treatment programs
- Certified Clubhouses
- Combined Substance Use Disorder and Mental Health Services
- Drop-in Centers
- Family support, education and training services
- Other integrated services for dual diagnosis
- Prevention services and early intervention activities
- Evidence-Based Practices (e.g., Multi-Systemic therapy, Functional Family Therapy)
- Early childhood intervention services
- Warm (telephone support) lines
- Special services for adoption issues
- Recovery services
- Peer services and support services
- Other integrated services for dual diagnosis
- Intensive case management
- Peer mentoring for children and adolescents
- Home-based services for children and adolescents
- Respite Services
- Vocational and employment services

c. Population served: Medicaid

d. Primary health care services included: None

e. Level of managed care and financial risk: NBHP was a full risk bearing entity that received a single capitated payment from the Department to manage all behavioral health services and supports under the Northeast BHO contract.

f. Activities in Rural and Frontier Areas: NBHP's service area comprised the 12 counties in the Northeast Service Area: two counties that are urban and rural (Weld and Larimer), and 10 counties that are rural/frontier (Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, and Yuma). To overcome the challenges in these rural and frontier areas, NBHP had established a diverse provider network. Since very few providers practiced outside of the CMHCs throughout most of the Northeast Service Area, NBHP leveraged their contracts with 17 CMHCs to promote innovative solutions and address these gaps.

In order to provide a fiscally responsible and comprehensive suite of services across the entire area, NBHP configured creative service solutions. For example, NBHP implemented the first telehealth in the region in the late 1990s to leverage advanced telehealth technology to reach Members living in remote areas. Telehealth has many possibilities to reach people who have physical or other barriers to go to an office-based visit, including closed-captioned telehealth between a behavioral health clinician or primary care provider and a Member who is deaf or hard-of-hearing.

g. Corrective actions: NBHP participated in four EQRO site visits from 2010 through the end of the contract in 2014. Listed on the following page is a summary of the results of each site visit. Full reports on site visit results are available for review.

> *NBHP scored 93 percent or higher on its EQRO site visits from 2010 to 2013 (end of the contract).*

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Fiscal Year	EQRO Score and Corrective Action Plan (CAP)
2009 – 2010	EQRO Score: 97%; No CAP required.
2010 – 2011	EQRO Score: 99%; No CAP required.
2011 – 2012	EQRO Score: 93%; CAP for expedited appeal resolution.
2012 – 2013	EQRO Score: 99%; CAP for delegation agreement.

h. Adverse Contract Actions or Project Litigation: None

i. Project Contract Manager(s):   Melissa Eddleman, Contract Manager
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BEACON'S NATIONAL PROJECT EXPERIENCE
Massachusetts Behavioral Health Partnership (MBHP)

a. Project Name and location: Executive Office of
Health and Human Services (EOHHS), MBHP
MassHealth Primary Care Clinician (PCC) Plan,
Boston, Massachusetts.

Section 4.2.2.2

Requirement: *Comprehensive physical and behavioral health care in the last 10 years.*

b. The population(s) served and number of covered lives: MBHP, a Beacon company, manages a comprehensive, integrated physical and behavioral health care, supports, and specialty services system for more than 425,000 Members enrolled in MassHealth's PCC Plan (a Massachusetts Medicaid program). Beacon has managed behavioral health care services for the PCC Plan since 1996, and expanded services in 2012 to include and Intensive Clinical Management program for both behavioral health and medical conditions. Populations served include all Medicaid Members and children in state custody, including individuals with mental health and substance use disorders, disabilities, and multiple chronic, co-morbid conditions.
c. Population served: Medicaid

d. Primary health care services included: MBHP is focused on accelerating integration within the specialty behavioral health system and supporting the evolution of behavioral health capacity and capability in the physical health system, primary care, and other points of care in the medical system through quality management and improvement activities. As such, MBHP collaborates with specialty providers and primary care providers to deliver innovative clinical tools and technologies that support integrated care coordination. MBHP administers the Massachusetts Child Psychiatry Access Program (MCPAP), which was the first developed in 2004 and is now a nationally recognized program that provides telephonic child psychiatry consultation and specialized coordination support to over 98 percent of the pediatric primary care providers in Massachusetts. MBHP also co-locates behavioral health providers in primary care offices and trains pediatricians on the use of behavioral health screens. Primary care and behavioral health providers share Member-specific information to provide quality integrated care.

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e. Level of managed care and financial risk: MBHP is a full risk, capitated contract with additional financial earnings that can be earned for documented achievements in quality of care and service delivery. MBHP provides a full range of mental health and substance use disorder services, as well as medical and behavioral health care coordination and network quality management. Other managed care services provided include member services, improving access to care by building and maintaining a provider network, claims processing and payment, monitoring and evaluation of network providers and system performance, and implementation of quality improvement activities.

f. Activities in Rural and Frontier Areas: Available across the Commonwealth, including rural areas, MBHP oversees 21 Emergency Services Program/Mobile Crisis Intervention (ESP/MCI) providers. A primary goal of ESP/MCI is to make emergency behavioral health services accessible in the community, offering viable service alternatives to hospital emergency departments. Every ESP provides behavioral health crisis assessment, intervention, and stabilization services 24/7/365 through four service components: Mobile Crisis Intervention services for youth, adult mobile services, ESP community-based locations, and community crisis stabilization services for ages 18 and over. Additionally, MBHP offers telehealth as a medium for psychiatry and outpatient psychotherapy when there are geographic needs that prevent individuals from receiving these services in a traditional setting.

g. Corrective actions: In 2013, MBHP implemented a correction action plan regarding processing eligibility files. MBHP collaborated with EOHHS to identify and remedy the issue within the agreed upon timeframe.

h. Adverse Contract Actions or Project Litigation: None

i. Project Contract Manager: Stephanie Jordan Brown
                                      Director, Office of Behavioral Health
                                      stephanie.j.brown@state.ma.us
                                      617-573-1759

Connecticut Behavioral Health Partnership
a. Project Name and location: Connecticut Behavioral Health Partnership, Rocky Hill, Connecticut

b. The population(s) served and number of covered lives: 800,000 adults and children enrolled in the state's HUSKY Health Plan (Connecticut Medicaid) and the Department of Children and Families (DCF) Limited Benefit programs. The program also supports children with special behavioral health needs, including autism.

c. Population served: Medicaid

d. Primary health care services included: None

e. Level of managed care and financial risk: The Connecticut Behavioral Health Partnership is an Administrative Services Only (ASO) contract whereby Beacon manages approximately $500

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million in behavioral health services via a Braided Funding^{SM} model that combines funds from DCF, the Department of Mental Health and Addiction Services, and the Department of Social Services. In addition, Beacon's status as a Quality Improvement Organization (QIO-like) allows the State to claims a 75 percent federal match for administrative expenses associated with Beacon' clinical utilization management strategies.

As the partnership's behavioral health Administrative Services Organization, Beacon oversees the integrated behavioral health service system for children, adults, and families across the state and facilitates access to, and coordination of, a complete and effective network of community-based behavioral health services. Core services include utilization management and care coordination, quality management and improvement initiatives, Member and provider customer service, network management and provider relations, and peer support services. Beacon also provides outcome reporting and data analytics to support and improve individual outcomes, while effectively managing state resources using innovative utilization management strategies.

f. Activities in Rural and Frontier Areas: In collaboration with the state of Connecticut, Beacon identified an issue with Medicaid Members accessing outpatient care in a timely manner, especially for Members in rural areas. Members were complaining about six-month waitlists at outpatient clinics and were resorting to using emergency rooms for more immediate psychiatric care. To address timely access in rural areas and across the state, Beacon identified Enhanced Care Clinics (ECCs) who are contracted with an enhanced rate to provide immediate access to outpatient care. To qualify for higher fees, the ECCs, which are a subset of outpatient mental health and substance use disorder clinics for adults and children, must meet special requirements relating to five domains of service, specifically: access; care coordination; Members services and support, including peer support; quality of care; and cultural competence. The overall goal is to provide adults and children who are seeking behavioral health services and supports with improved timeliness of access to behavioral health care and improved quality of care.

A Web application used by outpatient providers to register outpatient care was revised to enable provider profile compliance with the timely access requirements. Together with the State, ECC data was analyzed and opportunities for improvement among the ECCs were identified. Beacon worked with multiple State agencies to provide each of the ECCs with a consistent profile to give the ECCs timely feedback regarding their compliance with appointment access standards. Statewide ECC meetings were initiated to provide a forum for consistent feedback to ECCs regarding their performance and the State's expectations.

As a result of these statewide meetings and the issues raised by the ECCs, an ongoing workgroup of interested ECC representatives was initiated to work on identified issues and barriers to meeting the ECC requirements. The ECC Provider Workgroup on Capacity and Access meets on a quarterly schedule to review and analyze the impact of capacity on provider compliance for the ECC access standards. Since its inception, the ECC program has significantly improved the initial access to outpatient care for children, adolescents, and adults. This program has become essential to maintaining realized gains regarding access, coordination with primary care, and co-occurring competence.

g. Corrective actions: None

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h. Adverse Contract Actions or Project Litigation: None

i. Project Contract Manager: William Halsey, LCSM, MBA
Director of Integrated Care, Division of Health Services
william.halsey@ct.gov
860-424-5077

WHY THIS EXPERIENCE MATTERS

Health Colorado recognizes that each State government has unique physical and behavioral health care priorities, delivery system challenges, and program goals. The foundation of our company is based on the principle that health care is local. Our extensive experience, tenure, technological innovations, and flexible program design implemented within a Member-focused and recovery-oriented philosophy enable us to work in partnership with state agencies, FQHCs, CMHCs, private practice providers, Members, advocacy organizations, and others to develop and implement Member- and family-centered, cost-effective health care programs.

We know that the successful launch of the next iteration of the ACC program will require engaging an Offeror who will bring the Department a combination of deep and broad experience transforming state Medicaid programs as well as local knowledge and experience working with, Colorado providers in Region 4. We have provided details about our local and national experience in our response throughout this section. Our local Colorado leadership has extensive experience working in and with the RAE Region 4 provider and stakeholder community, experience working with the Department, knowledge of the origins and evolution of the Health First Colorado policies and programs, and the ability to leverage transformational processes learned from other mature Medicaid markets across the country. Our reputation within the state of Colorado along with our extensive experience interacting with providers and our ability to leverage existing staff, tools, and technology already in place in Colorado Springs and throughout Region 4 will enable us to quickly implement and operate the RAE contract and meet and exceed the Department's goals for the RAE program.

Health Colorado has also demonstrated through our partners' 22-year history serving the Department across different Medicaid delivery models that our organizations are flexible and adaptable. We have constructed this new organization so that we can not only exceed the expectations of the ACC 2.0 RAE contract, but also have the right resources, experience, and assets on hand to evolve with the Department in any aspect of payment, delivery or general system reform including pilot programs. With change being the only certainty, this organization, with our extensive experience, diverse partners, and expansive relationships in the community, will adapt with the Department to continue our success.

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OFFEROR'S RESPONSE 4

Provide all of the following:

a. Description of the internal organizational structure, including a delineated management structure. The organizational structure shall clearly define lines of responsibility, authority, communication and coordination within and between various components and departments of the organization, and be easily understood and accessible by those interfacing with the organization. Describe how the organizational structure facilitates creative thinking and innovative solutions.
b. An organizational chart listing all positions within the Contractor's organization that are responsible for the performance of any activity related to the Contract, their hierarchy and reporting structure.
c. A list of Key Personnel and their resumes. Identify which Key Personnel has the majority of their work experience in behavioral health.

a. INTERNAL ORGANIZATIONAL STRUCTURE

Health Colorado, Inc. (Health Colorado) is new and purpose-built to serve the Department of Health Care Policy and Financing (the Department) and Colorado's Medicaid Members as the Region 4 Regional Accountable Entity (RAE). In our review of the Draft RFP, we identified a need for a new type of partnership bringing together local, experienced organizations that serve the physical and behavioral health needs of Members, as well as the care coordination, education, transformation, and administration needs of the Department and the local provider community. This new partnership brings experienced Medicaid provider and managed care organizations together with equal stakes in the success of the RAE, and equal risk in the management of the capitated behavioral health benefits.

Health Colorado is designed to be client- and Member-centric, and comply with all of the Department's requirements for key personnel and organizational reporting structure. Our Chief Executive Officer (CEO)/Program Officer will be the main point of contact for the Department, with all other positions supporting the RAE reporting up to this individual. We will have a single administrative office in Pueblo, Colorado, with all key personnel and the majority of the supporting staff located in one central location in Colorado Springs.

As shown below, Health Colorado will be governed by six longstanding, mission-focused organizations with deep experience serving Colorado's Medicaid Members and other populations such as the uninsured. Our partners include: Valley-Wide Health Systems, Inc. (Valley-Wide); Health Solutions; Beacon Health Options, Inc. (Beacon); San Luis Valley Behavioral Health Group (San Luis Valley Behavioral Health); Solvista Health; and Southeast Health Group.

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As examples of service to the Health First Colorado and safety-net community:

- Valley-Wide serves more than 5,200 uninsured local residents and more than 16,500 Medicaid Members each year.
- Health Solutions serves nearly 700 uninsured local residents and more than 8,250 Medicaid Members each year.
- Beacon offers administrative support for more than 700,000 Colorado Medicaid Members through the Behavioral Health Organizations (BHOs) for the Metro West and South/West Service Areas, and the Regional Care Collaborative Organization (RCCO) contract for RCCO Region 4.
- San Luis Valley Behavioral Health serves more than 1,170 uninsured local residents and more than 2,600 Medicaid Members each year.
- Solvista Health serves more than 2,450 uninsured local residents and more than 1,900 Medicaid Members each year.
- Southeast Health Group serves more than 500 uninsured local residents and more than 2,400 Medicaid Members each year.

The senior leaders of each of our partner organizations, as well as Health Colorado's CEO/ Program Officer and a respected external member of the community, will meet monthly as the Governing Board to review the key performance measures of the company and give guidance and direction to the CEO/Program Officer. Our CEO/Program Officer will have full authority to execute on the RAE contract.

Our Senior Management Team, which comprises the key personnel noted in the RFP, will also be available as direct contacts to the Department's similar functional leads. For example, our Chief Financial Officer (CFO) will be a direct contact with the Department's finance team and our Chief Clinical Officer (CCO) will be a direct contact for the Department's clinical contacts. In this way, the Department will be able to engage with Health Colorado's functional leads without delay. We encourage all communication to be in the simplest form to the Department. Our key personnel will be both proactive and responsive answering all emails and returning all calls to state agencies the same business day or within 24 hours.

Governing Board of Directors

The organizational structure of Health Colorado begins with a highly experienced, local Executive Leadership Team that is in full control of the management of the RAE contract with the Department, as well as the strategy, operations, and governance of Health Colorado. We are a local business. We are not a local unit of a national company that must answer to the demands of executives outside of Region 4. In addition to the local leadership team, our organization also brings forward non-owner leaders into governance and organizational management roles. Specifically, an external executive sponsor and an external member of the community with experience in Medicaid programs and services will balance the local Executive Leadership Team and ensure that key decisions cannot be swayed by individual partners. Because Health Colorado is a singular, integrated health organization, we have created an executive leadership model, governance model, and management structure that does not delineate between physical and behavioral health functions as was the case in previous RCCO and BHO model in Colorado.

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Senior Leadership Team (Operating Group)

Our Senior Leadership Team includes department heads that report directly to Health Colorado's CEO/Program Officer. The CCO will report directly to the CEO/Program Officer, but also have a matrixed reporting relationship to the Governing Board. In this way, Health Colorado's Board maintains focus on clinical initiatives and key performance measures directly from the CCO. Members of this team are responsible and accountable for the execution of all services performed by the organization in service of the RAE program. This team includes all of the key personnel required in the RFP, as well as other key leadership roles. These additional key leadership roles have been identified by Health Colorado from our extensive experience with the RCCO and BHO programs. Each member of this team is an experienced leader that has served in a past RCCO or BHO capacity in Region 4, and brings a wealth of local experience to their role. Each member of this team is responsible for all aspects of their associated function as depicted in the table below.

Role	Summary of Responsibilities
Program Officer	Our Program Officer is not only our interface to the Department, but also the CEO of Health Colorado. This senior leader has a direct line of communication to the Executive Team and Governing Board and is empowered to manage the key resources listed below and their staff in the execution of the contract with the following objectives: • **Get it right the first time:** Meet all contractual deliverables and perform all functions to the expectations and requirements of all constituents including the Department, members, and providers. • **Enhance satisfaction with our services to the Department and providers:** Identify and implement enhancements to current operations to continually exceed baseline expectations with our program and services. • **Exceed the performance expectations of the program across all key performance measures:** We are rapidly moving to a value-based health care environment and the RAE exists to support this transition with Medicaid providers in Region 4.
Chief Clinical Officer (CCO)	Our CCO is responsible for clinical oversight, strategy, and execution. This resource is our external face to the provider community and will work directly with providers as a peer resource to assist with practice performance, transformation and adoption of clinical and operational best practices. The CCO is responsible for all requirements and deliverables in the following sections of the RFP: • Section 5.8 Health Neighborhood and Community • Section 5.9 Population Health Management and Care Coordination • Section 5.12 Capitated Behavioral Health Benefit
Chief Financial Officer (CFO)	Our CFO is responsible for all financial modeling, tracking, and reporting. The CFO manages the finances of the contract as well as the finances of the Health Colorado organization. The CFO is also

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Role	Summary of Responsibilities
	responsible for all requirements and deliverables in the following sections of the RFP: • Section 5.1 Contractor's General Requirements • Section 5.2 Personnel • Section 5.3 Regional Accountable Entity • Section 5.16 Start-up and Closeout Periods • Section 5.11 Primary Care Alternative Payment Methodology (Primary Care APM)
Quality Improvement Director	Our Director of Quality Improvement is responsible for the management and operations of all quality management (QM) functions of the RAE. This leader is also responsible for all requirements and deliverables in the following sections of the RFP: • Section 5.14 Outcomes, Quality Assessment, and Performance Improvement Program • Section 5.15 Compliance
Health Information Technology (Health IT) and Data Director	Our Director of Health IT and Data is responsible for the management and operations of all IT and data functions of the RAE. This leader is also responsible for all requirements and deliverables in Section 5.13 Data, Analytics, and Claims Processing System of the RFP.
Utilization Management (UM) Director	Our UM Director is responsible for the management and operations of all UM functions of the RAE. This leader is also responsible for all requirements and deliverables in the following sections of the RFP: • Section 5.14 Outcomes, Quality Assessment, and Performance Improvement Program • Section 5.15 Compliance
Member Services Director *(additional role added by Health Colorado)*	Our Director of Member Services is responsible for the management and operations of all member services and member engagement functions of the RAE. This leader is also responsible for all requirements and deliverables in the following sections of the RFP: • Section 5.4 Member Enrollment and Attribution • Section 5.5 Member Engagement • Section 5.6 Grievances and Appeals
Provider Relations and Network Management Director *(additional role added by Health Colorado)*	Our Director of Provider Relations and Network Management is responsible for the management and operations of all provider network development, network management, and provider services functions of the RAE. This leader is also responsible for all requirements and deliverables in the following sections of the RFP: • Section 5.7 Network Development and Access Standards • Section 5.10 Provider Support and Practice Transformation • Section 5.11 Primary Care APM

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Role	Summary of Responsibilities
Medical Director – UM) *(additional role added by Health Colorado)*	Our Medical Director – UM is a psychiatrist that is responsible for oversight of the UM program.
Compliance Officer *(additional role added by Health Colorado)*	Our Compliance Officer is responsible for all compliance related requirements and deliverables in the following sections of the RFP: • Section 5.14 Outcomes, Quality Assessment and Performance Improvement Program • Section 5.15 Compliance

Authority

Each of the key personnel on the Senior Leadership Team are empowered with the authority to operate their departments in the most efficient manner to meet the goals and objectives of the RAE. However, the Health Colorado organization provides a values-based operating structure that all management and operational staff are expected to adhere to the following values:

- Our business exists only to serve and support Colorado Medicaid Members as the RAE.
- All Health Colorado staff will conduct business with the below values in mind. Business decisions will be evaluated based on achievement of the contractual, operational, or financial goal, and measured against the following values:
  - **Integrity:** We earn the trust of the Department, the community, Members, and providers.
  - **Dignity:** We respect others, including their needs, differences, and opinions, and factor that in our approach and response.
  - **Community:** We thrive together and exist to build people, process, and technology that has a community benefit that is larger than the RAE program itself.
  - **Resiliency:** We overcome adversity and grow from challenges. We do not avoid difficult conversations, tasks, or projects, but rather see them as an opportunity for growth.
  - **Ingenuity:** We prove ourselves by finding new ways of doing things that provide value to the Department, providers, Members, and our organization.
  - **Advocacy:** We lead with purpose and exist to serve the Department and our Members.

Communication

Open lines of communication and collaboration are critical to success in an organization that is managing all aspects of health like the RAE. As a purpose-built, local organization, Health Colorado benefits from a large local office that houses all full-time employees that serve Region 4. We benefit from real-time collaboration from a local office environment where the majority of our staff work and have easy access to all local resources for the Department. At a minimum, the following regular communication forums and tools will be used by our organization:

- **Daily stand-up meetings for key projects:** Our daily stand-up meeting is a short organizational meeting that is held each day; usually limited to five to 15 minutes long. Standing, rather than sitting, reinforces the idea that the meeting is intended to be short and discourages wasted time. The stand-up meeting is meant to make the team aware of current status. If discussion is needed, a longer meeting with appropriate parties is arranged.

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- **Weekly onsite management team meetings:** Our management team meeting are held weekly, onsite, with teleconference access, to help Health Colorado's team stay focused on what is important and to help identify potential issues or problems that are developing. This process works by driving teams toward effective problem solving. Once the meeting has concluded, the next step is to roll-out the meetings to each department or project lead.
- **Monthly Board meetings:** Formal, monthly Health Colorado Governing Board meetings will be held to primarily address policy issues and major problems. The Governing Board's key purpose is to ensure high quality operations by collectively focusing Health Colorado's affairs to providing community Members with exceptional integrated health care.
- **Quarterly strategic sessions:** On a quarterly basis, Health Colorado is tasked with determining and promoting Member service goals. The Governing Board also engages in active strategic planning to achieve those goals. This function is so crucial that we seek to recruit board consultants with a variety of planning expertise who can bring diverse knowledge and experience to the table. To move our organization forward, every Health Colorado Board Member is expected to participate in planning for our current and future success in an effort to continuously improve the services to our Medicaid Members.
- **Annual performance review and planning retreats:** Health Colorado's annual retreats focus on: 1) the evaluation of the previous year's performance and level of success in attaining our strategic objectives as a health care management organization; and 2) assessment and implementation considerations of current best practices and promising innovations that advance Member care, create financial efficiencies, improve engagement of community provider practices, and enhance Medicaid Member satisfaction with the continuum of health care.

In addition to face-to-face meetings as described above, Health Colorado uses technology to enable real-time communication and collaboration channels that suit individual resources' needs and preferences such as: telephone conferencing, video conferences, Web-based meetings, secure instant messenger, and secure email. We also encourage an open-door policy with our Senior Leadership Team so that all staff have equal access to their respective department leaders and the leaders of other functional groups.

While internal communications are important for program execution and collaboration across departments, communications with external partners, providers, Members, and the Department are equally important. While our Program Officer is fully dedicated to act as the external face of Health Colorado to the Department, the Board of Directors and the entire Senior Leadership Team are available to the Department. These key personnel and their staff are also available for External Quality Review Organization (EQRO) audits and onsite quality reviews. At a minimum, the following external communication forums and tools will be used by Health Colorado:

- **Regular program monitoring meetings**, participation in the Regional and statewide Program Improvement Advisory Committees (PIACs), and other advisory committees (e.g., Member Affairs, Clinical Advisory and Utilization Management, Medical Management Committee, Quality Improvement Steering Committee)
- **Monthly 'Healthcare Alliance' meetings** with the Pueblo Department of Social Services
- Participation on '**Pueblo Triple Aim Corporation**' to coordinate all Pueblo County efforts to make Pueblo County one of the healthiest counties in Colorado.

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- Weekly attendance at Pueblo's '**Mental Health Court**' led by Judge Alexander in an effort to provide treatment to those in need who are charged with committing crimes
- **Healthy Transitions Colorado**, a group that focuses on improving transitions between levels of care and systems of care through education and training
- **Training and Development Subcommittee** of the Colorado Behavioral Healthcare Council, which brings together training directors from mental health centers, BHOs, and other Community Mental Health Centers (CMHC) organizations to share resources and discuss training needs throughout the state
- Participation with **Colorado Behavioral Healthcare Council**
- **Zero Suicide Meetings**, which include our Zero Suicide Implementation team and statewide phone meetings with other Zero Suicide teams and the Office of Suicide Prevention
- **Interagency Oversight Groups**/Collaborative Management Programs, which serve to coordinate care for high-need young people among various community agencies

Creativity and Innovation

We believe innovation can come from anywhere. At all levels of the organization, our colleagues identify community, provider, Member, or even unstated customer needs and are empowered to bring those needs to their colleagues at any level of the organization to discuss and propose potential solutions. Past innovations that have been identified by team members and supported by management for new programs and services to improve service includes, but is not limited to:

> *"An innovation will get traction only if it helps people get something that they're already doing in their lives done better."*
>
> *– Clayton Christensen*

- **A crisis living room.** The crisis living room offers timely de-escalation in a comfortable, calm, and safe environment for youth and adults experiencing a behavioral, emotional, or psychiatric crisis. Staffed with peer specialists and behavioral health professionals, the living room offers immediate access to intervention, support, mentoring, and connections with community resources.
- **Health Solutions' Healthy Inspirations.** These weekly educational events are open to the general public on Tuesday evenings in Pueblo and are held at The Learning Center. This location offers a non-traditional therapeutic setting. Topics range from dealing with adverse childhood experiences or trauma, mental health conditions, parenting skills, and relaxation activities for both children and adults. More than 150 Healthy Inspiration sessions have been held in last few years. Participants often include Medicaid Members who are hesitant to come in for treatment, but still benefit from events that discuss mental health coping skills.
- **Care Alliance.** In recognition of the importance of inter-agency collaboration, Health Solutions developed the CARE Alliance in Pueblo. The CARE Alliance program involves two primary components. The first is a daily conference call facilitated by Health Solutions management. This call is scheduled every day for 20 minutes as a resource for community partners with urgent care management needs. The second is a monthly staffing review in which community partners are able to request a multi-agency staffing through use of a Health Solutions deployed website. The staffing's were held over the lunch hour and provided a format for collaboration across systems.

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To curate innovative ideas from the Member, provider, and stakeholder community, we will conduct regular stakeholder feedback sessions, forums, and listening sessions. In past sessions with County Jail medical staff, Colorado Department of Corrections/Youth Services, and Colorado Judicial Branches, Beacon identified a need for clinical information to be shared among the 36 independent Sheriffs in rural and frontier regions of southern Colorado. Understanding the need for this information so that Members transitioning to and from incarceration and the community can continue their medication regimen uninterrupted, Beacon developed and implemented JusticeConnect in the BHO South/West Service Area to ensure that Members incarcerated within the criminal justice system receive medically necessary services within two weeks of release.

We identify individuals by first analyzing data from the Colorado Victim Identification Notification System (VINE) that identifies all individuals that have been:

- Detained and processed at the local detention centers in the past 24-hour period
- Incarcerated at a local detention center and county jails across Colorado

This data is then compared with Medicaid eligibility data using agreed upon data points to identify a detainee as a "match." Once a match is identified, the process looks for behavioral health authorizations and paid Medicaid pharmacy claims within the past calendar year. This information is then electronically returned to the correctional system and uploaded into the correctional facility's

> *Since January 1, 2013, Beacon's JusticeConnect system has processed approximately 137,873 records and identified a "match" of Members with behavioral health and/or pharmacy claims 26 percent of the time.*

Electronic Health Record system where it can be viewed by authorized detention center medical staff. Detention center medical staff then use this data to address the detainees medical and behavioral health needs. Simultaneously, the data is also shared with the local behavioral health center that assists in providing coordinated care for the individual while detained and on release. A Web portal was established that allows the appropriate correctional facility to report pending releases, thereby alerting behavioral health centers to the need to coordinate services within two weeks of release and ongoing thereafter.

b. ORGANIZATIONAL CHART

On the following pages, we have provided our governance structure and organizational charts listing all positions that are responsible for the performance of all activity related to the RAE contract, including hierarchy and reporting structure.

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Health Colorado Governance Structure

Health Colorado exists only to serve the Department as the RAE.

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Local, Governing Board of Directors provides Senior Executive Leadership to Health Colorado and the Management Team.

Health Colorado

Governing Board of Directors

Key resources lead individual functions and directly report to the Governing Board. The Program Officer and CCO are primary interfaces for the Department to create an easy to navigate reporting and communication structure.

Program Officer (CEO)

Compliance Officer

Chief Clinical Officer (CCO)

Chief Financial Officer (CFO)

UM Director

Provider Services Director

Quality Improvement Director

Health IT and Data Director

Member Services Director

Functional Departments (Local Operations)

Clinical Department

Finance Department

UM Department

Provider Services/ Network Mgmt. Department

Quality Department

Desktop Support

IT Systems

Member Services Department

Data & Analytics

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Health Colorado Organizational Chart

Organizational Chart Legend
- ■ Key Personnel
- ■ Local Colorado Leadership
- □ Local Colorado Staff
- ■ National Support and Matrix Resources

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c. KEY PERSONNEL

In the table below, we have identified Health Colorado's key personnel for the RAE contract in Region 4 and have provided their résumés as **Attachment 5**. In addition, we have identified those key personnel who have had a majority of their work experience in behavioral health.

Key Personnel Role	Key Personnel	Majority Work Experience in Behavioral Health
CEO/Program Officer	Jim Bonk, PhD, RN, CS	Yes
Chief Clinical Officer	Ricardo Velasquez, MD	No
Chief Financial Officer	Judy Skrzypek*	No
Quality Improvement Director	Rebecca Encizo, MS	No
Health IT and Data Director	Scott Jones, MEd, LPC	Yes
UM Director	Tamara Ballard, MA, LPC	Yes

Our Chief Financial Officer passed the CPA exam in 1993 and is actively working on acquiring a new CPA license in the state of Colorado for the RAE program.

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OFFEROR'S RESPONSE 5

Describe how the Offeror will:

a. Ensure adequate essential personnel to perform the functions of the Contract.
b. Train and support personnel to ensure the Contract is carried out as effectively as possible.
c. Fill personnel vacancies to fulfill Contract requirements.

a. ADEQUATE ESSENTIAL PERSONNEL

Health Colorado, Inc. (Health Colorado) will ensure that we have sufficient qualified staff to meet the requirements of the Regional Accountable Entity (RAE) and to perform the functions of the Contract. For all staff, licensed and non-licensed, we verify with the Office of the Inspector General, General Service Administration, and the Office of Foreign Asset Control that staff have not been excluded from federally funded programs. We do not employ or contract with any individual who had been suspended, excluded, disbarred, or is otherwise ineligible to participate in any federal reimbursement program. Finally, we complete a thorough background check on each staff member prior to employment to check for eligibility to work in the US, licensure validation, social security verification, criminal history, drug use, and education. Additionally, the roles and responsibilities of all senior staff are independent of any other behavioral health provider organization. This clear separation of responsibilities eliminates any potential conflict of interest between employer organizations.

Education, certification, and licensure requirements are established for each job to serve as the basis for needed knowledge and skill, and market pricing, competency evaluation, and recruitment. Educational requirements are established based on required academic knowledge and training, level of decision-making and problem solving, written and verbal communication skills, general market and professional standards, and regulatory requirements.

To ensure personnel are able to fully carry out the duties of the RAE contract, our talent management strategy, which is our organizational Human Resources processes designed to attract, develop, motivate, and retain productive, engaged staff, includes a comprehensive new hire on-boarding program and orientation of our existing staff to:

*   Acquaint them with the physical structure of the facility and safety/security programs
*   Familiarize them with organizational and human resources policies and procedures
*   Orient them to our member population
*   Require passing score on our extensive compliance and program integrity training program
*   Effect a smooth transition to employment with frequent performance assessments and a 90-day performance review to insure job mastery
*   Promote quality work performance and long-term success through ongoing job specific training, annual mandatory training, and systematic performance reviews
*   Promote a comprehensive understanding of our mission, goals and service/ performance expectations

As detailed in our response to *Offeror's Response 4*, key personnel for Region 4 include:

*   **Chief Executive Officer and Program Officer:** Jim Bonk, PhD, RN, CS
*   **Chief Clinical Officer:** Ricardo Velasquez, MD

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- **Chief Financial Officer:** Judy Skrzypek
- **Quality Improvement Director:** Rebecca Encizo, MS
- **Health IT and Data Director:** Scott Jones, MEd, LPC
- **Utilization Management (UM) Director:** Tamara Ballard, MA, LPC

In addition to the required key personnel, we have also identified the need for additional positions to meet the goals of the Accountable Care Collaborative 2.0 (ACC 2.0) and carry out the functions of the contract as effectively as possible. These positions include:

- Director of Member Services
- Director of Provider Relations and Network Management
- Medical Director (Utilization Management)
- Compliance Officer

Together, these individuals will:

- Be available for meetings with the Department within the Department's normal business hours or outside of normal hours with notice from the Department
- Be available for all regularly scheduled meetings with the Department
- Have the authority to represent and commit Health Colorado regarding work planning, problem resolution, and program development
- Attend meetings, at the Department's direction, with stakeholders as subject matter experts within the state government or with private stakeholders
- Be physically present at the location of the meeting, unless the Department gives prior, written permission to attend by telephone or video conference
- Respond to all telephone calls, voicemails, and e-mails from the Department within one business day of receipt by Health Colorado. We will inform the Department if key personnel are replaced temporarily due to illness, family emergencies, or other kinds of leave.
- Inform the Department if a key personnel position is vacant and who will be acting as the key position until that position can be filled

b. TRAINING AND SUPPORT

Health Colorado's management staff are highly skilled and experienced. However, the key to what makes our management and provider staff different from most, is our organizational commitment to serving the people of Colorado. Unlike most of our larger competitors, our senior managers do not divide attention between multiple programs across multiple states. All of our efforts are focused on delivering the best possible behavioral health care services right here in the communities where we live and work.

Staff are provided with ongoing development opportunities, consisting of required, remedial, and voluntary career advancement/personal growth training. For example, clinical staff will be offered educational resources to support access to, and reimbursement for, continuing education units (CEUs) and professional licensure fees.

We require annual training programs for all personnel using the Relias e-learning system. Relias tracks and reports all trainings to ensure that they have been completed by every employee.

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Relias offers hundreds of training programs that may be accessed to obtain needed CEU credits as well as additional position trainings required by the RAE contract.

In addition to RAE contract-specific training, required annual training includes:

- Fraud, Waste, and Abuse
- General Compliance
- Confidentiality and HIPAA
- General Privacy and 42 CFR Part 2

- Ethics and Code of Conduct
- URAC
- Cost Management Strategies and Best Practices

During our annual appraisal process, every staff member receives a development plan that specifically identifies his/her areas of growth and the means to attain the skills and/or knowledge. Performance evaluations comprise personnel feedback, manager feedback, and rating performance. Areas of evaluation include: accomplishments, competencies, and goals. Employees have access to many high-quality interactive e-learning courses in the following categories: Leadership, Management, Productivity, and Technical. Courses such as Managing Meetings for Effectiveness, Influencing and Persuading, Coping with Information Overload, Project Management Essentials, and Communicating Effectively with Senior Executives are just a few examples of offerings. We also have a formal Mentoring Program where high-potential employees who must meet strict criteria are paired with some of our most impressive and accomplished managers and leaders. The program begins with an in-person meeting between the pairs, and continues with nine months of structured mentoring sessions. This program is integrated with our succession planning efforts.

In addition to providing training that promotes employee engagement and retention, we will offer employees trainings that will educate them to serve a diverse member population. These trainings will enable staff to better serve Medicaid Members and will include:

- Culture and Disability Competency
- Member Rights and Responsibilities
- Health Literacy
- Understanding Poverty and Social Determinants of Health

- Customer Service Skills for the Medicaid Population
- SAMHSA Principles of Recovery
- The Value of Peer Specialists
- Colorado Crisis Services

Employees at all levels and all departments within the RAE will be trained so that we can create a culture of respect for and service to our Medicaid Members.

c. PERSONNEL VACANCIES

Health Colorado's key personnel are supported and backed by our unique partnership with Beacon. As a matrixed organization, Beacon's senior national matrix leads are tasked with providing temporary replacements during any turnover of key personnel. All replacements are already well experienced in supporting Medicaid contracts in their specialty, be it Quality Management or Member Affairs. A temporary replacement may be assigned from Beacon's national staff or from another Beacon Engagement Center. The great depth of Medicaid expertise within Beacon provides a stability in operations that is unequaled by other Colorado RAEs.

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In addition to the strategies above, we believe staff retention and satisfaction is a proactive strategy to avoiding unexpected personnel vacancies. The foundation of this is our talent management process that focuses on integrating our unique and successful employment brand across all operational functions. Our goal throughout this process is to create and maintain a mission-driven organization whose staff strive to always do their best for the Members that we serve, and to have a committed relationship to this purpose and our organization. Engaged staff that are intrinsically connected to the work they do, perform better and stay with the organization to continue to do excellent work throughout the course of their careers with us.

Our dedication to retaining staff is evident in our continual efforts to apply our commitment to compassionate service—not only to our external customers, but to our staff as internal customers. We provide creative incentives to meet the needs of our evolving workforce, such as:

- Staff and supervisor training programs
- Competitive pay and benefits programs
- Flexible schedules, telecommuting, and other alternatives scheduling options
- Employee access to onsite training programs for staff development and CEU certification, through the behavioral health community and educational systems
- Development of career paths

One of the key strengths that Health Colorado brings to Region 4 and the Department is the tenure and longevity that our partners' staff have in southeastern Colorado as well as at their current organizations. The executive leadership of our partners have grown up and have lived in the region. What is more, as Colorado Medicaid has evolved, the members of our Governing Board have been there every step of the way. On average, our partners' executive leadership have been in place with their organizations for more than 15 years. This familiarity and experience, specifically in the rural and frontier counties of Region 4, is invaluable as the Department's vision for integrated care continues to unfold across the state.

For example, in Pueblo County when the Department identified their objective of integrated health care, Health Solutions implemented a department of Integrated Care Coordinators who now serve over 30,000 Members in the RCCO contract. In addition, Health Solutions opened an integrated Medical Center with medical physicians, advanced family nurse practitioners, a licensed behavioral health clinician, and a care coordinator. The Medical Center also has links to their opioid treatment services and medication assisted treatment.

The long heritage that our partners and staff have cultivated in Region 4 through serving community needs has resulted in nearly 60 years of local experience and Colorado Medicaid program experience. We look forward to continuing the great work we have started in Region 4 as the RAE.

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OFFEROR'S RESPONSE 6

> Describe how the Offeror will use Subcontractors (if the Offeror plans to), and the percentage of work that will be completed by each Subcontractor. Include the anticipated positions and roles the Subcontractor will hold, as well as a plan for how the Offeror will manage the Subcontractor and all Subcontractor personnel to ensure that the portions of the Work assigned to the Subcontractor will be completed accurately and in a timely manner.

Health Colorado, Inc. (Health Colorado) will subcontract all administrative services of the Regional Accountable Entity (RAE) contract to Beacon Health Options, Inc. (Beacon), who is an equal shareholder in Health Colorado. As an equal shareholder of Health Colorado, the 40 percent limitation of total value of the RAE contract does not apply to Beacon; however, this administrative contract will be 15 percent or less of the 40 percent total maximum subcontractor allowance. Health Colorado is a purpose-built organization focused on delivering the highest value to the health care system and the Department of Health Care Policy and Financing (the Department) by maximizing funding of health care services and PCMP/Health Neighborhood enablement versus administrative expenses. Of equal importance is our ability to work cooperatively as one unified contractor, across all partners, sharing a common goal of providing an integrated physical, behavioral, oral health, specialty and community, system of care that is Member and family-focused, and delivers the Department's goals of the Accountable Care Collaborative (ACC) Program.

> *It is the synergy between progressive managed care and providers focused on Member and family wellness that create the highly collaborative health care organization of Health Colorado.*

ANTICIPATED POSITIONS/ROLES THE SUBCONTRACTOR WILL HOLD

Health Colorado anticipates delegating the following positions/roles to Beacon:

- Quality Management
- Member Engagement
- Financial Management
- Data Accuracy and Integrity
- Legal/Compliance

- Utilization Management
- Provider Network Development and Management
- Business Intelligence
- IT and Data systems

All activities will be conducted in accordance with the applicable RAE regulations and contract.

MANAGING THE SUBCONTRACTOR AND THEIR PERSONNEL

Health Colorado's Governing Board has ultimate accountability for contract and regulatory compliance, and all other work performed under this contract, including the performance of all subcontracted and delegated entities. Our Governing Board comprises Beacon Health Options, Inc.'s (Beacon) President of the Colorado Market and the Chief Executive Officers (CEOs) of our Community Mental Health Center (CMHC) and Federally Qualified Health Center (FQHC) partners.

In addition to these executives, subcontractor performance will also be monitored by two additional Governing Board seats that will comprise external and unbiased leaders. This ensures that Health Colorado is solely driven by individuals who are accountable for day-to-day program operations of the RAE and the delivery of care to Members. These two Board positions will be filled by Health Colorado's CEO/Program Officer and an unaffiliated individual from the

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community who is experienced in health care. These two additional governing directors will balance the Governing Body and wholly represent Health Colorado's interests, including subcontractor performance, and mission to serve the Members of the community as the RAE.

Subcontractor Management through our Committee Structure

Health Colorado has a strong committee structure, depicted on the following page, through which we obtain stakeholder input and expert consensus. Each of the following committees may also have established sub-committees or operating groups to assist them in completing their associated tasks. These key committees include:
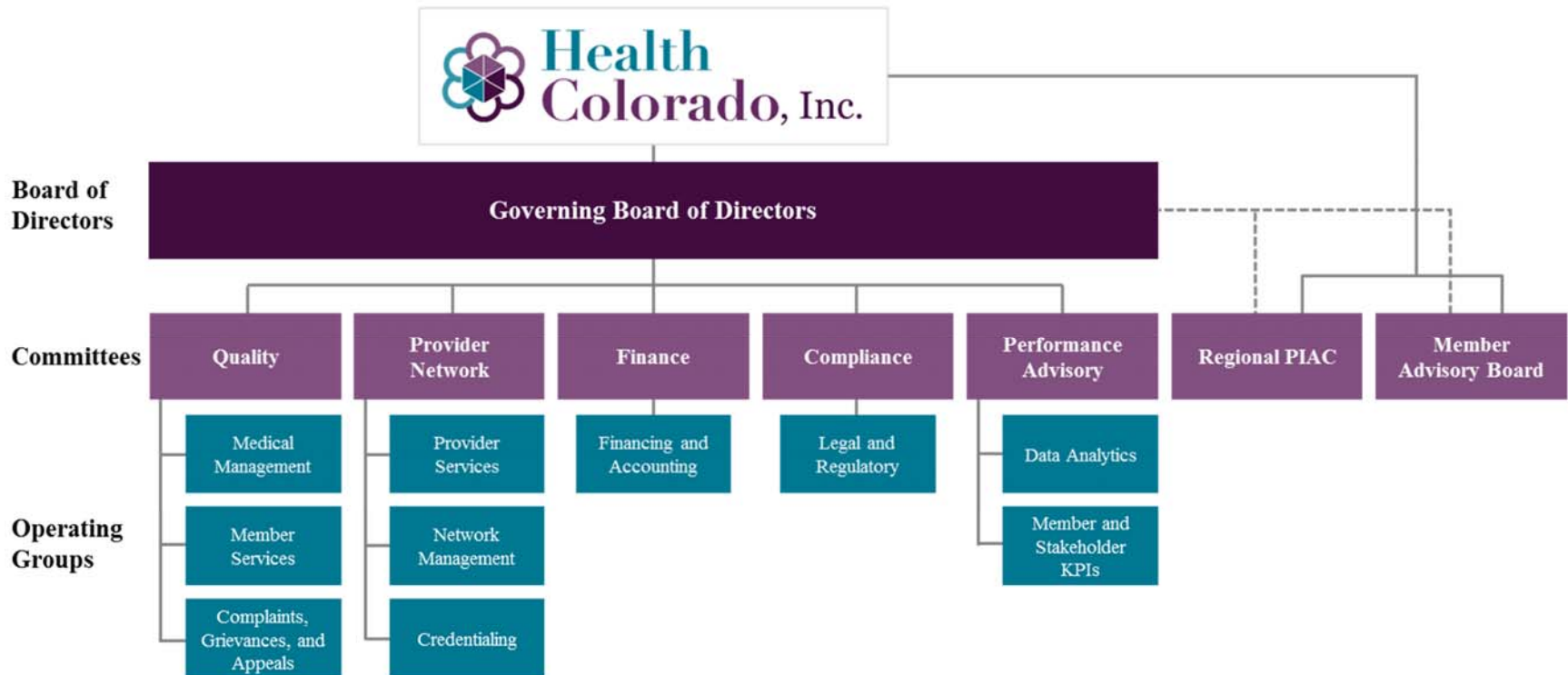
- **Quality Committee:** Medical Management (UM), Member Services, and Complaints Grievances and Appeals subcommittees
- **Provider Network Committee (PNC):** Network Management and Provider Services subcommittees
- **Finance Committee:** Finance and Accounting subcommittee

- **Compliance Committee:** Legal and Regulatory subcommittee
- **Performance Advisory Committee:** Data and Analytics, and Member and Stakeholder KPIs subcommittees
- **Program Improvement Advisory Committee (PIAC)**
- **Member Advisory Board**

As noted in the committee structure on the following page, Health Colorado will also seek input on subcontractor performance and program delivery decisions from a Regional PIAC and Member Advisory Board. The Regional PIAC includes Members, family members and/or caregivers, Health Neighborhood provider types, and other individuals who represent advocacy and community-based organizations, local public health organizations, and child welfare agencies.

To facilitate oversight, minutes of each committee are submitted to our Governing Board, as well as reports representing quality, clinical, member and family affairs, IT, finance, and compliance activities. All compliance issues that result in corrective action recommendations are presented to the Board for evaluation, approval, and enforcement.

To ensure appropriate oversight, Health Colorado will systematically monitor delegated functions via scheduled submissions of documentation and reports that will demonstrate compliance with contract requirements and timelines to the Board. In addition to Board review of documentation and reports, Health Colorado staff will audit grievances, credentialing, and denial and appeal processes through a minimum of an annual onsite audit. Audit results are presented to the Board and the corrective action process is initiated for areas identified as being out of compliance.

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Health Colorado's Committee Structure

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OFFEROR'S RESPONSE 7

> Describe how the Offeror will administer the PCCM Entity and PIHP as one program with integrated clinical care, operations, management, and data systems.

The partner organizations that comprise Health Colorado, Inc. (Health Colorado) all have extensive experience serving the Department of Health Care Policy and Financing (the Department) as both Behavioral Health Organization (BHO) and Regional Care Collaborative Organization (RCCO) contractors. However, we determined that retaining these organizational structures and pulling them together under the new organization would not adequately meet the intent of the Department and the goals and objectives of the Regional Accountable Entity (RAE) program. Rather than repurposing existing organizations, we have created a wholly new entity, Health Colorado, which brings together Prepaid Inpatient Health Plan (PIHP) and Primary Care Case Management Entity (PCCM) experience and functions under one roof with a fully integrated infrastructure. Health Colorado is well positioned to perform the functions described in this Contract in compliance with pertinent state and federal statutes, regulations and rules, including the Department's 1915(b) and 1915(c) waivers for the Accountable Care Collaborative 2.0 (ACC 2.0) Program.

Our past experience and new partnership will administer this new managed care program by:

- Implementing a clinical care model that is provider-directed meaning that we will give providers the tools they need to serve their Members and offer a safety-net to those that choose to delegate functions to us
- Deploying clinical leadership to the field who carry actionable and impactful information into their meetings with providers to enhance and improve care
- Leveraging an operational model that has been built and refined from over 20 years of experience in Colorado and national experience serving 50 million members, including approximately 14 million Medicaid members across 26 states and the District of Columbia
- Using a local and experienced management team that comes from a combined, purpose-built organization that is equally focused on all aspects and functions of the RAE program
- Benefiting from an existing technical and data infrastructure that has served both RCCO and BHO programs and is already connected to the Department and State infrastructure as well as providers within our region.

CLINICAL CARE

Our philosophy on clinical care has evolved over time. We have setup our new organization to differentiate Member-facing and back-office clinical care. Member-facing clinical care is best delivered by providers in their local community. We believe any model addressing the complex needs of the Medicaid population needs to be built around a well-designed and operated care coordination program available to Members in the community and not from a back-office, remote telephonic location.

The Agency for Healthcare Research and Quality (AHRQ) defines care coordination as, "the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required Member care activities, and is often managed by the exchange of information among

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participants responsible for different aspects of care."[1] This requires that *all* of the individual's needs and preferences are known and communicated at the right time to the right people, and that this information is used to guide the delivery of safe, appropriate, and effective care. Consistent and longitudinal monitoring of the population and timely response to individuals experiencing an acute episode is how care coordination transforms "treatment as usual."

This focus on ongoing monitoring, accountability, and responsibility for the population being cared for is a marked distinction from the traditional, non-integrated, reactive model of care. It is no longer enough to treat symptoms or address an isolated issue of an individual's health—that is just one aspect of the many responsibilities of the health care delivery system. Providers and managed care organizations must consistently address the whole person and provide services and resources that improve the overall quality of life of individuals in our communities.

Our goals have also evolved over time. Don Berwick and the Institute for Healthcare Improvement proposed his "Triple Aim" vision to transform the American health care system into one that promotes improved care on such principles as safety, effectiveness, person-centered, timeliness, efficiency, and equity. That transformation, according to Berwick, required an "integrator," an organization that takes the lead role in achieving the care that works. The basic concept of Triple Aim involves three concepts:

1. Improving the individual experience of care
2. Improving the health of populations
3. Reducing the per capita costs of care for populations

EVOLUTION TO THE QUADRUPLE AIM

Over time, the burden of adopting the Triple Aim framework began to wear on the care teams and providers. Care teams began to report that the stressful work they performed and the tools they used or lacked hampered their ability to successfully accomplish the Triple Aim. Physician dissatisfaction was identified as an early indicator that the health care system was creating barriers to high-quality practice. In 2014, Drs. Thomas Bodenheimer and Christine Sinsky published a paper in the Annals of Family Medicine titled "From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider." In it, they effectively make the case that the ability to achieve the Triple Aim is jeopardized by the burnout of physicians and other health care providers. They

Quadruple Aim

proposed adding a fourth dimension to the three goals detailed in the Triple Aim: "the goal of improving the work life of health care providers, including clinicians and staff." In their paper, they cited that "burnout among the health care workforce threatens patient-centeredness and the Triple Aim. Dissatisfied physicians and nurses are associated with lower patient satisfaction. Physician and care team burnout may contribute to overuse of resources and thereby increased costs of care. Unhappy physicians are more likely to leave their practice; the cost of family

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[1] McDonald, Kathryn, et. al. (June 2007). Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies. Volume 7. Technical Review 9. AHRQ Publication No. 04(07)-0051-7. Rockville, MD: Agency for Healthcare Research and Quality.

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physician turnover approaches $250,000 per physician. Dissatisfied physicians are more likely to prescribe inappropriate medications which can result in expensive complications."[2]

INTEGRATED CLINICAL CARE

Health Colorado will embrace this enhanced paradigm and fill the role of a care team enabler and integrator across the total health and wellness of the Medicaid membership and provider network. We will provide tools, education, support, best practices, and actionable information to providers throughout the region to ensure that all parts of the health care delivery system work together to treat Members in a holistic, person-centered manner. Consistent with the goals of the Department, our proposed infrastructure is focused on developing a provider-led regional population health improvement program that links community-based health initiatives with the delivery system, and provides that system with practice-centered tools and supports that reduce effort and fatigue. This will result in better equipped and supported providers that will be able to focus on the right tasks, at the right time, for the right Members.

As the RAE and in concert with the Quadruple Aim approach, Health Colorado's clinical model, specifically as a care coordination enabler, begins with whole-person analytics supported by the new Business Intelligence and Data Management systems (BIDM). During start-up, depending on BIDM capabilities, our analytics will be augmented with population analytics and custom algorithms from the Health Needs Survey to identify all of the potential physical, behavioral, psychosocial, and social determinant needs of each Member.
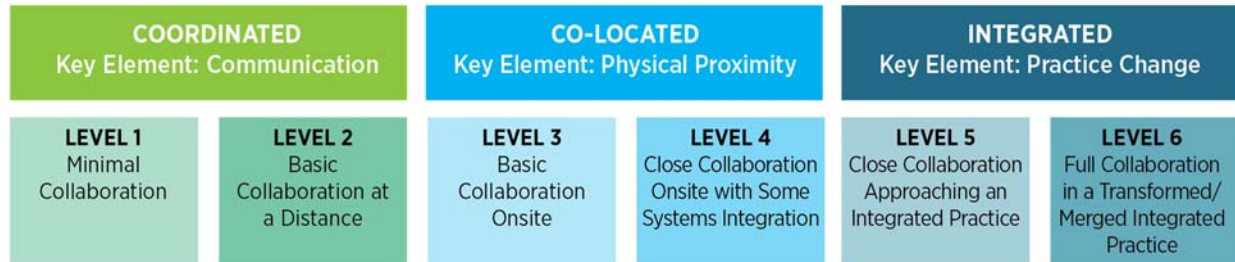
The results of these analytic processes will create target lists of Members that require different types of interventions defined in *Offeror's Response 15* and *Appendix I* of this RFP. As actionable alerts and target lists are distributed to care managers and coordinators in the community, Members will be engaged by a single resource that will own their case and assist them with their most critical needs regardless of where that Member may fall in the spectrum of needs. On engagement, care managers/coordinators will develop a whole-person care plan based on their specific needs. For high-risk Members who have actively engaged with a care manager, this care plan will be updated with every new interaction and major utilization event. For low-risk Members whose claims history indicates little or no major health issues and do not appear on an alert or target list, this care plan may be as simple as continuing to monitor their utilization history on a monthly basis.

INTEGRATION SUCCESS

In addition to adopting the Quadruple Aim as a guiding principle of Health Colorado, we will continue to maintain a clear focus on overall integration as each partner has in their past service to the Department and both RCCO and BHO organizations. In April 2013, the SAMHSA-HRSA Center for Integrated Health Solutions released *A Standard Framework for Levels of Integrated Healthcare* authored by Dr. Bern Heath, Dr. Pam Wise Romero, and Kathy Reynolds. This brief expanded, updated, and re-conceptualized previous work to produce a national standard with six levels of collaboration/integration that run from Minimal Collaboration to Full Collaboration in a transformed/merged integrated practice. Illustrated on the following page, the Standardized Framework set forth has already been adopted by the Health Colorado provider partners.

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[2] Bodenheimer, T., MD, & Sinsky, C., MD. (2014, September 2). From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. Retrieved June 15, 2017, from http://www.annfammed.org/content/12/6/573.full

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Integration Standardized Framework

COORDINATED Key Element: Communication		CO-LOCATED Key Element: Physical Proximity		INTEGRATED Key Element: Practice Change	
LEVEL 1 Minimal Collaboration	**LEVEL 2** Basic Collaboration at a Distance	**LEVEL 3** Basic Collaboration Onsite	**LEVEL 4** Close Collaboration Onsite with Some Systems Integration	**LEVEL 5** Close Collaboration Approaching an Integrated Practice	**LEVEL 6** Full Collaboration in a Transformed/ Merged Integrated Practice

Entering into this new program, the Health Colorado partners have already achieved **Level 5** integration as defined in the model presented above. In fact, we have a State Innovation Model (SIM) provider included in our partnership as an owner who is prepared to share best practices, not only with the other provider partners, but the provider community across the entire region in a consistent and unified manner that complements and aligns with the SIM work being performed by the Department and its Practice Transformation colleagues from the University of Colorado Medical Center. More specifically, Health Colorado already has experience performing the following integrated functions and will bring that experience to the RAE:

- Integrated medical and psychiatric case consultations across multiple providers in the region
- Pre-screening for whole-person health using standardized toolsets
- Embedded care coordinators at PCMP sites, as well embedded PCMPs at behavioral health sites as evidenced by our integration between Valley-Wide and San Luis Valley Behavioral Health in Alamosa
- Implementation of the concept of empanelment which is the act of assigning individual Members to individual PCMPs, behavioral health, substance use, or care coordination with sensitivity to Member and family preference

MEMBER-CENTERED CLINICAL CARE
The foundation of the care plan is based on reinforcing the individual's self-monitoring skills and recovery capability. This involves improving their ability to recognize the signs and symptoms of their disease and understand how to stay compliant with any medication they are receiving. For individuals with behavioral health conditions that compound their risk and affect their ability to manage their physical health needs, trained behavioral health clinicians will lead the case and provide an added focus on recovery, resiliency, and independence to maximize the Member's own skills and abilities.

The execution of the care plan establishes continuity of care along three dimensions. First, it provides informational continuity by using past events and personal circumstances to ensure current care is appropriate for each individual. Second, it provides interpersonal continuity by establishing ongoing therapeutic relationships between an individual and one or more clinicians. Third, it provides care management continuity through a coherent approach to management of a health condition that is responsive to an individual's changing needs.

While a single care coordination lead (case owner) will exist for each Member, the case owner may be from a provider or an external agency, such as a Healthy Community partner. Our fully

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integrated clinical experience will provide access to a multidisciplinary team that will include individuals from different health care disciplines who contribute specialized knowledge in non-hierarchical relationships and who act according to situational demands rather than a traditional organizational role.

Each individual of an organization that appears in the Member's individualized care plan, will understand their role and will contribute to specific clinical activities for the Member. For example, a provider managing a complex Member with specific clinical needs for treatment or level of care that may not normally be clinically indicated, will have direct access to our Utilization Management (UM) Department or access through their care manager/care coordinator so that their case can be explained and a determination be made in near real-time. This level of collaboration will prevent the Member from having to wait for a denial and initiating a second-level review to accommodate their needs.

PRESCRIPTION DRUG INTERVENTION PROGRAM (PDIP)

Health Colorado will empower all clinicians to close Member-specific care gaps by deployed advanced analytics that screen medical, behavioral, and pharmacy claims and augment the Department's BIDM system data on a monthly basis. By analyzing claims data for medication issues such as non-adherence, polypharmacy, sub-optimal dosing, and other clinically indicated gaps in care, providers are notified of these gaps creating an actionable opportunity to remedy for the Member. Historically, when provided with real-time identification of care gaps, physicians close 60 percent of identified care gaps, compared to a natural change rate of 15 percent, with a corresponding drop in inpatient admissions that exceeds five percent. This type of monitoring has the greatest impact on populations with a higher incidence of health conditions such as our Medicaid membership.

Beacon designed PDIP to integrate with and analyze most pharmacy benefit manager (PBM) data to improve adherence to antidepressants and antipsychotics and prescribing practices among

PDIP processes approximately 2.5 million claims per week

providers. This program combines expertise in psychiatry, psychopharmacology, physical health, and analytics to identify medication-related concerns, addressing problems through evidence-based interventions at both the Member and provider level. This retrospective drug utilization review program for psychotropic prescribing targets poly-pharmacy, non-adherence, sub-optimal dosing, Suboxone, HEDIS®[3] Antidepressant Medication Management (AMM) measures, and fraud, waste, and abuse through provider and member interventions.

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[3] HEDIS® is registered trademark of NCQA.

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PDIP's focus on medications acts as a complement to most PBMs and business intelligence systems. Our experience indicates that most PBMs manage behavioral health medications more from a "formulary perspective" rather than from a "clinically appropriate" perspective. Because PDIP provides expertise in psychopharmacology, clinically appropriate decision support is provided while improving coordination of care between PCMPs and behavioral health professionals. For example, approximately 80 percent of PDIP psychotropic medication-related problem interventions are communicated with PCMPs and not to behavioral health clinicians.

Health Colorado relies on data analysis to identify problems and measure their solutions. Through analyses of an integrated data file (combined prescription, medical, and psychiatric claims), we can identify claims-based, medication-related problems based upon available evidence and established best practices. Ongoing data analysis of medical, prescription, and behavioral health claims data allows us to observe and monitor many trends. The relationship of subtle changes to our interventions and the impact on the outcome is critical in continued quality improvement.

ACTUAL PER MEMBER PER MONTH (PMPM) SAVINGS

Medication Adherence Interventions

Inpatient Admissions	Emergency Department Visits
$4 PMPM	$1 PMPM

Polypharmacy Interventions

Emergency Department Visits	Prescription Medications
$7 PMPM	$111 PMPM

For example, a Member with limited behavioral health history receiving polypharmacy from a PCMP might warrant a PDIP intervention, whereas the exact same drug combination may not trigger an intervention if it were a Member with significant inpatient history under the care of a specialist psychiatrist. This attention to detail prevents messaging fatigue with clinicians as well as unwarranted anxiety for Members.

Similarly, we are thoughtful regarding messaging protocol. For example, in interventions resulting from non-adherence, we will intervene with both the Member and provider. However, in an instance of under-dosing, we will communicate only with the physician so as not to interfere with the doctor-Member relationship. By communicating with the physician only, we are not calling into question the credibility of the doctor in the eyes of the Member.

When analytics identifies a potential medication-related problem, a psychiatric nurse initiates a clinical review process, consulting a clinical pharmacist and psychiatrist when necessary. This process ensures that all clinical factors—behavioral and medical—are considered prior to any intervention. These clinical best practices reduce variations in care, improve clinical efficacy, and limit the collateral effects of ineffective psychotropic therapies. PDIP demonstrates improvement in the quality of a member's care while providing substantial reductions in emergency room visits, inpatient stays, and medication costs.

In 2016, Beacon's health plan clients that used PDIP's innovative technologies to analyze behavior modifications saw an average of $217,380 savings associated with adherence interventions; $475,881 in savings related to polypharmacy interventions; and $9,410 savings associated with suboptimal dosing interventions among inpatient admissions, emergency department visits, or prescription costs.

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> *In addition to generating savings, Beacon has helped Members change their behavior related to medication adherence:*
>
> - *199,500 adherence interventions sent*
> - *7,643 members with adherence interventions assessed for behavioral change*
> - *Medication possession ratio increased 16 percent from pre- to post-intervention*
>
> *Beacon also helped prescribers improve the quality of their Members' medication regimens:*
>
> - *38,527 polypharmacy and 3,584 suboptimal dosing interventions sent*
> - *13,339 Members with polypharmacy and 2,986 Members with suboptimal dosing assessed for behavioral change*
> - *62 percent of prescribers discontinued at least one medication among polypharmacy issues*
> - *55 percent of prescribers either increased the dosage or discontinued the medication among suboptimal dosing issues*

CLINICAL LEADERSHIP AND ADVANCED ANALYTICS

To further support our Members and the care management/care coordinator community, Health Colorado's Chief Clinical Officer (CCO) will be available to consult on challenging cases, drive the continued strategic direction of the clinical programs, refine our advanced analytics, and develop new criteria for engagement. This includes the development of new predictive models using our machine learning and natural language processing software that can predict events such as an inpatient admission or readmissions. By using our advanced analytics tool that will supplement the BIDM capabilities, our CCO and other key clinical staff will be armed with actionable and impactful information that can be distributed to providers via alerts and via meetings and one-on-one interactions.

Health Colorado clinical leadership will provide consultations about this actionable data and how to effectively use it along with the information and insights provided by the BIDM tools. Our clinical leaders will participate in "grand rounds" for high-volume providers, and advocate on a Member or provider's behalf for UM approvals and determinations or the resolution of complaints and grievances involving medical care issues.

To ensure the success of our clinical programs, all key stakeholders will be involved in the annual review and improvement process and have a voice in assessing the program's performance and how it may be improved in the next performance year. The CCO will chair these "Integrated Steering Committee" sessions to gather feedback from all interested parties.

Our clinical care and operations experts have experience working in both the RCCO and BHO programs. With this experience, implementation functions for the RAE will not be wholly new for Health Colorado. This will allow us to focus on the infusion of additional staff talents and new advancements in process and technology to transition from disparate organizations to a new fully integrated and accountable organization. This new organization will be aligned to better support a fully coordinated, whole-person, outcomes-based system. Supporting the existing provider network and the provision of care management and care coordination at the place of care or from existing trusted relationships, is of paramount importance to us and will continue.

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As such, Health Colorado will enhance the strengths of each provider practice and the interconnected health system within the region with advanced analytics, actionable alerts, clinical support, and the provision of clinical and care coordination software that we use for all of our internal operations. Health Colorado will encourage Member-facing clinical care activity such as care management/care coordination to occur at the provider site or in the community, but will also provide a safety-net for those Members served by providers without the ability or desire to take on these functions. In cases where providers opt-out of providing care management/care coordination for their Members, whether they are a PCMP, Health Neighborhood, or behavioral health practitioner, Health Colorado will ensure that Members have suitable services available to them from another nearby provider using face-to-face or remote engagement strategies. Our fully integrated clinical model is purposefully designed to shore up any gaps the Member may encounter in the service delivery system regardless of where or from whom they seek care.

OPERATIONS

Our Senior Leadership team is organized by function. All member services activities are conducted by a singular, integrated Member Services Department, not different departments resembling the legacy RCCO and BHO models or responsibilities. Similarly, our Provider Relations and Network Management Department is a singular unit that performs all network development and management, provider payment, communications, and training functions. While these individuals have served different contracts and their duties have been fully allocated to those scope of work objectives, they have worked as part of a larger organization with insight and experience across both RCCO and BHO functions. We will consolidate these departments to bring operational efficiencies to the Department, and a streamlined and simplified experience for Members, providers, and community stakeholders. This degree of functional integration across Health Colorado is further enhanced by the Department's focus on integrated care, which has resulted in an integrated provider community that is fully capable of serving the needs of the entire Health First Colorado membership across the full mind and body spectrum. All of our operations are backed and supported by Beacon's national standards, policies, and guidelines that are used at scale to serve all of their 50 million members.

MANAGEMENT OF HEALTH COLORADO

Our desire to provide a new type of organization, with integrated and equal interests and accountability, to serve all Members, and not under-value or over-value any function or population cohort is demonstrated at the highest level of our organizational governance and leadership. All partners in Health Colorado, regardless of the entity, have an equal voice with external, unbiased executives from the region who are included to balance the needs of the organization and represent the community. Additionally, as a complement to our governance structure, required stakeholder committees, and participation or leadership of those committees (e.g., Statewide and Regional Program Improvement Advisory Committees), Health Colorado will have an external Member Advisory Committee that exists to:

- Afford attributed Members an opportunity to participate in matters of policy and operation
- Promote effective use of health care services within the RAE Program and to suggest ways and means that the program can better serve health plan Members
- Increase communication between the program and its membership
- Develop ideas for continuing programs of Member education
- Promote understanding of Member priorities and suggest ways to serve Members better

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Leadership

Health Colorado's highly experienced, local Executive Leadership Team is in full control of the management of the RAE contract with the Department, as well as the strategy, operations, and governance of Health Colorado. Our Senior Leadership Team includes department heads that report directly to Health Colorado's Program Officer. The CCO will report directly to the Program Officer, but also have a matrixed reporting relationship to the Governing Board. In this way, Health Colorado's Board will maintain a focus on clinical initiatives and key performance measures directly from the CCO. Members of this team are responsible and accountable for the execution of all services performed by the organization in service of the RAE program. This team includes all of the key personnel identified in the RFP, as well as other key leadership roles.

Authority

Each of the key personnel on the Senior Leadership Team are empowered with the authority to operate their departments in the most efficient manner to meet the goals and objectives of the RAE. However, the Health Colorado organization provides a values-based operating structure that all management and operational staff are expected to adhere to the following values:

- Our business exists only to serve and support Colorado Medicaid Members as the RAE.
- All Health Colorado staff will conduct business with the below values in mind. Business decisions will be evaluated based on achievement of the contractual, operational, or financial goal, and measured against the following values:
  - **Integrity:** We earn the trust of the Department, the community, Members, and providers.
  - **Dignity:** We respect others, including their needs, differences, and opinions, and factor that in our approach and response.
  - **Community:** We thrive together and exist to build people, process, and technology that has a community benefit that is larger than the RAE program itself.
  - **Resiliency:** We overcome adversity and grow from challenges. We do not avoid difficult conversations, tasks, or projects, but rather see them as an opportunity for growth.
  - **Ingenuity:** We prove ourselves by finding new ways of doing things that provide value to the Department, providers, Members, and our organization.
  - **Advocacy:** We lead with purpose and exist to serve the Department and our Members.

Communication

Open lines of communication and collaboration are critical to success in an organization that is managing all aspects of health like the RAE. As a purpose-built, local organization, Health Colorado benefits from a large local office that houses all full-time employees that serve Region 4. We also benefit from real-time collaboration from a local office environment where the majority of our staff work and have easy access to all local resources for the Department.

MANAGED CARE DATA AND SYSTEMS INFRASTRUCTURE

Health Colorado operates all of our functions using a wholly owned and operated technology infrastructure provided by our Administrative Services Organization, Beacon. This system, CONNECTS, is currently used to administer the BHO and RCCO programs in Colorado. CONNECTS is owned by Beacon, updated on a regular basis, and will fully support the RAE requirements. The only enhancements required are those derived from the new statement of work elements of the RAE program. CONNECTS has been specifically designed to meet program data

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management and reporting goals similar to those identified by the Department and has been our partners' administrative backbone in managing the BHO the RCCO contracts.

This comprehensive management information platform is a suite of fully integrated applications designed to provide innovative data management and reporting capabilities. Graphically depicted below, CONNECTS represents more than 20 years of managed care experience and associated best practices in supporting custom Medicaid programs and facilitating ease of use while adhering to client, state, and federal requirements. This integrated computing environment has significantly enhanced Beacon's ability to improve the coordination of care and service delivery for the millions of members they serve, and will allow Health Colorado to provide customized system enhancements to support the data management and analytic requirements of the RAE.
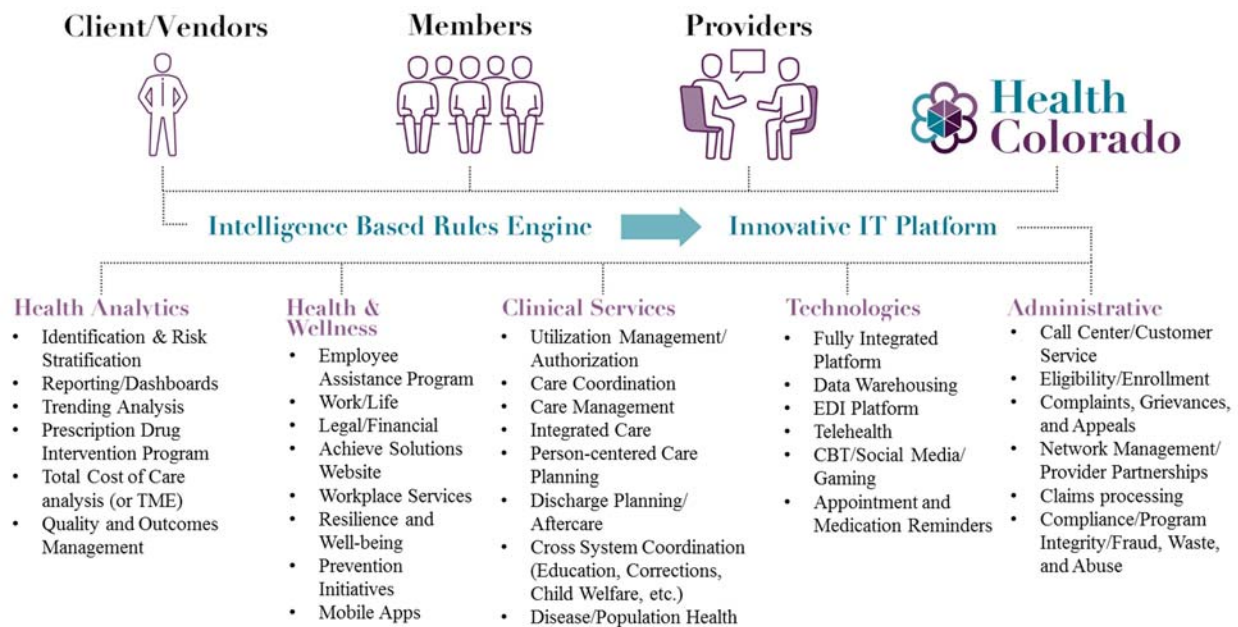
Data within CONNECTS can be organized at the Member, provider, population, or any other level required by the Department. This means that our platform is truly an enabler of care coordination, rather than a barrier.

Since 2005, Beacon has continued to enhance the CONNECTS platform to specifically meet the current and future needs of the complex programs that they manage. Advanced capabilities have been designed throughout the system to further improve coordination of care services, integrated messaging platforms, provide access to providers for electronic submission of utilization management requests, and care management/care coordination activities. As owners of this system, Beacon controls all data exchange development and system modifications with a formal change management process. This means that Health Colorado can quickly and accurately integrate the CONNECTS system with external interfaces such as, but not limited to:

Health Colorado is pleased to report that we expect minimal start-up IT activity for the RAE. As a current vendor for the Department, our CONNECTS system has established connectivity with all of the currently available Department systems defined for the RAE.

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- The BIDM System
- Colorado interChange
- Office of Behavioral Health's CCAR data collection tool
- Multi-payer data aggregator tool for SIM and CPC+ practices
- PEAK website and PEAKHealth mobile app
- Regional health information exchange
- Electronic consultation and referral tools
- Provider EMRs using standard or custom data exchanges and EDI transactions

From initial eligibility through care management, claims administration, and reporting, all of the CONNECTS applications reside on one common platform. It is designed to guide daily clinical decision making and support utilization of treating providers, facilities, and clinical staff. It facilitates partnering with regional stakeholders such as Health Community partners, social services agencies, specialty providers, hospitals, and Sheriff's departments throughout the data exchange and software development lifecycle to prioritize and rapidly deliver needed changes. This process helps control, prioritize, and streamline the delivery of changes and customizations to IT products and services.

Health Colorado will collect all data defined by the Department, including Member enrollment, care coordination, encounters, and authorizations, as well as all other data needed or required by federal or state laws through weekly imports from our CONNECTS platform and other data sources. All data is formatted and stored as standard data in our Oracle® database, then combined into data models used to provide enhanced reporting capabilities including statistical analysis, decision support, and outcomes management.

Additionally, CONNECTS provides state-of-the-art transaction capabilities for network providers. The user-friendly provider Web portal, ProviderConnect, along with the support and educational tools we will offer to providers, will ensure optimal use of Beacon's online systems. This will result in increased use of Web-based technology, a decrease in administrative burden for providers, and will enhance our ability to monitor provider performance. Our overarching goal is to provide the most efficient and clinically effective management system possible to assist the Department, Members, and providers to maximize care access, monitor appropriate care delivery, deliver quality treatment outcomes, and ensure that resources are well-managed.

Beacon has redesigned the care management platform within CONNECTS to provide a dedicated place for clinicians to document and manage care plans in an efficient, standardized, and comprehensive manner. This upgraded module accommodates multiple levels of treatment plans, including intensive case management and integrated care management, while achieving the following objectives:

- Promoting national platform standardization while accommodating local, negotiated customization
- Streamlining workflows and incorporates efficiencies, producing sequential and cohesive documentation in line with the program work processes
- Addressing accreditation and account specifications as required
- Incorporating industry best practices, meeting contract and market expectations for intensive case management and integrated care coordination programs

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- Including a case stratification process to inform resource allocation
- Supporting outcome and operation management reporting

Beacon's significant investment in this technology infrastructure is designed to support highly integrated health care systems, such as the RAE, and support the Department's goals of improving health outcomes. The CONNECTS clinical module incorporates standard industry best practice care management design with enhanced features for behavioral health specific condition management as well as robust inclusion of physical health considerations for a "whole person" needs management and support.

Care Management System Modules

Beacon has invested extensively in managed care enabling technology, and it is distinctive in several important, practical respects. First, Beacon owns the source code, so when the Department needs a modification or an enhancement of some kind, they can accommodate the request in a timely, cost-effective manner. Second is the fact that the system is one integrated platform. This means that the system is not patched together with complex coding for data transfers, clinical referencing, and reporting. Everything resides on one fully integrated platform. Third is the fact that the system is built for data exchange and reporting. Because it is our business to be a connector between and among providers, Members, and other vendor partners, we realize that the information within Beacon's systems is only as valuable as their ability to port it—and report it—elsewhere. In the following paragraphs, we describe the various modules within the CONNECTS system that will support Health Colorado.

NetworkConnect

NetworkConnect is Beacon's Web-based provider credentialing program. It serves as a single repository of documents and activities related to each provider. Operating much like an electronic file cabinet, this system allows for the electronic storage and retrieval of all documents relating to provider credentialing and participation. Because CONNECTS is fully integrated, information entered into NetworkConnect automatically feeds into CONNECTS to help manage claims payments, referrals to specific providers, provider service inquiries, and provider demographic changes, as well as application submission and/or recredentialing submission and review activities. NetworkConnect has the following features and benefits:

- Automated tracking of expired documents (i.e., malpractice and licensure) via a report from IntelligenceConnect, and key timeframes (i.e., recredentialing cycles) to ensure accurate, up-to-date provider information for referral and claims payment
- Secure multi-user, multi-location access to provider data to ensure accurate and timely information is available to all Beacon locations
- Workload management capabilities that support electronic shifting of work among staff as necessary to meet deadlines and expedite provider credentialing
- In-bound and out-bound communication technology via multiple methods (e.g., e-mail and fax) to help maintain provider data accuracy without disrupting the provider's practice
- An audit module, which allows remote access to identified provider files and key elements allowing network audits to occur efficiently (i.e., without travel or transfer of hard-copy files)
- "Electronic File Cabinet" providing immediate access to review all provider demographic, credentialing and contracting documentation specific to each provider and facility

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CareConnect

The clinical module, CareConnect, is the clinical heart of the care and utilization management programs, offering Health Colorado clinicians an enterprise-wide collaborative treatment planning and health record environment. Accessible 24 hours a day, seven days a week by our clinical team, this system enables our clinicians to identify, authorize, and manage the delivery of the most appropriate, high quality health care services for Members—from the initial point of entry through discharge.

Whether information is submitted via the telephone, fax, interactive voice response system, or provider Web portal, our clinicians review all authorization requests for authorization data. Any clinical data provided, as well as the rationale for decisions rendered, is recorded in CareConnect

> *CareConnect significantly enhances our ability to improve the coordination of care and service delivery for the Members we serve throughout Region 4.*

and becomes an integral part of the Member's record. The care management system automates routine care management processes, which enables staff to focus on the most pertinent clinical data for each Member and easily locate and view historical data summaries to efficiently formulate cases.

The CareConnect application is used for the following processes:

- Creating referrals (i.e., routine, urgent, and emergency)
- Completing and tracking requests for service authorizations
- Performing medication management, inpatient/higher levels of care reviews, and second level reviews
- Managing discharge information and reviews
- Coordinating after-care and follow-up care

The CareConnect application is designed to reduce the administrative burden imposed on providers and care managers by providing a platform to gather objective clinical data. As a result, clinicians can concentrate on the needs of Members rather than paperwork. Beacon's state-of-the-art shared clinical record includes the following components:

- Admissions and triage
- Centralized scheduling
- Discharge planning
- Medication tracking
- At-risk crisis plans
- Member demographics
- Member event tracking
- Treatment and service planning (joint care review)

- Bed tracking (bed matching and referral)
- Complaint tracking
- Integrated utilization management
- Referral tracking
- Clinical progress notes
- Crisis tracking
- Objective and standardized assessments

ProviderConnect

ProviderConnect is Beacon's exclusive Web portal for all providers. It is very easy to use—even for novice users or those who may be uncomfortable in using new technology platforms. As a

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result, it boasts a very high rate of adoption by providers in Colorado and Beacon's other programs throughout the US.

Beacon's user-friendly provider Web portal, along with the support and educational tools we offer to providers, ensures optimal use of online systems, resulting in increased use of Web-based technology and a decrease in administrative burden for providers. ***For example, in Colorado, provider adoption is more than 98 percent for the BHO and RCCO contracts.***

> *The ProviderConnect Web portal allows providers to manage their interactions with us. It is an intuitive application that has achieved wide acceptance and usage throughout the US.*

Accessible 24 hours a day, seven days a week, providers can view, submit, and execute transactions online via a secure, scalable, and trusted Web portal. Through a Web interface, providers have real-time access to tools necessary for handling most administrative transactions as well as request services for members. ProviderConnect accelerates provider's workflows by delivering an interactive web-based system for collaborative business processes. Depending on the function accessed within ProviderConnect, providers have read-only or read/write capabilities. Key features of this website include the ability to:

- Check the status of a Member's enrollment
- Register a Member for services
- Check a Member's benefit information
- Review and submit requests for authorization of care, as well as the ability to print these requests for the provider's own records; although, some requests will receive immediate authorization based on benefit
- Review a detailed payment status of submitted claims
- View and submit updates to demographic data for providers
- Submit/attach documents to all submissions
- Directly enter and submit a claim or upload HIPAA-compliant claim files online
- View and print on-line correspondence, such as authorization letters and provider summary vouchers
- Create and view other types of inquiries via a message center

TeleConnect

Health Colorado offers Beacon's interactive voice response technology, TeleConnect, which enables Members and providers to quickly and easily resolve customer service issues 24 hours a day, seven days a week. TeleConnect:

- Improves automated 24-hour service delivery for Members and providers for claims inquiries, requests for standard forms, and Member eligibility inquiries, which allows Members and providers to get information at times that are convenient for them, even if it is after normal business hours
- Permits providers to submit requests for service via the telephonic interface
- Includes enhanced automated speech recognition to improve the service experience of our Members and providers
- Accommodates Members who are using an alternate identifier to the Social Security Number
- Interfaces with Beacon's comprehensive management information system

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MemberConnect

Beacon's MemberConnect portal is a one-stop e-shop where Members are able to complete everyday service requests online 24 hours a day. Via this password-protected site, Members conduct transactions such as eligibility inquiries, claims inquiries, and claims submissions. The site also enables Members to check benefits, authorization and claims status, claims history, claims payments, and view correspondence online. Members are presented with comprehensive and easy to read information within seconds.

The toolbar options allow Members to download claim forms, review Member Rights and Responsibilities, and make informed decisions about health care and wellness. For example, the "ABCs of Mental Health Care" page enables Members to comfortably browse articles about how to select a behavioral health specialist, what to expect during treatment, and how to evaluate the effectiveness of the treatment. The "About Care Providers" menu provides descriptions of the various types of care providers available, while the "Treatment Types" menu describes the array of counseling, therapies, and testing methodologies represented in Health Colorado's network.

ClaimsConnect

Via ClaimsConnect, we offer the Department a powerful claims payment system that ensures payments are consistent with program participation requirements, including benefit design, eligibility, care management, and provider maintenance. Because all functions are performed within a single system, updates are immediately available to all service and functional areas.

Beacon's claims processing system supports all claims processes involving claims entry, adjudication, payment, and reporting. All provider fee schedules, hospital per diem rates (contracted rates), and benefit plans are maintained online. Automatic claim suspension routines are also performed for those claims that require further examination. These include duplicate claim submission, coordination of benefits, eligibility discrepancies, and authorization edits. Authorizations are used for limiting and/or controlling provider access. Utilization review capabilities are also included in the claims subsystem to enable the connection between the claim being processed and authorizations in the system. The decision as to whether a claim requires an authorization for payment is part of the benefit set-up logic. Additional features found in the claims processing subsystem include the following:

- Online authorization/adjudication capabilities
- Efficient CMS 1500 and UB04 forms screen entry formats for high-volume processing
- Specific/generic service authorization capabilities
- Automatic matching of claim activity to available authorizations
- User defined processing edits
- Online/batch claims adjudication capabilities
- Split payment and member reimbursement capability

ClientConnect

We recognize the increasing desire of many of our stakeholders to have access to online reporting capabilities, administrative processes, and information. Beacon has developed a unique password-protected client Web portal, ClientConnect, which will allow 'real-time' access to RAE program information, including membership data, authorizations data, and reporting online.

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Web access means that program data is far more accessible to the Department and authorized third parties than in a traditional model where reports are continually requested and provided with lag time lost for production. The Department is assured that although data is accessible, it is also secure on Beacon's encrypted HIPAA-secure site.

Within ClientConnect, users may view all Department-specific reporting via IntelligenceConnect, Beacon's online reporting tool. If a report has been designed to include drill-down capabilities, the user can double-click one of the categories in the report to display the underlying records that made up that piece of the report, and then customize reporting based on specific needs. Users can store and print client reporting directly from this resource. To produce reports, users simply navigate and click.

KnowledgeConnect (Business Intelligence)
With an ever increasing need to collect, store, and manage large quantities of data to support contracts, Beacon has developed a high-performance data warehouse platform. Beacon's data warehouse, KnowledgeConnect, is a database that receives imports from CONNECTS (e.g., CareConnect and ProviderConnect) for reporting purposes. This data is formatted and stored as standard data into our Oracle relational database system. An advantage of this data warehousing technique is the easy insertion of data from external sources, such as pharmacy, disease management, or medical data. The data from these external sources can be integrated into the data models to enhance reporting capabilities. These standard data models are the foundation for report generation, statistical analysis, decision support, and outcomes management.

We have adopted and will employ throughout our operations a fully integrated approach to Business Intelligence (BI). This fully integrated approach is made possible by the strategic application of various products and services supplied by Business Objects™, a recognized leader in the BI realm. Beacon has been successful in the practical application of their products and solutions for both internal and external customers for more than 10 years. IntelligenceConnect, Beacon's collective suite of Business Objects solutions, allows Health Colorado to deliver best of breed, enterprise-wide solutions designed to meet all the Department's needs.

IntelligenceConnect
As described above, IntelligenceConnect is our Web-based reporting and analytics tool. It allows us to furnish standard reports in a format containing graphs, charts, or dashboards. The tool consists of a suite of interactive report dashboards, Crystal Reports, and Web intelligence reports (Webi), designed to transform data into easy-to-read information. Crystal Reports' primary purpose within IntelligenceConnect is the production of reports designed to meet the ongoing continuous needs of our report consumers. Crystal Reports is also used to respond to some ad-hoc reporting requests from the Department.

Dashboards
Beacon's market-differentiating, real-time, online dashboard reporting ensures a transparent and collaborative partnership. Shown on the following page, the secure, password-protected online portal enables access to our Web-based reporting and analytics in real-time from your desktop. The Department, providers, and other stakeholders will be able to conduct a variety of analyses across a full range of inpatient and outpatient utilization features, including data on individual enrollment, care coordination, encounters, authorizations, and more. Drill downs on individual

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sub-group and clinical trends—including division, level of care and diagnosis—are also available. All reports can be printed on demand.

Sample Dashboards
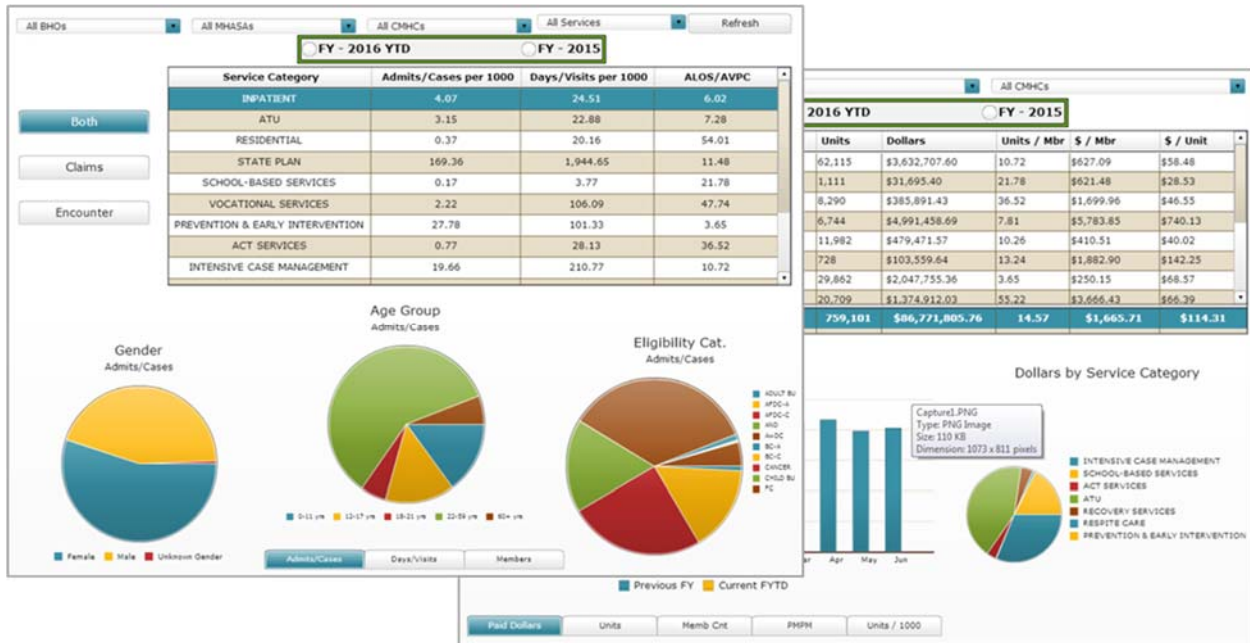
IMPLEMENTATION

The Health Colorado infrastructure is already fully operational in Region 4. Our policies, procedures, systems, and processes in place today will meet the Department's requirements. This will allow our implementation effort to focus on the new requirements of the RAE rather than standing up or configuring systems that have not been used in Colorado or building integrations between disparate systems. Because Health Colorado will leverage the existing assets, relationships, and expertise to launch the new program, we can offer the Department a fully integrated program, with no disruption to Members or the provider network on Day 1 (July 1, 2018 – Operational Start Date).

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Health Colorado

OFFEROR'S RESPONSE 8

> Describe the Offeror's governing body and its responsibilities, including a list of members and their credentials. Include a description of how the Offeror plans to address any perceived conflicts of interest among its governing body.

Health Colorado, Inc. (Health Colorado) is new and purpose-built to serve the Department of Health Care Policy and Financing (the Department) as the Region 4 Regional Accountable Entity (RAE). In our review of the Draft RFP, we identified a need for a new type of partnership bringing together local, experienced organizations that serve the physical and behavioral health needs of Members, as well as the care coordination, education, transformation, and administrative needs of the providers and the Department. This new partnership brings six experienced organizations together with equal stakes in the success of the RAE and equal risk in the management of the capitated behavioral health benefits.

GOVERNING BODY AND MEMBERS

The Governing Body (also known as the Executive Leadership Team or Governing Board of Directors) of Health Colorado comprises local leaders from each of the shareholder organizations (i.e., partners). Each partner has committed a single executive to the organization that will represent Health Colorado's collective interests in the management of the requirements of the RAE. The partner organizations and their seasoned executives were hand-picked from local organizations with capabilities that when brought together into a single accountable organization, have the ability to steer clinical, financial, and operational performance in Region 4 through collaboration with the surrounding health neighborhood, community, providers, and Members for the Department. Each member of the governing board is a full-time resident of Colorado, and has a long history of serving the Colorado Medicaid membership, community, and providers. Many of our Governing Body executives have even grown up in the communities in which they currently serve and intimately understand the local environment and needs.

To align performance incentives, our organization is an absolutely equal partnership whereby the shareholders, Members, network providers, and the community will all benefit from successful performance. As an example of our investment and dedication to the community, Health Colorado has decided to cap our earnings from bonus payments and re-invest a portion of all bonus earnings back into the community in the form of community reinvestment projects.

The Governing Body is responsible for the strategy, direction, and operational oversight of Health Colorado, which exists only to serve as the Region 4 RAE. In addition to providing executive oversight to the program's performance and operations, the Governing Body has full authority to make business decisions on behalf of Health Colorado. Our bylaws and governance structure were designed as the result of 20+ years serving Colorado Medicaid in various public-private partnerships. In that time, our staff have learned valuable experiences about constructing these types of organizations to serve contracts like the RAE, including how to successfully avoid and navigate potential conflicts of interest, avoid partner conflict, structure a business model that serves the interests of the community and the partners, and to perform at the highest level at all times, even when challenges resulting from policy, financing, or other changes exist.

The formation of our organization began with the development of critically important guiding principles and values that all partners have unanimously agreed via a board resolution:

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Health Colorado Guiding Principles

Purpose: Health Colorado exists only to serve Medicaid Members as the local RAE. All decisions are local and focused on service to our customers: Members, providers, and the Department.

Integration: Health Colorado is a singular entity, not a loosely connected collection of domain or product-line experts.

Evolution: Health Colorado is built to grow, change, and adapt to delivery system, payment, risk, and other local and national models, both expected and unexpected.

Member-Focus: We focus on our Members first. If we act in their best interest first, other goals will fall into place.

Provider-Centric: We deliver care management at the place of service via trusted relationships as our standard. We address the fourth dimension of the quadruple aim by enabling providers to better serve Members.

Precision: We focus on precise activities that get results and minimize duplication of services that result in wasted resources.

Service: When we enrich the community, we enrich ourselves. As such, we have established and will adhere to a community re-investment plan whereby a portion of our annual earnings are directly invested back into the local community for the benefit of Health First Colorado Members.

Partnership: All partners participate in the risk and rewards of the organization.

Health Colorado Values

Integrity: We earn trust of the Department, community, Members, and providers.

Dignity: We respect others including their needs, differences and opinions and factor that into our approach and response.

Community: We thrive together and exist to build people, process, and technology that has a community benefit that is larger than the RAE program itself.

Resiliency: We overcome adversity and grow from challenges. We do not avoid difficult conversations, tasks, or projects but rather see them as an opportunity for growth.

Ingenuity: We prove ourselves by finding new ways of doing things that provide value to the Department, providers, Members, and the organization.

*Advocacy: We lead with purpose and exist only to serve.*

Governing Board Members

Health Colorado's Governing Board includes the following seasoned, local executives, whose résumés have been included in **Attachment 6** to provide further insight into their experience and history in addition to their credentials:

Name and Credentials	Title and Partner Organization
Gigi Darricades, JD, MPH	Chief Executive Officer (CEO), Valley-Wide

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Name and Credentials	Title and Partner Organization
Dorothy Perry, PhD, MBA, MEd	CEO, Health Solutions
Myron Unruh, MS, MEd, LPC	President, Beacon Colorado Market
Fernando Martinez, MSW, MA	CEO, San Luis Valley Behavioral Health Group
Louise Delgado, MS, LPC, CPHQ	CEO, Solvista Health
Becky Otteman, MA	CEO, Southeast Health Group

In addition to the named executives above, we have also created two additional voting members of the Governing Body that provide an objective, external point of view and represent the entire regional community. The CEO/Program Officer and a new representative of the regional provider and Member community will fill these two governing positions. As depicted below, these two additional members of the Governing Body will wholly represent the interests of the Members and Providers within the community and Health Colorado's mission to serve the Members of the community as the RAE. These members have no fiduciary responsibility to any of the shareholder organizations or conflicts of interest, and both individuals will have an equal vote that carries the same weight as the named partners above. Furthermore, these additional individuals balance the Board to prevent any unexpected but potential majority or supermajority voting decisions dominated by a single functional interest or sub-region within Region 4.
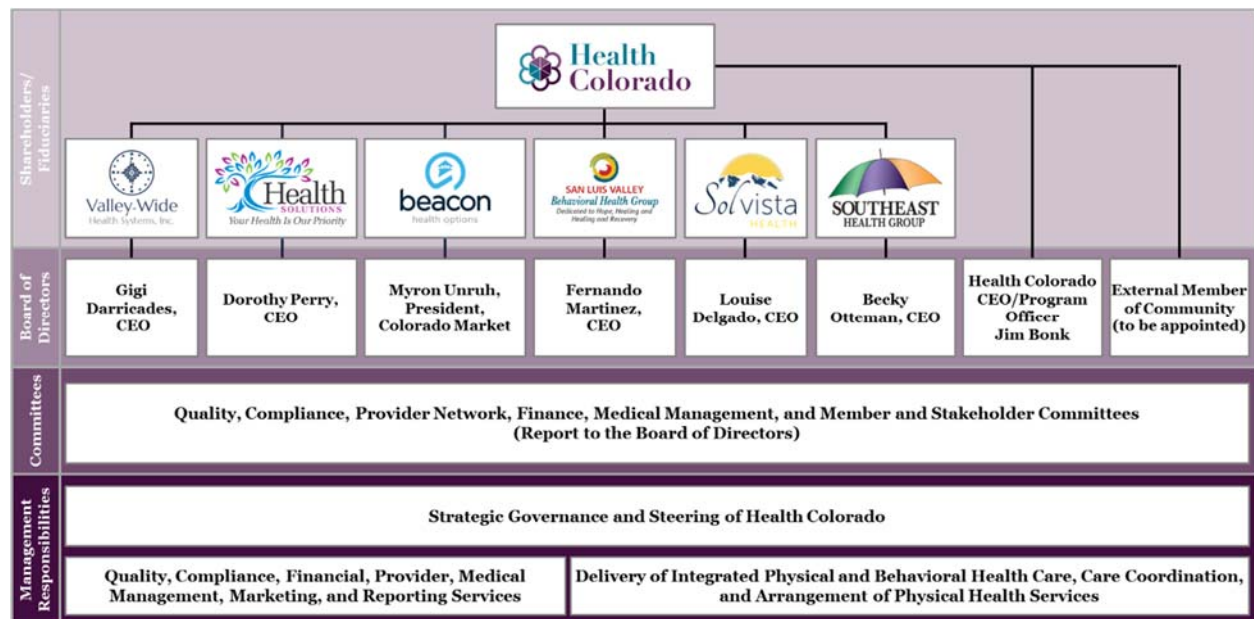
Health Colorado's CEO/Program Officer, the most senior operational leader within our organization, and the Chief Clinical Officer, the strategic lead for all clinical designs and population health initiatives, will report directly to the Governing Body. All functional leads, which include the remainder of the key personnel, will have a dual reporting relationship to the Program Officer as well as the Governing Body. In addition, The Program Officer will be employed by Health Colorado to establish independence from the other equity partners. This structure empowers the Program Officer to handle day-to-day operational and contract management decisions while providing a direct link between key personnel and the Governing Board (Executive Leadership Team).

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Other Stakeholder Influence to the Governing Body of Health Colorado
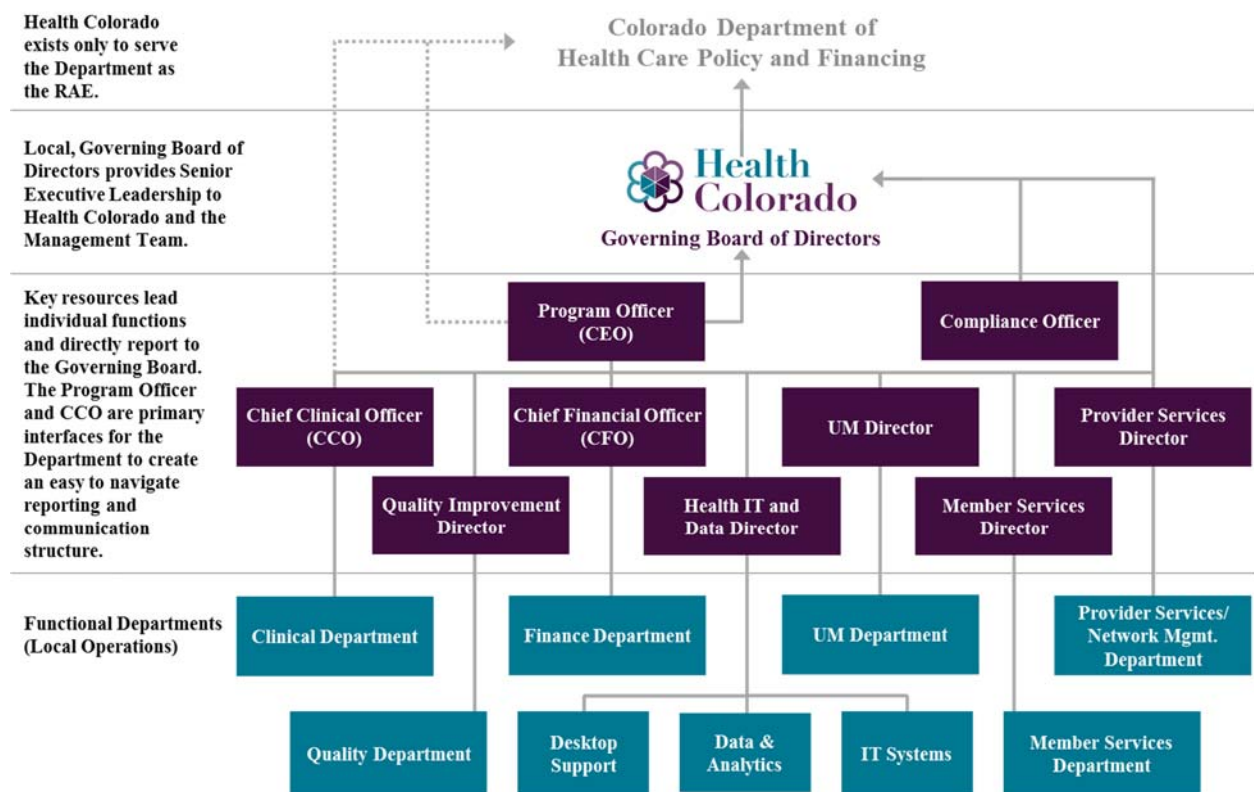
The Governing Body will guide their decisions from internal and external stakeholder groups and feedback. These sources of guidance for the management of the company and our service to the Department as the Region 4 RAE include those Advisory Committees and Learning Collaborative specified in the RFP such as:

- Statewide Program Improvement Advisory Committees (PIAC)
- Regional PIAC
- Quality Improvement Committee
- Operational Learning Collaborative
- Member Advisory Committee

As shown below, in addition to these formal forums, the Governing Body will also receive guidance and feedback from the External Quality Review Organization (EQRO) process, committees (e.g., Quality, Compliance, Financial, Medical Management, Provider Network), and Health Colorado's own external Member Advisory Committee that exists to:

- Afford Members an opportunity to participate in matters of policy and operation
- Promote effective use of health care services within the RAE Program and to suggest ways that Health Colorado and the RAE program can better serve Members
- Increase communication between the program and its membership
- Promote understanding of Member priorities
- Develop ideas for continuing programs of Member education

Health Colorado Governance Structure

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Responsibilities of the Governing Body

Health Colorado's Governing Body is wholly responsible for the management of the business in our service to the Department as the RAE for Region 4. The Governing Body's decision-making authority is not subject to external approvals by a larger corporate or national board. They are authorized to make all decisions that are required to serve the Department as the Region 4 RAE. This authority is intentionally broad and encompassing to ensure that local control exists for Health Colorado so that we can manage all aspects of the RAE contract and program against the immediate needs of the Department and community without a tedious external approval process from an outside governing entity. This local board is available to convene within one day's notice to make the decisions that matter in the execution of this contract and service to the Department. Their authority is not subject to outside influence.

CONFLICTS OF INTEREST

As a new, purpose-built organization created to serve as the Region 4 RAE, Health Colorado's company structure was designed and owners were selected to specifically meet and exceed the statement of work requirements of the RAE. Health Colorado includes a diverse set of partners with a common interest in improving the cost, quality, and experience of care in Region 4 according to the metrics and key performance indicators (KPIs) provided by the Department. We believe this diverse set of goals, along with the single, integrated and accountable contract creates a more balanced and conflict-free environment.

Therefore, the simplest way to avoid any perceived conflict of interest is to fully comply and exceed contract requirements. Our partners built this local organization with deep expertise and experience as well as a long history of service to the region's Medicaid population. The partners in this organization have provided both RCCO and BHO services and have worked together through numerous delivery system changes. With ownership including physical and behavioral health delivery, and an experienced Administrative Services Organization, we bring diverse backgrounds and expertise to the RAE as well as balance in governance among the Governing Body. As a new partnership, rather than a traditional health insurance company, we acknowledge some perceived conflicts of interest and have incorporated an organizational design to address those perceived conflicts.

We have outlined several perceived conflicts of interest below and described the actions we will take to mitigate those. We will also work actively with the Department if any new perceived conflicts are identified during our service of the RAE contract and address those with the appropriate mitigation strategies and changes. As a company that exists only to serve this purpose, we have great flexibility in our organization and management to meet and exceed the needs of the Department.

Provider Referrals
Perceived Conflict of Interest

As an accountable health care organization consisting of five provider owners and one Administrative Services Organization owner, Health Colorado may compromise Member choice by making referrals to only the provider partners.

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Plan to Address Perceived Conflict of Interest

Beacon will have a delegated administrative services agreement with Health Colorado. This administrative agreement will prohibit steerage and will require Beacon to give each caller at least three referrals to network providers. Each month, recorded calls from the Member Service Line will be reviewed to ensure staff are referring Members consistent with choice.

Administrative Separation from Provider Delivery of Care

Perceived Conflict of Interest

As an accountable health care organization consisting of five provider owners and one Administrative Services Organization owner, Health Colorado providers may dictate policy and guidelines that can create a favorable market position for their services over the other providers in the region.

Plan to Address Perceived Conflict of Interest

As an organization with multiple provider owners, we believe it is critical to have an arms-length relationship with core administrative and managed care functions. These functions include, but are not limited to: utilization management, network development, and network management. To that end, Beacon is a fully delegated administrative services organization that is wholly responsible for these types of managed care functions.

Utilization Management (UM). The UM program, including its clinical and business criteria, are defined and implemented by Beacon and leverage Beacon's national expertise and CONNECTS system and infrastructure. These clinical and business rules, workflows, policies, and procedures are not unique to Health Colorado, which intentionally brings a national managed care approach to the RAE.

Beacon's Corporate Medical Management Committee (CMMC) reports quarterly to Beacon's Executive Oversight Council (EOC) and is responsible for the oversight, review, and approval of key company clinical documents, protocols, and policies and procedures, including medical necessity criteria, care management criteria, clinical practice guidelines, self-management tools, and screening programs. This committee will review the findings of the evaluations completed by the program evaluation functional area as part of the medical oversight responsibility and uses those findings to inform any necessary revisions to UM/quality management activities. The CMMC sets, maintains, and promulgates clinical standards throughout the organization.

Beacon's medical necessity criteria, which is reviewed at least annually, are based on nationally recognized resources, including but not limited to those publicly disseminated by the American Medical Association (AMA), American Psychiatric Association (APA) and American Academy of Child and Adolescent Psychiatry (AACAP), Substance Abuse and Mental Health Services Administration (SAMHSA), the American Society of Addiction Medicine (ASAM), and the Center for Medicaid and Medicare (CMS). In addition, Beacon leverages resources and references from MCG, a nationally recognized criteria set.

Network Development and Management. Beacon is wholly responsible for the network development and network management standards for our contracted providers. Our administrative services agreement holds Beacon liable for fair and even treatment of all

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providers whether they be owners or network providers by using standard contracts and KPIs. In order to further reduce any perceived conflicts of interest around network and access, Beacon will manage the provider network and its adequacy requirements directly against the standards set forth in the RFP using the defined time/distance and ratio standards.

Beacon's GeoAccess analytics will identify any network gaps that need to be filled. Beacon's Director of Provider Relations will also meet with the Department and the Department of Human Services (DHS) annually to prioritize and address any gaps in the total Medicaid network that may require collaboration. Beacon will ensure that the RAE network overlaps CORE providers with DHS. We believe that Member choice is critical, and our goal is to exceed the RFP standards to improve choice in the region where quality provider capacity exists.

In addition, rather than having credentialing decisions managed by a credentialing committee that includes providers perceived as having a conflict of interest based on service area capacity, Beacon will make all contracting and credentialing decisions based on the provider's ability to meet requirements to serve Health First Colorado Members, their specialty, and their location.

Further Prevention of Conflict of Interests

Our Administrative Services Organization, Beacon, has a conflict of interest plan in place for their own staff, such as a plan for UM clinicians who might make an adverse determination for an attributed Member. Also, all financial reporting and medical loss ratio calculations will be performed by Beacon so that all provider partners' reporting methods and requirements are standardized across the RAE.

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OFFEROR'S RESPONSE 9

Describe the Offeror's strategy for member engagement, in accordance with the requirements in Section 5.5.

Health Colorado, Inc. (Health Colorado) is committed to providing a comprehensive engagement strategy tailored to Region 4 that will provide all Members with timely, relevant messaging. This sensitive and meaningful communication builds Member confidence in Health Colorado, a trust that fosters independence. We have invested in analytics, consumer messaging and campaign technology, and training to enhance the Member experience developed for the high performing Regional Care Collaborative Organization (RCCO) and Behavioral Health Organization (BHO). These assets will prove to be a service to the Department of Health Care Policy and Financing (the Department). We bring historical experience and proven innovative expertise to deliver this new program and experience to Members as the Region 4 Regional Accountable Entity (RAE). We built our strategy and designs with an understanding of the population we serve and their distinct needs. A snippet of our analysis is provided below that demonstrate the details we have gathered and considered in the development of our strategy.

County	Population	% White	White	% Black	Black	% Hispanic	Hispanic or Latino origin	% White Non-Hispanic	White Non-Hispanic	% Native American	American Indian/ Native Alaskan
Alamosa	16,496	87.8%	14,483	1.9%	313	45.5%	7,506	49.5%	8,166	5.5%	907
Baca	3,615	94.4%	3,413	1.1%	40	10.5%	380	85.5%	3,091	2.0%	72
Bent	5,830	86.5%									
Chaffee	18,658	94.4%									
Conejos	8,130	92.5%									
Costilla	3,584	88.3%									
Crowley	5,582	84.0%									
Custer	4,445	95.9%									
Fremont	46,692	91.5%									
Huerfano	6,492	89.3%									
Kiowa	1,423	96.6%									
Lake	7,485	93.9%									
Las Animas	14,058	91.4%									
Mineral	726	97.6%									
Otero	18,343	91.4%									
Prowers	11,954	95.3%									
Pueblo	163,591	90.8%									
Rio Grande	11,543	93.4%									
Saguache	6,251	92.7%									

County	Population	Gender	Age	% in Poverty under 200%	People with Disability	Free and Reduced School Lunch	English as Primary Language at Home	English as 2nd Language at Home	Unemployment %
Alamosa	16,654	Male 7,296 Female 7,891	Under 18 years 4,005 18 to 64 years 9,223 65 years and over 1,959	47.70%	2,613	68%	11,660	22.60%	4.4%
Baca	3,788	Males: 1,806 Females: 1,839	Under 18 788 18 to 64 1,980 65 and over 933	20.50%	833	62.20%	3,226	5.8	1.9%
Bent	5,895	Male 4,046 Female 1,849	Under 18 953 18 to 64 4,012 65 and over 930	48.60%	971	Las Animas School District 73% McClave School District 81%	3226	17.80%	3.6%
Chaffee	18,309	Male 9,798 Female 8,511	Under 18 2,874 18 to 64 11,267 65 and over 4,168	30.80%	2,714	41%	16,631	6.30%	3.0%
Conejos	8,249	Male 4,111 Female 4,138	Under 18 2,273 18 to 64 4,583 65 and over 1,393	51.20%	1,693	North Conejos School District 66% Sanford School District 55% South Conejos School District 80%	5153	34.50%	5.4%
Costilla	3,581	Male 1,866 Female 1,715	Under 18 693 18 to 64 2,002 65 and over 886	49.70%	1,085	Centennial School District 89% Sierra Grande School District 81%	1795	50.10%	5.9%
Crowley	5,551	Male 3,145 Female 2,406	Under 18 1,185 18 to 64 3,691 65 and over 675	66.50%	972	70%	4734	14.70%	4.6%
Custer	4,303	Male 2,148 Female 2,155	Under 18 758 18 to 64 2,333 65 and over 1,212	17.40%	662	41.1%*	3862	7.50%	3.1%
Fremont	46,809	Male 27,003 Female 19,806	Under 18 7,807 18 to 64 29,906 65 and over 9,096	39.00%	6,712	Fremont (Cotopaxi) School District 57% Cañon City Schools 56%	40,598	11.00%	5.6%
Huerfano	6,502	Male 3,290 Female 3,212	Under 18 1,034 18 to 64 3,600 65 and over 1,868	18.50%	1,493	74.5%*	5,642	11.80%	6.6%

Facts from Region 4 Analysis

- 14.9 percent speak a language other than English at home (2010-2014)
- 3.8 percent speak Spanish
- 0.1 percent speak Korean
- 13.1 percent of population has a disability (2010-2014)
- Elder abuse rates per 100,000 aged 65+ are higher (646.8) than State's average (452.9)

- 85.1 percent speak only English at home
- 0.1 percent speak Chinese
- 2.9 percent of the households in Pueblo County are linguistically isolated
- 12.1 percent of children live in poverty
- Higher rates of teen pregnancy compared to State (59.3 per 1,000 vs 33.1 per 1,000)

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OUR APPROACH TO MEMBER ENGAGEMENT

Health Colorado's approach to Member engagement starts with our belief that every Member matters, every contact is an opportunity, and every person has unique preferences for how to engage. These opportunities build relationships and provide venues to collaborate with Members and their families. We create an alliance with Members and draw on their feedback to understand how they want to be engaged and what engagement techniques are effective. Simply put, we ask the question, "How do you want to be engaged?" and tailor our interactions according to what we hear. We know that each person has a different preference and each meaningful connection requires a different approach to be effective. The power of face-to-face contacts in the Member's community is harnessed for those most important interactions that shape behaviors and solve the most difficult problems that lead to better health outcomes. We do not consider Member engagement an activity or event; it is an ongoing process of empowerment that requires the participation of the Member, Member's family, Health Colorado, Primary Care Medical Providers (PCMP), behavioral health providers, care coordinators, the Department, and the community. It aligns all constituents along the single goal of activating Members in their health and health care, and keeping them moving towards sustained and continuous improvement.

With this in mind, we have designed a comprehensive Member engagement strategy that provides Members with multiple choices and options to engage with staff, care coordinators, and their health care providers in their local community. A Member can only be considered engaged when they are actively participating in a bi-directional interaction, and are also working towards a specific outcome. This outcome might be a new appointment time, a new relationship with a specialist, a change in PCMP, acquisition of specific knowledge, or the use of the tools or resources that are needed to remove a barrier to care.

Engagement also spans multiple functional areas of Health Colorado. In alignment with the requirements defined in *Section 5.5* of the RFP, we have built our engagement model on industry best practices and principles of Member- and family-centered communication, targeted and personalized preference-based messaging, and behavior change. A few key principles we have used to define and design our approach for successful Member engagement include:

1. **We must understand the population we are serving at the regional and micro-regional levels**. This includes understanding the socio-economic, racial, ethnic, language, cultural, religious, demographic, educational (literacy and health literacy), and environmental characteristics as a population and within certain groups or cohorts of the population. In our region, we understand the Hispanic community and how family is core to their culture where group appointments are normal and health information tends to be shared more freely than in other cultures. This knowledge helps us tailor a culturally sensitive and effective message to engage a Member in their care because the family and caregiver network may be large and influential, but can also be a barrier in terms of communication and translation.

2. **We must provide Members with choices as to how they can engage with Health Colorado and the provider and Health Neighborhood community**. Engagement options will include different channels such as text, telephone, email, social media, web and direct mail, face-to-face, and more. The frequency and timing of contacts will vary and differ based on the member's needs, preferences and the message we are trying to deliver. Levels of engagement and the ability to suspend engagement in targeted educational or health campaigns and reengage when appropriate to allow a Member to focus on their most pressing

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needs without being distracted by messages we may think are important during a specific season or time of year. We find that Members appreciate the ability to have some influence and control over the amount, timeliness, and intensity of their communications.

3. Finally, **we must respect the Member's time and view any time spent with Health Colorado as an investment of his or her time that must lead to a valuable outcome**. When a Member contacts our Member Services Department with a question, that question should be answered on that initial contact. If an educational message is sent to the Member, that mailer should be culturally sensitive, timely, and provide actionable and useful information. We will strive to close the loop on every interaction so that each contact is useful and meets a stated need. In some cases, where our specialist may require time to acquire the right information on behalf of the Member, we will follow our Member-first engagement guidelines for call-backs so that they occur at an agreeable day and time for the Member. If the Member is cannot reached, the information we intended to provide to them will be documented in our CONNECTS platform so that during his or her next interaction with any representative from Health Colorado this can be shared and the goal achieved.

In addition to the engagement principles described above, we will guide our interactions with proven tools and techniques to understand where Members are in the change continuum so that we can align our communications with their appetite and ability for change. Our person-to-person interactions with Members will leverage Motivational Interviewing techniques and may include the application of Prochaska's States of Change Model[1] to understand a Member's interest and ability in working towards a specific goal. We also continue to evaluate new methods and adopt new principles, such as modern behavioral economics techniques and theories that distill behavior change into simple formulas that when used correctly can drive meaningful and long-lasting behaviors.

Member engagement with Health Colorado will occur for a variety of administrative and clinical purposes, but engagement with providers is also critical. We believe improving Member engagement through Medicaid providers is also a core function of the RAE. To this end, we have performed ongoing research in our current work with the Department to understand and measure Member engagement in community behavioral health settings. Research indicates that the following practical techniques should be incorporated by providers to successfully engage Members that present to seek care:[2]

- Referrer explains to Member the clear reason for the referral
- Provider gives Members an orientation about what to expect in treatment; best done one to three days prior to appointment by letter or telephone call
- An appointment is scheduled as soon as possible after a referral
- Member is given a choice of providers, provider's location, directions, where to park, and times that providers are available
- The first session addresses:
  - Practical issues about coming to treatment such as financial concerns, transportation, scheduling, agreed upon duration for initial episode of treatment
  - Emotional/cognitive concerns about coming to treatment (e.g., support of significant others for coming, cultural beliefs, and belief in the potential for positive outcomes)

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[1] Gold, M. (2016). Stages of Change. Psych Central. Retrieved on July 25, 2017, from https://psychcentral.com/lib/stages-of-change/
[2] BJPsych Advances, Volume 13, Issue 6

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- Provider addresses these concerns frequently throughout treatment episode to be sure there have been no changes
- Provider asks at the end of each session what more can be done or what more is needed

At the heart of these techniques, providers practice empathy, consideration, and Member-centered care. As such, we will include this valuable information in our provider training and education, which will emphasis Member-centered care for providers as they treat Members. In addition, these topics will be recurring themes in our provider newsletter and Performance Advisory Committee.

Peer-to-peer interactions are also woven into the Health Colorado engagement model. We have experienced that when Members share their personal story of how treatment was successful for them, what they did to engage in their own treatment, and who they used for support that exercise increases their own engagement and that of those they share with. For example, during one of our recent Lunch and Learns to promote breast and cervical cancer screens, we had a peer specialist share her story of recovery from both cancer and addiction. Her personal story, detailed on the following page, highlights many of these recommendations including seeing a strong need for treatment, belief that treatment would be effective, and confidence that she had the ability to make changes in her life.

Member voice is essential. Health Colorado will host the Respect Institute, Georgia's Department of Behavioral Health and Development Disabilities, to provide training for Members on how to share their personal story. This is a four-day course in which Members are trained on how to effectively communicate their story of recovery. Health Colorado will carefully consider the Members and peer specialists that would benefit from the training and individually ask these Members to consider making this investment of time. We will consider ways to compensate Members for hotels, travel, and their time to ensure that we receive representation from our covered counties.

> *During one of our recent Lunch and Learns to promote breast and cervical cancer screens, we had a peer specialist share her story of recovery from both cancer and addiction. She explained the difficulty of obtaining a biopsy because doctors thought that she was seeking pain medications. She persisted until she was able to obtain the necessary help. She encouraged Members to take note of changes in their bodies and to advocate for their own health. On our evaluation forms, women reported that they felt empowered to advocate for their own health following their peer's personal story.*

Recovery stories can be from a physical, behavioral, or social/environmental perspective. The goal of this training is to keep Members at the forefront of Health Colorado's focus. We propose that a Respect Institute graduate share his or her story at selected meetings, including board meetings, quality meetings, and Performance Advisory Committee meetings. Beginning each meeting with a Member's personal story will help keep Health Colorado's mission focused on Members and families.

Member and Family-Centered Approach

Health Colorado also aligns with the Department's recommendations to promote and advance a Member- and family-centered approach that respects and values individual preferences, strengths, and contributions. Our care coordinators, administrative staff, behavioral health

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providers, PCMPs, and Member Service Representatives (MSRs) who interact with Members will be educated in Member- and family-centered best practices. We will certify that our staff members are trained on the person- and family-centered approach, Motivational Interviewing, cultural competencies, and solution/strength-based training to give staff the tools to keep Members at the center of treatment. We will advance the recommendations made from the Department's Member Experience Advisory Council (MEAC) in the regions in which we serve.

We will meet our Members where they are and tailor our communication to their needs. We will also continuously listen and analyze our community for shifts and changes that need to be accommodated in our engagements materials, tools and techniques.

Health Colorado understands the best practices for Member engagement and will use industry leading tools, techniques, and practices, but we will also rely heavily on the input of the community to ensure that all communications and messaging can relate to our audience and effectively deliver the required message so that it achieves the planned outcome. As a new Managed Care Organization formed exclusively for the Region 4 RAE program, we will use our Member Advisory Committee to engage Members in matters of operation and policy relating to the implementation of a person and family centered approach to all contacts and communications. This committee will meet quarterly providing regular opportunities to discuss and review engagement strategies, messaging, and materials. This mechanism for Member feedback, along with our review and approval process with the Department, will ensure that all materials are well planned, accurate, and effective. These recommendations will be discussed with Members at our Member Advisory Committee as well as other stakeholders at forums to solicit their expertise in how to implement the Department's recommendations and tailor specifically for our community.

> *Feedback from a recent Motivational Interviewing training delivery by a Beacon resource was very positive. Beacon's Education Coordinator provided the training to care coordinators, and asked what the most useful part of the training. One care coordinator stated, "All of it. But, realizing you cannot fix everything, you do not need to be in control, and you need to listen. Never show negativity." Another coordinator stated, "The most useful part was understanding how to talk with clients and make them feel like they are really being heard."*

OUR APPROACH TO CULTURAL RESPONSIVENESS

Health Colorado's approach on cultural responsiveness is to listen to Members' concerns that are brought up at different venues, including the Member Advisory Council, Regional Program Improvement Advisory Committee (PIAC), and interactions with our staff. In the current BHO and RCCO programs, our staff have used similar committees to gather direct feedback from Members to learn more about the community and specific cultural needs that we should address. Members from different cultural backgrounds participated in these committees and have provided valuable insights about their Member experience within our health care system.

One Member was particularly helpful in raising everyone's awareness about the Hispanic experience. The Member provided feedback to address what the RAE can do to reach out to the Hispanic population and engage them more fully. For example, the Member said that car shows would be a great place to engage Members. We are currently working on and will continue to use

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non-traditional avenues to engage Members from different cultures and have attended health fairs and other public gatherings to engage with our Members. This Member also educated the committee that many Hispanics refuse to seek help with their health needs due to distrust of the system. Specifically, they equate Health First Colorado with the "government," and fear the threat of deportation if they become visible within the system. This fear and mistrust leads to increased utilization of emergency departments for primary care purposes, but more importantly, it prevents these individuals from receiving preventative care and/or managing chronic conditions such as diabetes. This Member was able to make some very useful concrete suggestions for the committee to consider that might create a more culturally sensitive approach to engaging Members of differing ethnicities.

Delivering Culturally Competent Services

Health Colorado has developed a cultural competency policy that ensures that physical and behavioral health services are delivered in a culturally competent manner. To guarantee that the policy is being followed, culturally competency is a standing agenda item at the Advocates Forum Meeting and the Clinical Advisory/Utilization Management/Quality Improvement Committee meeting under the BHO/RCCO contract. Our plan is to add this as a standing item to the Performance Advisory Committee. We are committed to being sensitive to the needs of all people and cultures and to the communities that we serve.

Health Colorado has also adopted a non-discrimination policy that confirms that we do not discriminate against Members because of race, religion, gender, age, disability, health status, or sexual orientation in the context of Members receiving care and services from the RAE. We have provided this policy at **Attachment 7.** We affirm that all civil rights, including those regarding freedom from discrimination based on age, HIV infection or AIDS, and disabilities are protected under Title VI of the Civil Rights Act of 1964, the Age Discrimination Act (ADA) of 1975, Section 504 of the Rehabilitation Act of 1973, Public Law 93-112, Americans with Disabilities Act, Public Law 101-336, and in compliance with 42 C.F.R. § 438.206(c)(2).

Cultural, Disability, and Discrimination Training

Health Colorado has created custom trainings for internal staff, PCMP providers, and behavioral health providers. These trainings address the health care attitudes, values, customs, and beliefs that affect access and benefits from health care services. While these trainings have been customized for the respective audience, the curriculum remains consistent and addresses the following important elements relates to cultural disability and discrimination:

- Defining culture, stereotype, prejudice, and other terms
- Understanding how values, beliefs, and attitudes influence the way people relate to others who are different from them
- Identifying perceived barriers
- Identifying national standards (i.e., Culturally and Linguistically Appropriate Services [CLAS]) for cultural diversity
- Increasing knowledge of the steps needed to becoming culturally competent

Training is then augmented with a capstone topic about discrimination based on poverty and other social determinants of health. The objective of this training is to address the myths and discriminations that occur with those who live in poverty.

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Culturally Sensitive Member Information

Health Colorado will also conduct an annual population analysis specific to Region 4. The data acquired from this activity will help us identify demographic, socio-economic, racial, ethnic, cultural, and health risk data for the Members that may affect our communications campaigns, channels, messaging, languages offered, and health care issues and challenges within Region 4. We will also administer a cultural competency self-assessment annually with our partners to monitor our strategic objectives related to our cultural competency plan.

Health Colorado will conduct Member surveys for every Member calling into the call center which identifies race/ethnicity, language preferences for written materials, disabilities which require special accommodations, attitudes toward health care, and provider preferences. We have provided examples of these surveys below.

When Members call for a referral, they will be asked if they have any individual preferences for a health provider. Health Colorado will match these requests with qualified providers because we have collected information about providers' cultural, language, and treatment capabilities and specialties as part of credentialing. We will also gather this information for PCMP providers from all available sources and load that data into our care management system. Through CONNECTS, our MSRs can accommodate a Member's individual preferences, which includes meeting with a provider who is fluent in another language or American Sign Language. In all cases, we will match preferences as best we can and offer multiple choices for a Member so that we do not assume we know what is best for them.

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Language Assistance Services

Health Colorado is committed to providing language assistance services to Members at all points of contact as described in 42 C.F.R. § 438.10 without discrimination. Members' language needs matter and are a priority to ensure they receive culturally appropriate information and services.

Health Colorado has developed policies to guide our response to Members with limited English speaking skills. Our policies and procedures outline our processes to assist Members with limited English proficiency, or those who have difficulty speaking, reading, writing, or understanding the English language. We provide assistance for the use of auxiliary aids such as TTY/TDD, American Sign Language, and Relay Colorado. Relay Colorado enables people who are deaf or hard-of-hearing to make or receive personal and business calls in the same manner as any other telephone user. One of our clinicians currently uses Relay Colorado weekly to communicate with a high-risk Member. Our policies and procedures also inform our MSRs to easily access interpreter or bilingual services and include guidelines for working with interpreters.

We offer oral interpretation for any language and written translation for state prevalent languages at no cost to the Member. Members are made aware of their right to language assistance through verbal offers or written notification. We provide language assistance at all points of contact, in a timely manner and during all hours of operation. For instance, Members will be verbally offered language assistance if they contact the call center, when they meet with a behavioral health provider, PCMP, or a care coordinator for any non-English language needed. We use Voiance certified interpreters for language assistance. Voiance interpreters receive extensive training on medical terminologies and insurance matters. One way that we know if Members are satisfied with the language services is to ask about their satisfaction at the end of the call. Our care management system tracks Member satisfaction for each telephone call.

We prefer to use expert translators in all interactions, but understand that Member choice and trust is critical to engagement. With that in mind, we will use the Member's family or friends to provide interpretation services if explicitly requested by the Member. Without this accommodation, we believe the Member will not engage. Health Colorado also informs Members about language assistance in written formats. The right to language assistance is define in the Members Rights and Responsibilities, which are posted at partner agencies and our website. At the start of the contract, we propose to use Google Translate on our website to allow Members to read information in their preferred language. In any individual Member correspondence, we alert Members of their right to receive information in a non-English relevant language through a tagline. When we send bulk mailings, we print Member correspondence in both English and Spanish.

> *To demonstrate our commitment, we hired a Spanish interpreter to attend a women's wellness luncheon because Spanish exists as a prevalent non-English language in the region. Although the interpreter services were not needed during this luncheon, it demonstrated to our Members that we make accommodations to ensure their needs are met.*

MEMBER COMMUNICATION

Health Colorado recognizes that communication needs to be proactive and bi-directional with our Members. We are responsible for sharing accurate, understandable, and unbiased information with Members and families in ways that will affirm and engage Members. We are also

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responsible to provide avenues for Members to give feedback on their experience in health care. These avenues include, but are not limited to luncheons, forums, PIACs, and care coordination visits. The goal of bi-directional communication with the Member is to increase their engagement and ownership of their health care.

We will deliver proactive communications to Members in multiple channels. We currently have a program in place that has delivered messages designed to increase the number of well-child checks/Early Periodic Screening, Diagnostic, and Treatment (EPSDT) screenings children receive through better coordination and integration around Member outreach. The target population is children and adolescents ages 0 to 21 who have not had a well-child check according to SDAC, and are attributed to a PCMP that receives care coordination services through one of the Region 4 providers and has at least five behavioral health claims within the prior eight months, with the last date of service in the last 90 days.

This project is based on the premise that children and families who receive behavioral health services on a regular basis have a relationship with a therapist, case manager, or practitioner they trust and with whom they regularly engage. These behavioral health professionals, however, often are not aware of gaps in physical health care that need to be addressed. While we have physical health care data available, and have care coordination staff to conduct outreach to address these gaps, the majority of care coordination outreach is telephonic and has limited utility with the Member population. To address this, behavioral health practitioners are able make warm handoffs to care coordinators through face-to-face introductions with the family when the family comes in for behavioral health appointments. Once the introduction occurs, the care coordinator takes responsibility for engaging the family and connecting them with their PCMP for the well-child check/EPSDT screening visit. The project began in the Fall of 2016, and is achieving a 60 percent success rate of children obtaining wellness screens. We plan to expand this outreach program based on these positive outcomes.

We have also invested in a Member Engagement and Population Health solution from Wellpass. Wellpass will provide Health Colorado with multi-channel messaging capabilities and widely distributed and highly successful texting programs that have improved key health indicators. These programs include prenatal care (Text4baby), Diabetes care (Care4life), smoking cessation rates (Text2Quit), and adult (Text4Health) and child prevention and wellness visits (Text4kids). We describe these programs in greater detail later in this section, and in our Population Health Management Plan provided as **Attachments 17** and **18**.

Member and Family-Centered Communication

Health Colorado will partner with Members to mutually select effective and appropriate communication guidelines that Members believe are important for effective messaging across cultures. Once norms are developed and agreed upon, the norms will be distributed across the region to provider partners, care coordinators, behavioral health providers, PCMPs, and placed on our website. The norms will be reviewed at our luncheons, forums, and Performance Advisory Committees.

Under the current BHO/RCCO contracts, Beacon delivers an annual communication plan to the Department, and will do so under the RAE. To make this plan Member focused, we will conduct surveys with Members when they contact the call center to understand the preferred method that

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Members would like to receive communication. This information will shape our communication plan to achieve the goals of our Member- and family-centered approach.

Person and Family-Centered Communication through Customer Service

Health Colorado's mission with communication is to provide excellent customer service that is both proactive and responsive towards Members and their families. Our proactive communication will be to inform Members of any changes to Member benefits, opportunities for Members to participate in community activities, and health and wellness information. All communication will adhere to the Department's branding standards. To effectively respond to Members and families, our staff will have ongoing training on customer service. Members will be invited to these trainings to be the lead advisors on what customer service skills are the most important for them. Health Colorado has established policy on professional customer service and provided it as **Attachment 8**.

Our toll-free customer service telephone number will be published on our website and on all written correspondence in a location easy to access. We will promote this line in our onboarding materials and encourage contacts. When a Health First Colorado Member calls that is not attributed to our region, we will assist this Member by contacting the PCMP or applicable RAE. We are here to support all Members and will provide warm-transfers to the correct organization to ensure that Members know that they matter and that we are actively supporting them. Our desire is to ensure that all callers are completely satisfied at the end of every interaction and we will measure ourselves against this goal by asking and reporting on a quick wrap-survey asking, "Were your needs met during this call today?" Monthly reports will monitor Member satisfaction with our services and if a Member is not satisfied with services, a supervisor will listen to the call recording to evaluate and address the dissatisfaction.

Health Colorado will continue to provide Member- and family-centered customer service through our call center staff and care coordinator staff that is respectful, promotes dignity, and addresses the unique preferences, strengths, and contributions of each Member and family/caregiver. Our MSRs have the responsibility to provide PCMP, specialty, and behavioral health referrals in our call center. MSRs advocate for Members and families who are unable to navigate the healthcare system. The MSRs also participate in community outreach to create a connection with Members and staff. The care coordinators also serve as advocates for Members to access services that have an impact on social determinants such as housing, food, or transportation. Additionally, if a Member or family Member calls in with a complaint, the MSR will direct the caller to the Grievance Coordinator for any physical or behavioral health grievance. MSRs advocate for Members and families who are unable to navigate the health care system. MSRs also participate in community outreach to create a connection with Members and staff. Care coordinators also serve as advocates for Members to access services that have an impact on social determinants, such as housing, food, or transportation.

Additionally, if a Member or family member calls with a complaint, the MSRs direct these Members to the Grievance Coordinator for any physical or behavioral health grievance. MSRs use active listening skills to address Members' needs.

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Examples of our MSR taking the time to listen to Members needs include:

- A Member who needed help with utilities. Our MSR connected the Member to the local Catholic Charities, who in turn provided $200 in vouchers for this Member.
- A Member who needed an electric breast pump for her premature newborn. The baby could not be released from the hospital unless the mother had one. Only manual breast pumps are covered under Medicaid, and since the Member lived in Salida but delivered in Colorado Springs, she could not get a rental. Our MSR made several calls to WIC and other hospitals in Colorado Springs and Salida to assist. In the end, the MSR donated a breast pump to the Member. The Member sent a thank you email to the MSR stating that it was a true blessing and the baby was able to gain an entire pound.

Member Service Success Story

Beacon's excellent customer service is demonstrated by their outreach and communication efforts to the Department of Corrections. An inmate who was released called Beacon's call center for RCCO Region 4. He said, "I remember speaking with you, and kept your brochure because you said you could help me." The staff member assisted the Member in obtaining dental, physical, and behavioral health appointments. The Member stays in contact with the RCCO and reported that he now has a full-time job and is doing well since his release.

Another inmate was scheduled for release but was not going to attend the re-entry meeting. However, he reported, "Once I heard the RCCO staff speak, I immediately knew that you were here to help me with no judgment." This inmate previously had providers at one of ICHP's partner providers and wanted to return there. The RCCO staff linked him with care coordination and he had an appointment set up on release.

Using Technology to Increase Communication and Member Engagement

Health Colorado recognizes that we can leverage numerous technology tools to address Member engagement. We have tested many technologies in our current service to the Department and have used that experience to design new approaches that can be deployed at scale on our first day of operation as the Region 4 RAE. We highlight a few solutions below:

- **Data Analytics:** One example of how the BHO already uses data for Member engagement is through a weekly report that Beacon developed for their Zero Suicide Initiative. A report for Community Mental Health Centers (CMHCs) is generated weekly to account for Members discharged from an inpatient hospital setting. Research shows that those who complete suicide, do so in the time following an inpatient admission. We track Members' admission date, discharge date, inpatient facility, and their level of suicidality at time of admission. A report is run on Monday for all discharges that occurred the week before. Members of Zero Suicide Implementation teams at the CMHCs receive this report with the goal to contact Members with a non-demand caring contact. Non-demand caring contacts are an evidence-based practice to prevent suicide.
- **Using Technology for Member Engagement and Population Health:** Health Colorado recognizes that there is a 98 percent open rate for text messages (meaning that 98 percent of text messages sent are actually opened/viewed by the recipient), and is investing in technology to enhance texting outreach to Members. Approximately 75 percent of the

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Members in this region have the ability to receive and send texts, and in rural and frontier areas of our region, text messages are often the most reliable method of communication as they do not require an excellent or high bandwidth digital signal. To that end, we are not only using texting to engage Members in their behavioral health treatment when they chose to seek virtual care, but we are also investing in more comprehensive messaging campaigns.

We have invested in a secure, HIPAA-compliant messaging platform designed to help better reach and support Members while meeting clinical and quality goals. This solution from Wellpass supports text messaging, secure inbox messages, email, automated calls, and allows us to:

o Enroll Members in evidence-based health, wellness and condition-specific messaging programs
o Create custom messaging programs to meet specific plan goals
o Message an entire population (broadcast) or communicate with individual Members (person-to-person)

> **Outcomes**
> - *2x increase in smoking abstinence*
> - *2x increase in flu shot utilization*
> - *26% increase in well baby visits*
> - *18% increase in well child visits*
> - *44% increase in dental visits*
> - *40% improvement in appointment attendance*

Health Colorado will use this exciting new technology to enroll Members into health, wellness and condition-specific health messaging programs that are designed to remind Members to go to the doctor, support condition-management, provide education on basic health topics, and close gaps in care. Our featured health programs include:

o Maternal health (Text4baby)
o Pediatric preventive health (Text4kids)
o Adult preventive health (Text4health)
o Smoking cessation (Text2Quit)
o Diabetes management (Care4Life)

We will also use this platform to communicate with Members on a population or individual basis in scheduled intervals and during specific events to support onboarding, appointment confirmations and reminders, and gaps in care alerts (e.g., seasonal flus shots).

- **Online Cognitive Behavioral Therapy (CBT):** Health Colorado partners also have used texting to promote CBT for Members 18 years and older who struggle with anxiety and/or depression through a program with Ieso. The texting outreach was very effective in engaging Members. Members were educated on their behavioral health benefits, and Beacon saw a 97 percent increase of Member engagement when the texting campaign started. Members who engaged in online behavioral health saw a 64.3 percent improvement after entering treatment.

Notice of Privacy

Health Colorado retains the Notice of Privacy Practice on our website link which outlines our privacy practices in detail. We also explain that Members have the right to adequate notice of the uses and disclosures of their PHI, and of their rights and Health Colorado's legal duties with respect to PHI. The Notice contains the elements required under 45 CFR §164.520(b).

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Communicating Member Rights

Health Colorado's partners have been active in meeting with Members to provide education and answer questions about their rights through Member forums hosted throughout the region. The goal of these forums is for Members to know their rights in order to be empowered to use their rights. Beacon uses themes to actively engage Members. For example, to educate Members on their rights, Beacon used a theme from the Wizard of Oz. The tagline read, *"You've always had the power, my dear, you just had to learn it for yourself. –Glenda, Wizard of Oz."*

We believe that knowledge is power; however, if Members do not have the knowledge of their rights, they will not be empowered to use them. The purpose of using themes and object lessons is to engage Members and reinforce the material that is covered.

Health Colorado has an approved Member Rights and Responsibilities policy, provided as **Attachment 9**, that supports all Members' rights. Beacon will distribute Member Rights and Responsibilities as stated in 42 CFR. § 438.100 to Members, their families, providers, case workers, and stakeholders. Rights and responsibilities will be provided on our website, at Member forums, at our provider partner organizations, at Healthy Communities, and on request. We will also distribute these rights through County DHS throughout Region 4. Network providers, CMHCs, FQHCs, and other agencies that treat Medicaid Members will be encouraged to post the rights and responsibilities in highly visible areas.

Member Handbook

Health Colorado is enthusiastic about collaborating with the Department to create a Member Handbook for newly enrolled and existing Members. Health Colorado is committed to educate and assist Members to navigate their Health First Colorado benefits through clear, easy-to-understand, and Member-centered information. Health Colorado has experience in producing Member Handbooks and is eager to provide region specific information to be incorporated in the Department's handbook. Health Colorado recognizes that much of the required information of 42 C.F.R. § 438.10 is already included in the Department Handbook. Health Colorado will solicit the Member and family's input in any region specific information to include in the Department's Member Handbook.

Communication through our Website

Health Colorado will develop and maintain a customized and comprehensive website that includes information outlined in *Sections 5.5.3.8.1 through 5.5.3.8.5* of this RFP. We will model this website after the existing Colorado Health Partnerships, LLC (CHP) website that has been tested by peer specialists and designed using Member input. The Member homepage and resource page were specifically designed for Members and families. We have provided an example of our website on the following page.

We want Members and families to have information readily available and will include a search feature to help Members access information easily. Our customized and comprehensive website, will be Section 508- and ADA-compliant, and will contain all required information in addition to tools and other information that will help Members understand and easily use their benefits. We will obtain input from Members about the information they find most valuable. Examples of content for Members include, but are not limited to:

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- ReferralConnect – Web-based provider directory that allows Members to find providers that meet their clinical, cultural, and language preference.
- Member- and family-centered guidelines
- SAMHSA's explanation on Adverse Childhood Experiences (ACEs)
- ACES test from COACT Colorado
- Advanced Directives
- Designated Client Representative (DCR) forms
- Release of Information forms

Example of Health Colorado's Member Website

We will also offer Members and providers an additional resource, Achieve Solutions, sponsored by Beacon. This Web-based resource, shown on the right, has practical, award-winning articles on both physical and behavioral health issues. These articles are updated monthly and are relevant to the regions we serve. For example, when there were wildfires in one of the regions, coping and practical information is provided. We track the articles that Members access to track trends and find out what is important to Members. In 2016, Achieve Solutions won the Silver eHealthcare Leadership Award for Best Healthcare Content and the Silver National Health Information Award for "Managing Stress in Your Life," an interactive self-management tool.

Achieve Solutions is our online library of health and wellness information with more than 3,000 articles, tip sheets, and quizzes.

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In addition, with one click from the Achieve Solutions page, Members will have access to MemberConnect, our secure Member self-service Web portal. Shown below, MemberConnect will provide Members with access to Medicaid benefit plan-specific information.

Member Services Portal (MemberConnect)
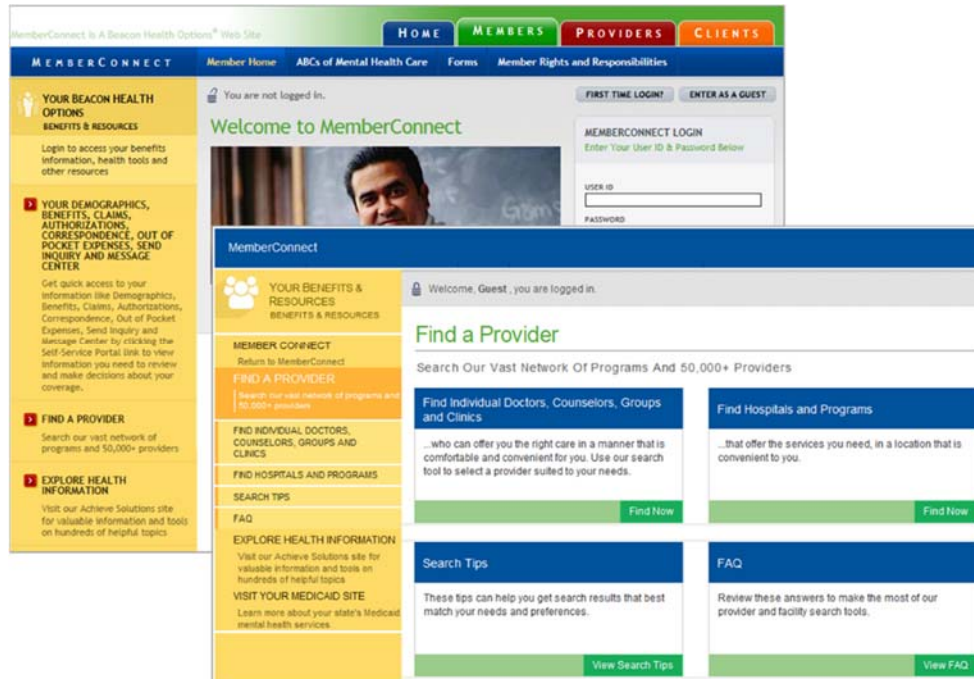
MemberConnect is a one-stop e-shop for members to complete everyday service requests online.

MemberConnect will allow Members to:

- Check authorizations
- Check claims status
- Submit an inquiry to Member Services
- View out-of-pocket expenses

- Check claims history and claim payment
- Search for a provider
- View eligibility

Communication about Termination of Provider Agreements

We understand that changing providers can be difficult for our Members. When we receive notification from a provider of their intent to terminate with our provider network, we send a letter to the Member and offer to help them find a new provider that takes into account their individual preferences. A weekly report was developed to alert Member Services of the Members impacted by providers removing themselves from the network. We send this information to Members at least 15 days from the notice of termination, which is in accordance with 42 C.F.R. § 438.10(f)(1).

Health Colorado will act proactively on the Members' behalf to work with PCMPs who may want to disenroll a Member from their practice. We provide education through provider newsletters on allowable reasons to terminate a Member from a practice. A Member disenrollment/termination may occur when, in the provider's professional judgment, the Member-provider therapeutic relationship no longer can effectively exist due to the Member's

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behavior being a safety concern and/or the Member is non-compliant and the Member disenrollment is a measure of last resort. Health Colorado has an approved Member disenrollment policy in line with State and federal Guidelines. We work to efficiently transition a Member from one PCMP to another PCMP. We notify a Member within 15 days of notification from a provider that they are dis-enrolling a Member from their practice.

Grievance and Appeals Process

We will provide information on the grievance and appeals process including State Fair Hearing procedures and timelines to Members. This information will be included in the Member Handbook, posted in provider offices, and available on our website. This information includes:

- The Member's right to file grievances and appeals
- The toll-free number to use to file a grievance or appeal by phone
- Requirements and timeframes for filing a grievance and appeals
- Availability of assistance
- The right to a State Fair Hearing, including State Fair Hearing rules
- Appeal rights the State makes available to providers to challenge Health Colorado in the event Health Colorado does not cover services
- Notification to the Member that they may be liable for the cost of any continued benefit should they request services to be covered during the appeal or State Fair Hearing request

We view grievances as opportunities to learn from the concerns of Members. A grievance is any expression of dissatisfaction about any aspect of a Member's service that can be filed at any time. Health Colorado uses the terms "complaint" and "grievance" interchangeably. When working with Members, we try to use the term "complaint" because it is a term easier to understand in health literacy standards.

Grievances provide opportunities to impact Members' lives and systems. One example of this is from our Grievance Coordinator:

> ### *Impacting Member's Lives*
>
> *"As a Grievance Coordinator, I have received many different complaints. However, I received one on March 27, 2017 regarding a mother with a special needs son. The child was put in an incorrect hold while in a school program. The child sustained permanent scarring and injury to his face and leg. Mother of child was very upset and was not receiving sufficient communication from the school or the teachers regarding the incident report. As I worked with Mom, we came up with some progressive ideas for better treatment. I contacted the Director of the school and we collaborated on an individualized education program plan for weekly communication with Mom about her son's day and treatment. This could be through email/phone/or written notes. The Director also agreed to change their policy on training staff to promote kids' safety.*
>
> *The Mom was very satisfied with this resolution. The satisfaction our team received from her relief and happiness in this result, stuck with us and served as a reminder of why we do what we do: to advocate, and to continue to help others who need it most."*
>
> *-- Grievance Coordinator*

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We welcome and encourage Members or their Designated Client Representatives (DCR) to know their rights to file a grievance, appeal, or State Fair Hearing. We will provide a toll-free number for Members to access this right. A DCR can be whoever the Member designates to represent them including a family member or a specific provider. Our grievance and appeal process complies with 10 CCR 2505-10, Section 8.209, of the Medicaid state rules for the Managed Care Grievance and Appeal Processes and 42CFR438 Subpart F – Grievance System of the federal regulations for managed care.

An appeal is any request from a Member or DCR to request a re-examination of an Adverse Benefit Determination. Members/DCRs have 60 calendar days to request an appeal. If the Member receives an adverse benefit determination from an appeal, they have the right to request a state fair hearing 120 calendar days from the date the appeal decision is made.

Health Colorado is committed to assisting, supporting, and guaranteeing the rights of Members and/or DCRs. This includes, but is not limited to: language assistance; continuation of benefits upon request of Member; and an explanation that if original action is upheld, Members may be liable for any cost of continued services. We provide complete details of our grievances, appeals, and State Fair Hearings process in our response to *Offeror's Response 10*.

Advanced Directives

Advanced directives are an important component of Member's rights. Health Colorado will emphasize with Members that their values regarding dying and quality of life will be honored if they are unable to give informed consent due to a physical or behavioral health condition. Health Colorado recognizes that there are many factors whether a Member will make an advanced directive and how they will use an advanced directive. Health Colorado will reinforce with Members that advanced directives should be made when they are not in a health crisis situation Many Members may avoid conversations about creating an Advanced Directive because it is difficult to talk about dying. We need to be respectful of Member's fears and ensure that a trusted individual is asking Member about their advanced directive. Those trusted individuals may be their PCMP or care coordinator.

Health Colorado will consider Member's cultural competence in creating the advanced directive. In certain cultures, families play an important role in determining the direction of care versus an individual determining the direction of care. People from different cultural, ethnic, or religious backgrounds may have different goals. For example, ethnic minorities may be less likely to make an advanced directive and are more likely to use aggressive life-sustaining treatments. We will respect individual preferences. Health Colorado will not try to predict what someone will want, but rather educate Members on their rights and empower Members to make sure that their health care providers know if they have of an advanced directive.

Health Colorado will place written information about Colorado's advanced directives on our website, including state laws, any changes in state laws regarding advanced directives, a description and explanation of medical and psychiatric advanced directives and policies, and limitations to implement policies.

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In the event of a change in state law, Health Colorado will reflect the changes to advance directives no later than 90 days after the effective date. We will maintain written policies and procedures on advance directives for all adults receiving medical care that include instructions that complaints concerning non-compliance with advance directives requirements may be filed with the Colorado Department of Public Health and Environment. Advanced directive information will also be available in the Member Handbook. Members can request and obtain this information at least annually.

Health Colorado will offer advanced directive policy and procedure training sessions for Health Colorado' staff through a Relias training module entitled, *Advanced Directives: What, Why, and When*. Health Colorado will develop an external training module to train Members, family members, care coordinators, patient navigators, medical and behavioral health providers, and other stakeholders. Health Colorado will emphasize that there will be no discrimination based on whether a Member has an advanced directive or not. We will also encourage PCMPs to ask for the latest version of a Member's advanced directive.

Other Information

Health Colorado plans to update our website monthly to ensure that essential Member communication is current. We will be responsive to the Department's requests and recommendations for any Member information they believe necessary to improve Member's satisfaction with services. Health Colorado has been proactive to post information on EPSDT benefits on our website as well as links to the Department's sites.

Member Material Review Process

Health Colorado will continue to include Members and families to test our Member materials to incorporate their recommendations about content and formatting. Health Colorado will leverage its Member Advisory Committee to review materials and design new approaches to support a Member- and family-centered approach.

Health Colorado will comply with all of the Department's request to notify them at least 30 days when there is a large-scale Member mailing which will describe the purpose, frequency, and format of the planned Member communication. Health Colorado will make necessary changes to the document to be in alignment with the Department's communication strategies for larger mailings. Health Colorado will submit any materials requested by the Department within 10 business days.

Electronic Distribution of Federally Required Information

All Member information distributed electronically will be compliant with 42 C.F.R. § 438.10, Section 508 of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and W3C's Web Content Accessibility Guidelines (WCAG) 2.0 AA/successor versions. Member information will be readily accessible, prominent on our webpage, printable, electronically retainable, and conform to content and language requirements. Health Colorado will send a hard copy at no cost to the Member within five business days of Member requesting information.

MARKETING APPROACH

Health Colorado's approach to marketing is Member- and family-centered and focused on data provided by Members and families during our contract phase. Marketing will be used to promote

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healthy initiatives to increase Member's engagement in their healthcare. We understand that Members and families have been confused when duplicate information has been received from various agencies, and we support a simplified and unified approach to increase Member and family's engagement in their health care services.

Health Colorado's Marketing Plan

In adherence with federal and state laws, regulations, policies and procedures, Health Colorado agrees to only participate in marketing activities approved by the Department. Any strategic marketing material Health Colorado engages in will be clear, reviewed, and approved by the Department, inclusive of the region served, accurate, and truthful. Some examples of being truthful are to have a disclaimer that Members do not need to enroll with Health Colorado to obtain benefits, that they will not lose benefits, and clarify that we are not endorsed by the Centers of Medicare and Medicaid services, the federal or state government. Our methodology will be outlined to the department, will not include any cold-call marketing techniques, and will not be in conjunction with the sale of any private insurance. Health Colorado will not engage in any marketing activities as defined in 42 C.F.R. § 438.104 during our start-up period.

HEALTH NEEDS SURVEY

Health Colorado believes that the results from the health needs survey will help us understand the concerns and perspectives of Members across the counties that we serve. The data will shape Member's health and wellness training. The data from new Members that we do not have any history with will provide information that can translate to meaningful care coordination activities and Member outreach. Health Colorado will identify key trends and themes based on Member responses and will direct our program and policies.

Care Coordination/Member Outreach from Health Needs Survey Results

Health Colorado has reviewed the Health Needs Survey questionnaire and will incorporate the data into our stratification analytics to identify Members for care coordination outreach. We will identify Members who have requested personal help for any of their own health care needs or their child's health care needs. We will analyze trends across counties to identify if Members have similar goals. Some examples of outreach and program development based on Member's personal concerns include:

- Target Members who report one to three emergency department visits to refer them for care coordination.
- When Member reports that they are pregnant and we discover they are pregnant for the first time, we will help link these Members to the Nurse Family Partnership and our Text4baby program. If the Member has also cited financial stresses, we will also refer to care coordination for participation in WIC or SNAP.
- If Members report that they need assistance due to social determinants (e.g., housing, food), we will have an MSR or patient navigator reach out to these Members to provide linkage with community resources.

Daily Data Transfer of Health Needs Survey

Health Colorado has the capability to process a daily transfer of results from the Health Needs Survey through our CONNECTS platform. Reports from the health needs survey will be

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developed to align with coordination of care and Member outreach and identify key population themes. The Members' responses from the Health Needs Survey will be integrated into the CONNECTS platform so that this information is available to all Member and provider representatives within Health Colorado.

For providers who have chosen to use their own care coordination platform (e.g., an electronic medical record), the Health Needs Survey data will be available for access from Health Colorado within the terms of the Business Associate and Data Sharing Agreement for Members attributed to that PCMP from the Department. Review and sharing of this information ensures that Health Colorado has a baseline understanding of every Member at the point of contact.

MEMBER EDUCATION ON MEDICAID BENEFITS

Health Colorado's philosophy on Member engagement is that it happens best at a local level. Relationships are a key component to educate Members on their benefits. Currently, Health Colorado partners keep abreast of any Department communication through the quarterly Member newsletters and monthly "At a Glance." This proactive approach helps to bridge the gap between the Department's communication and Members' knowledge of any changes to Members' benefits or services. We accept the responsibility to know the latest Health First Colorado information and effectively communicate it to Members. We will participate with the Departments' activities to ensure that onboarding and engagement of Members is person- and family-centered.

Health Colorado will design and develop further connections with local Healthy Communities contractors to ensure effective onboarding of children and their parents through outreach, navigation support of Medicaid benefits and education on preventive services. More details about our Healthy Communities approach is provided in our response to *Offeror's Response 13*.

MSRs attend trainings and symposiums and are encouraged to read the monthly newsletter that the Department distributes. The reason we focus so heavily on training and education is to know the latest benefits and information that may impact our Members. For instance, we had a MSR attend a training on solution focused integrated care with care coordinators and clinicians. This MSR came back motivated to help Members move toward their desired goal and focus on the solution, not the problem.

Educating Our Members

Health Colorado will proactively outreach to Members and families on both benefit and health and wellness initiatives. The MSRs generate mailings to alert Members of their benefits and to invite Members to programs such as "Lunch and Learns" and Member Forums. We assimilate lessons we have learned about Member engagement which include the importance of personal invitation, face-to-face contact, and connecting with Members in their community setting.

Health Colorado currently educates Members on their responsibilities which include attending appointments on times, following their treatment plan and respectful behavior at appointments. In efforts to align with CareCompact, we will help Members prepare for their appointments with PCMPs and specialists. Tip sheets will also be located on the website.

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We plan to build on the successes of our current "Lunch and Learns" and Member Forums to engage Members and promote Colorado's commitment to become the healthiest state and win the Ten Winnable Battles. Health Colorado will adapt "Lunch and Learns" and Member forums to meet Member's needs by listening to Member's concerns.

For example, at a recent Lunch and Learn event focusing on women's wellness, Members asked questions about benefits and how they could obtain an insurance card. Instead of focusing on the content for women's wellness, we adapted the "Lunch and Learn" to address Member's needs and placed them at the center of the conversation. Members responded to these luncheons with a request and desire for continued meeting times to address both their physical and behavioral health concerns.

One way to incorporate a Member- and family-centered approach in education is to have evaluation forms that solicit Member and family's interest for future topics. Health Colorado will be intentional about listing the overlapping topics of Colorado's State of Health and the Ten Winnable Battles which include: Oral health, Improved Mental Health; Reduction of Substance Use, and Obesity, Healthy Eating, Active Living (HEAL). We will design these forums to address these topics based on Members' interests.

Peer specialists are an integral part of Member experience. We have provided peer services for over ten years. We have trained over 300 peers using a consistent curriculum International Association of Peer Supporters (iNAPS), which ascribes to the same ethical guidelines and employs the same core competency for peer specialists adopted by the Department. Our staff have been proactive and helped over 38 peers become credentialed. Beacon developed a peer specialist training focused on substance use disorder and have trained many peers in working with those who struggle with substance use disorders. The iNAPs and substance use disorder trainings provided meet the 60-hour training required by the State. In April 2017, we hosted Clarence Jordan, Beacon's Vice President of Wellness and Recovery, and Cindy Goulding, a Licensed Behavioral Counselor and certified personal fitness trainer and health and wellness coach, to train peers in Beacon's Health Promotor Peer Specialist curriculum. This two-day course focused on whole health management and working with Members who have both physical and behavioral health issues.

Educating Parents/Guardian with Child Members on Benefits

We will designate a Member Services Department staff member to be the Healthy Communities Liaison across Region 4. This individual will assist in onboarding of children and adolescents, which is approximately 40 percent of the membership. The primary tasks of this liaison will be to:

- Develop Memorandums of Understanding (MOUs) with all of the Healthy Communities in Region 4 for onboarding activities and sharing of Member information
- Create an annual onboarding plan with Healthy Communities, Members, and families; we believe that it is important to know what has worked (or not worked) in the past for Members/families, which will then help shape our onboarding process through the designation of roles and responsibilities for Member outreach, navigation and education.

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- Create a master plan in collaboration with Healthy Communities of Member outreach activities, which will reduce duplication of onboarding activities
- Refer any identified child/Member that needs additional resources based on the Health Needs Survey to the Healthy Communities where Member resides
- Standardize activities across all Healthy Communities contractors in the region we serve through a monthly meeting
- Train Healthy Communities about Health Colorado's functions, roles, and responsibilities
- Coordinate with Provider Relations Department to participate in Family Practice Meetings to educate on Healthy Communities and benefits of EPSDT
- Coordinate with Family and Child Advocates at the CMHCs to train on EPSDT and Healthy Community Resources, such as CPCD/Head Start.

Plan for Onboarding Adult Members

Health Colorado will take a proactive approach to onboard Members within the first 30 to 90 days of receiving their benefits. Adults comprise approximately 60 percent of the membership. We recognize this is the critical time to ensure that Members understand their plans and learn how to navigate their plans to increase Member satisfaction and engagement. We will collaborate with the Department on the time frames that they are sending welcome packets to Member to coordinate sending an easy-to-read and understandable question and answer sheet for our region. We will develop a welcome video that will be hosted on our website and promoted through our onboarding campaigns such as direction mail, texting, secure email, or community events and viewed by new Members at their convenience using the technology of their preference. The video will supplement the information provided to Members by the Enrollment Broker and Department and give them specific information about the RAE and how it can serve them.

Our Member engagement technology solution from Wellpass provides us with a state-of-the-art platform to create and deliver onboarding campaigns to Members at operational start and as they gain or re-gain eligibility and are attributed to Region 4. This onboarding campaign will provide welcome messages with links to our toll-free number, website, and the Departments most important information for Health First Colorado Members (e.g., where to download their PEAK mobile app, access the Member handbook or provider directory), and then graduate into an opportunity for the Member to choose how to advance and continue their virtual relationship with Health Colorado through text-based campaigns and population health programs.

PROMOTION OF MEMBER HEALTH AND WELLNESS

Health Colorado promotes Member health and wellness by engaging Members and families in dialogue during Member forums in their communities. Our partners have already developed peer-led programs, such as wellness walking, wellness cooking, community gardens, and peer-run greenhouses. We will build upon these activities to engage other Members by hosting meetings to discuss best practices of health and wellness, what is currently working, and what can be improved. We have found that open dialogue about why an individual engages with their health creates pathways to ideas about how to care for their health. We believe it is important to include Members who have success with a health issue to share their story of lived experience and how they received support through the Health First Colorado system.

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Supporting Health and Wellness

Health Colorado has developed materials that support health and wellness including the importance of breast and cervical cancer screening, obesity, and smoking cessation. All of these materials have been reviewed and approved by the Department. We will continue to work with the Department in the development and alignment of topics that will support the goal to have Colorado as the healthiest state. For example:

- Health Colorado will deploy high-tech, engaging technology, shown to the right, for Region 4 Members.
- Members will also have access to Achieve Solutions, an award winning website that has Member-friendly, easy to read documents on behavioral health and wellness.
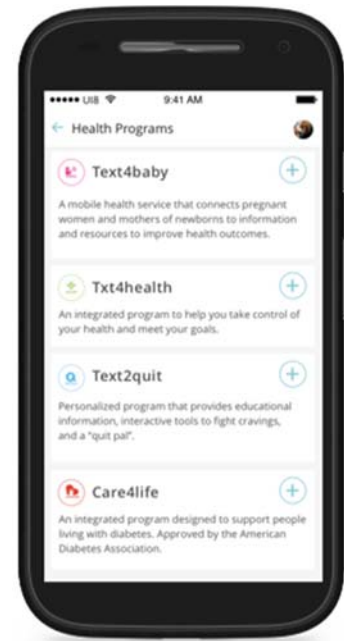
We will share lessons learned during our quarterly advocates/peer meetings and obtain input from Members to stimulate dialogue at the Operational Learning Collaborative that the Department hosts. We will also collaborate with the Department on joint initiatives as appropriate and needed. Our goal is to foster prepared, informed, and activated Members who have adequate understanding of their present health condition to participate in medical decision making and self-management.

MEMBER ENGAGEMENT REPORT

Health Colorado has experience developing and submitting Member and stakeholder feedback reports on a bi-annual basis during the course of the RCCO contract. We provide a copy of this report as **Attachment 10**. Health Colorado will continue to deliver this bi-annual report to inform the Department how we have engaged Members and community stakeholders in the Accountable Care Collaborative. We have received positive feedback on these reports from the Department and look forward to continuing to enhance it to capture additional information that is of interest to the department as we shift from our RCCO program responsibilities to that of the Region 4 RAE.

The report demonstrates that the Health Colorado partners, who have been providing services to the majority of the Members through the current Region 4 RCCO, continue to work to identify challenges and develop solutions, but also takes time to listen to the concerns and views of Members, stakeholders, providers, and care coordinators. Some highlights from this report are included below:

- Successfully recruited two Members to participate in the Performance Improvement Advisory Committee by changing tactics of Member outreach
- Facebook social media presence used to engage members and updated on a weekly basis with topics about physical and behavioral health
- Women's Wellness Outreach grant program started and member outreach occurred via analytics-identified cohort for welcome letters and invitations
- Community outreach sites and relationships expanded

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- **10,050 Members** received care plans/care coordination plans from care coordinators
- Hosted motivational interviewing training in Alamosa
- Provider practice visits for hands-on revalidation assistance to:
  - St Vincent General Hospital District
  - Affordable Health Clinic, LLC
  - Anna Martinez, LLC
  - Rocky Mountain Primary Care Clinic
  - Family Care Specialists, INC
  - Florence Medical Center, LLC
  - Salida Hospital District
  - Valley Citizens Foundation for Healthcare, Inc.
- **16,302 unattributed Member outreaches** attempted with a 22 percent completion rate
  - Progressive improvement in the number of unattributed members contacted and connected with a PCMP

Our Member Engagement report closes with an analysis of the information we have gathered and what we have heard from the community. We include trends that have witnessed through our Member, provider and stakeholder engagement and feedback loops and associated lessons learned. These trends and lessons learned set the stage for our goal settings and objectives for the next Member engagement periods and reporting cycle. Like many of our other programs such as Data and Analytics, Network Development and Management, and Quality, we employ a continuous quality improvement approach to the important duty of gathering feedback from members, providers, and stakeholders and applying it to the services we deliver on behalf of the Department.

> ***Member Engagement Report Feedback***
>
> *"The Department would like to extend our appreciation for a well written deliverable report. The report clearly identified the different aspects of Member, Provider, Care Coordinator, and Stakeholder involvement in the region. It is reassuring to know that you are committed and involved in this process, and works with community partners to provide support as needed. Well done for thinking outside of the box and extending the PAC meeting to different locations and different groups of people. The Department would like to congratulate you on your award for 'Best Healthcare Content" website. It is excellent to read how much Care Coordinators have a positive impact and are an integral part of Member care. It is encouraging to learn that you take Member Service grievances seriously and takes steps to address them accordingly."*
>
> *– RCCO Contract Manager*

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OFFEROR'S RESPONSE 10

Describe how the Offeror will handle grievances and appeals.

Health Colorado, Inc. (Health Colorado) believes that Member grievances, complaints and appeals are invaluable. We view grievances as opportunities to learn from the concerns of our Members. They are not only an indicator of Member satisfaction, they also inform us on ways to improve our services. If we have failed at providing quality services, we use that experience as an opportunity to make program and system change. For example, we implemented a program change to increase staffing at one of our Community Mental Health Centers (CMHCs) after several Members filed grievances about lack of access to care. While they rarely occur, we use complaints and grievances to lead us to action and provide better health care, health outcomes, and Member satisfaction when they do.

> *We reframe grievances or complaints as opportunities to "fail forward." As John Maxwell writes in Failing Forward, "Determining what went wrong in a situation has value. But taking that analysis another step and figuring out how to use it to your benefit is the real difference maker when it comes to failing forward. Don't let your learning lead to knowledge; let your learning lead to action."*

MEMBER- AND FAMILY-CENTERED GRIEVANCES AND APPEALS

Health Colorado encourages Members and family members to know their rights. We will provide Members with written materials and will conduct an outreach call upon enrollment to educate, inform, and answer questions. Information will also be provided in Spanish and we will provide interpreter services if needed. Members are informed that they have the right to appoint anyone they wish, including a provider to act as their Designated Client Representative (DCR), to file a grievance, appeal, or State Fair Hearing. We will ask the Member to provide us with a DCR form. If someone other than the Member or legal guardian files a grievance, we will request that the Member or legal guardian sign a Release of Information (ROI) allowing Health Colorado to share information. The ROI applies to physical health, mental health, and substance use disorder services. Both forms will be available on our website. We will protect the Member's health information by not investigating a grievance or appeal until we have all the legal paperwork from the Member, legal guardian, or DCR. If the Member files a grievance about our internal processes, we will not require an ROI.

We believe that knowledge is power and when a Member or family member knows their rights, they are empowered to act on their own behalf. As partners in both the Regional Care Collaborative Organization (RCCO) and Behavioral Health Organization (BHO) contracts that serves the counties within the Regional Accountable Entity (RAE) Region 4, we have used creative avenues such as Member Forums to train Members and families on their rights and responsibilities. We provide visual communication aides for Members who have low literacy skills to aid in the retention of the information. We also comply with 10 CCR 2505-10, Section 8.209, of the Medicaid state rules for the Managed Care Grievance and Appeal Processes and 42 C.F.R. 438 Subpart F – Grievance System of the federal regulations for managed care.

Health Colorado is committed to assisting, supporting, and guaranteeing the rights of Members, legal guardians, and/or DCRs. We provide excellent customer service and listen to the Member, legal guardian, or DCR when they call and make an initial request for a grievance, appeal, or

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State Fair Hearing. Members are never discriminated against for wanting to file a grievance, appeal, or State Fair Hearing. We thank Members for taking the time to act on their own behalf, and support Members by:

- Providing a copy of the DCR form located on our website
- Explaining and providing assistance with any required forms or paperwork
- Educating Members on procedures/timelines to file a grievance, appeal, or State Fair Hearing
- Helping Members make informed decisions
- Requesting charts and documents at no charge to the Member
- Coordinating meetings between health care professionals
- Linking Members with language assistance
- Providing information in the Member's preferred language
- Setting up interpretive services
- Providing our toll free numbers including a TTY/TTD and interpreter capability
- Providing technical assistance

If a Member or family member believes there has been retaliation for filing a grievance, appeal, or State Fair Hearing, the Grievance Coordinator will investigate this as a new grievance and/or direct the Member to contact the State's Ombudsman for Medicaid Managed Care. Retaliation is taken seriously because it impacts a person's freedom to express their opinions and exercise their rights, both of which are critical elements of recovery. Retaliation could be defined as an adverse action taken against a Member in response to or motivated by, or in connection with a Member's grievance. We inform Members that they cannot lose their Medicaid benefits or be treated with any disrespect by providers for filing a grievance, appeal, or State Fair Hearing. As the RAE, we empower Members to be advocates for their health care.

Making it Easy for Members and Families to File a Grievance

Health Colorado has an extensive history of helping Members and families file and resolve grievances for both behavioral and physical health issues. A grievance is any expression of dissatisfaction about any aspect of a Member's service, other than an adverse benefit determination, that can be filed at any time. We understand that it may be uncomfortable for some Members to file a complaint based on cultural background, fear of retaliation, passivity, or the Member's perception that they have no control or will not have a successful outcome if they file a complaint. We strive to make Member experience a positive one through active listening, apologizing for an offense they felt they incurred, and making it easy to file a complaint. Health Colorado uses the terms "complaint" and "grievance" interchangeably. When working with Members, we use the term "complaint" because it is easier to understand in literacy terms.

Members can file a grievance orally or in writing at any time. Information about how to file a grievance will be posted on the Health Colorado website, our partners' websites, and at our partners' locations where Members receive treatment and other provider sites. Member Rights and Responsibilities and grievance information are listed in both English and Spanish. Contact information to reach the State's Ombudsman for Medicaid Managed Care is also posted at these sites. An easy to read brochure on how to file a grievance will be developed in English and Spanish to include in Member intake packets at the Federally Qualified Health Centers (FQHCs), CMHCs, and Primary Care Medical Provider (PCMP) offices. We educate network providers and PCMPs about Members' right to file a grievance through various avenues, including

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provider newsletters, trainings, and the use of peer specialists and peer advocates through our partner organizations.

Health Colorado offers Members a "no wrong door" approach when filing a grievance. This approach promotes a short interval between the grievance that occurred and helping Members alleviate any stress from the grievance. Health Colorado will also train identified staff at providers' offices on procedures to file a grievance. This training will include: 1) active listening; 2) the federal and state requirements in managing a grievance; and 3) the grievance database. We understand that not all providers will have an identified staff member resolving grievances and those providers will have information to direct Members to our Lead Grievance Coordinator. We will supply the provider's identified representatives a detailed job aide to ensure that all grievances are managed consistently.

Our Care Managers and Member Service Representatives (MSRs) who work in our call center are trained on the process of how a Member/Legal Guardian/DCR can file a grievance. Members who contact our call center with a grievance are directed to the Grievance Coordinator. We will also post our Grievance Coordinator's direct toll-free number on our website to make it easy for a member to file a grievance.
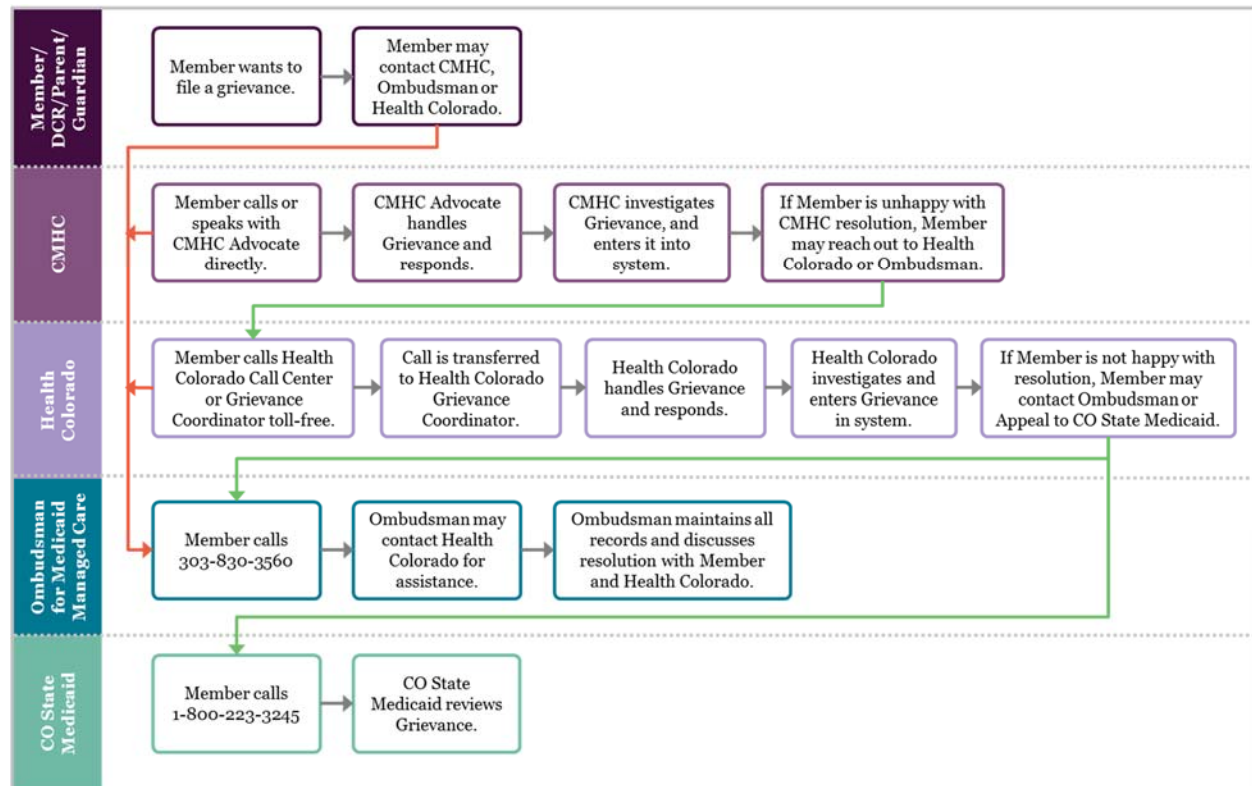
Members can also choose to file a grievance with the Ombudsman for Medicaid Managed Care. If a Member or family member contacts the Department's Ombudsman to express dissatisfaction with the care or lack of care they are receiving from Health Colorado, we will have a designated staff member serve as liaison between the Department and Health Colorado. This staff member will be tasked with investigating and resolving the Member's concern and with keeping the Department apprised of the progress through efficient communication and will inform the Department when the issue is fully resolved. Our staff has experience in participating in Creative Solution meetings to collaborative with the Department and the Member/family members to brainstorm solutions to the problem.

MEMBER AND FAMILY-CENTERED GRIEVANCE PROCESS

Members who file grievances are encouraged to voice their concern. Health Colorado's Lead Grievance Coordinator or identified staff at the provider's offices are trained in active listening, empathy, and communication skills to ensure that Member's concerns are properly understood. We explain what legal paperwork (e.g., DCR and ROI forms) is required for us to fully investigate the grievance. Our Lead Grievance Coordinator or the provider's identified staff express appreciation to the Member for bringing the grievance to our attention and invites the Member to contact us with any additional concerns. A grievance acknowledgement letter is sent to the Member/Legal Guardian/DCR within two business days of receiving a grievance.

Upon receipt of all required legal paperwork, the Our Lead Grievance Coordinator/identified staff conducts a full investigation of the grievance and aims to resolve the grievance within 15 business days of when the grievance was filed. Health Colorado will request an extension if the Member requests an extension or to ensure that the grievance is thoroughly addressed and the extension is in the Member's best interest. If an extension is requested, we will send the Member written notification within two business days of the extension and indicate that we have up to 14 calendar days to resolve the grievance. On the following page, we have provided our work flow for our grievance process.

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Health Colorado's Grievance Process Work Flow

The Lead Grievance Coordinator/identified staff will talk to others who may have had a part in the grievance to obtain their perspective on the Member's complaint. We contact the Member if additional information is needed. The Grievance Coordinator/identified staff consults with other Health Colorado staff who have the appropriate expertise before deciding on a resolution. For example, if a grievance is about a privacy issue, we will contact our Compliance Officer. Clinical grievances are reviewed with a clinician to obtain their expertise. After a thorough review of all information, the Grievance Coordinator/identified staff will make a decision about the resolution.

Health Colorado will monitor those making grievance decisions to ensure there is no conflict of interest with the complainant. Examples include if the grievance is about the identified staff member or Grievance Coordinator or if the Grievance Coordinator/identified staff have a relationship with the Member outside of the grievance. We will ensure that the Grievance Coordinator/identified staff was not involved in previous levels of review or decision-making or is a subordinate of anyone who was. If the decision is about a clinical issue, the decision maker will be a health care professional with clinical expertise to treat the Member's condition or disease. Any grievances about providers that generate a quality of care issue will be elevated to the Quality Committee.

Our goal has always been to resolve the grievance as efficiently and thoroughly as possible. We consistently resolve grievances under the 15-day turnaround time. The Grievance Coordinator/ identified staff generates a letter to the Member with all of the required information including the date that the grievance was received, date grievance was resolved, the steps taken to resolve the grievance, the resolution, and the offer for Member to file a grievance with the State's

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Ombudsman if they are not satisfied with the resolution. The Member is provided with the information that they need to file a grievance with the Ombudsman.

Grievances provide opportunities to impact Members' lives and systems of care. One example of this is from our Lead Grievance Coordinator:

> ***Impacting Member Lives***
>
> *"As a Grievance Coordinator, I have received many different complaints. However, I received one on March 27, 2017 regarding a mother with a special needs son. The child was put in an incorrect hold while in a school program. The child sustained injuries to his face and leg, as well as scarring. The mother of child was very upset and was not receiving sufficient communication from the school or the teachers regarding the incident report. As I worked with the mom, we came up with some progressive ideas for better treatment. I contacted the Director of the school and we collaborated on an IEP plan for weekly communication with the mom about her son's day and treatment. This could be through email/phone/or written notes. The Director also agreed to change their policy on training staff to promote kids' safety.*
>
> *The mom was very satisfied with this resolution. The satisfaction our team received from her relief and happiness in this result stuck with us and served as a reminder of why we do what we do: to advocate and to continue to help others who need it most."*
>
> *-- Grievance Coordinator*

Grievance and Appeals System

The Grievance Coordinator or identified staff at the provider site records data from each grievance in the Health Colorado grievance database. The grievance database is a secured Web-based site in which can be accessed from any location to record grievance data. The grievance database has the capability to create reports, monitor trends individually and systematically, and provide average turn-around times for the resolution of a grievance. A quarterly report is generated which summarizes the data and is reviewed at the appropriate committees. We review the content for accuracy and identify trends and lessons that we can learn from the grievances. This report and feedback is provided and presented to our Quality/Medical Management Committees where Health Colorado will assess the data and makes recommendations for systematic improvements. This report is also submitted to the Health Colorado board for review. The quarterly report with break-out counts of grievances and an analysis of the grievances is sent to the Department 45 days after the end of the reporting period.

Provider Grievance Process

Health Colorado is committed to timely resolution on provider inquiries, complaints, grievances and appeals. Providers have the opportunity to voice complaints by contacting Provider Relations in writing or telephonically within 10 business days of the event that gave rise to the event or from the time the provider first became aware of the event. Providers are encouraged to provide all documentation about the complaint, a clear and concise description of the nature of the complaint, and how the action allegedly violated the provider agreement. We ask the providers to offer the specific remedy requested for the resolution to their grievance. Provider relations staff reviews the documentation and investigates the concern. Staff will attempt to reach a satisfactory resolution of the complaint within 30 calendar days of receipt of the complaint.

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If the provider is not satisfied with the response received, a Level Two complaint may be filed within 10 business days of receipt of the response from Provider Relations. The Level Two complaint will be reviewed by a different Provider Relations staff than those who made the first determination. All complaints are reviewed and fully processed until the provider is satisfied, does not file a timely complaint or appeal, or exhausts their right to appeal.

NOTICE OF ADVERSE BENEFIT DETERMINATION

We understand that it may be stressful for Members when behavioral health services are denied. We aim to be clear in our written communication to the Member to reduce any additional stress when a notice of adverse benefit determination is received. We are specific about what services were denied, the reason for the denial, and we provide recommendations for alternative services. In 2014, our partner's created a position for a Coordinator to make certain that Notice of Adverse Benefit Determinations letters are sent to Members or legal guardians in a timely manner.

Prior to mailing the Member/legal guardian a Notice of Adverse Benefit Determination letter, the letter is reviewed by a supervisor to ensure our objectives of Member-friendly language, clarity about the specific adverse benefit determination, and the reason for the determination are met. All letters are in an easily understood language and format and are available in alternative formats for Members with special needs. Members can request the letter in the prevalent non-English language in their region. The Notice of Adverse Benefit Determination letter contains clear information that the Member, Member's family, a representative of a deceased Member, or a provider acting on behalf of the Member has 60 days to file an appeal with the filing deadline date. An appeal packet on how to file an appeal is attached with each notification and contains the following information:

- Our toll-free contact information to request an appeal
- Our willingness to assist in any way when requesting an appeal
- Member's right to request an appeal or to have another representative, including the provider to file an appeal on their behalf with a signed DCR form
- The steps to file an appeal or grievance
- The process to request expedited appeal
- The process to request a state fair hearing
- The right to request a continuation of benefits during the resolution of an appeal and an explanation of when Members may be responsible to pay for any continued service
- The timelines required to file an appeal
- Process for denied Child Mental Health Treatment Act (CMHTA) services
- Process for services that may be covered under EPSDT

We attach Notice of Adverse Benefit Determination letters to the Member's electronic record. We have developed a tracking system for every notice sent to a Member to make sure that deadlines are met and letters are readily available if a Member requests it in the future.

HANDLING APPEALS FOR THE CAPITATED BEHAVIORAL HEALTH BENEFIT

Health Colorado has expertise in managing appeals for the Capitated Behavioral Health Benefit Program for Health First Colorado Members in compliance with 42 C.F.R. § 438.400. An appeal is any request from a Member, legal guardian, or DCR to request a re-examination of an Adverse Benefit Determination related to, but not limited to a denial or limited authorization of a

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requested service or the reduction, suspension, or termination of a service that we authorized. Health Colorado will direct Members to contact the Ombudsman for Health First Colorado to file any grievances related to any physical health adverse benefit determination. Members/DCRs have 60 calendar days to request an appeal for either their behavioral or physical health benefits.

Our Appeal Coordinator is responsible to guide Members/legal guardians/DCRs through the appeal process and simplify the process. During the initial verbal request, we determine if the request is a standard or expedited appeal and communicate the following:

- If the request is for a standard appeal, the Member will be informed that they should follow up the request in writing. We will outreach to the Member to obtain a signed letter.
- Timeframes the Member has to provide additional information they would like considered in considering their appeal
- Explanation that supporting information may include medical records, case files, or anything the Member believes is pertinent to support their appeal
- Our acceptance of additional information in writing or in person
- Our assistance to request records at no charge to the Member
- The opportunity before and during the appeals process provided to the Member to examine their case file
- Our timeframe to make a decision and the Member's right to request an extension of up to 14 calendar days to process the standard or expedited appeal
- Our process to notify the Member if Health Colorado needs an extension to make an appeal decision of up to 14 calendar days for a standard or expedited appeal
- Circumstances for continuation of benefits during an appeal

The Appeal Coordinator sends an acknowledgement letter to the Member/family member/DCR within two calendar days for all requested appeals. If we need to request an extension to process the appeal, we will notify the Member of the reason for the extension within two business days for either an expedited or standard appeal.

Members/legal guardians/DCRs requesting a standard verbal appeal should follow up the request in writing. An expedited appeal does not need to be followed up with a written letter. The Appeal Coordinator reviews the expedited request with a Medical Doctor to determine if a standard appeal would jeopardize the Member's life, health, or ability to attain, maintain, or regain maximum function. If the expedited request is approved by the Medical Doctor, we will process the appeal and provide a resolution and notice within 72 hours to the Member, legal guardian, or DCR. We communicate the results of the expedited appeal by telephone and in writing. If the expedited appeal request is denied, the Member/legal guardian/DCR will be contacted immediately by telephone and have written notification within two calendar days to explain the reason for the denied expedited appeal request. The Appeal Coordinator communicates with the Member/legal guardian/DCR that the expedited appeal request was denied, explains that they can file a grievance for the denied request, and explains the timeframes of a standard appeal.

The Appeal Coordinator works with the Member/legal/guardian/DCR to ensure that all documentation that they want considered in the appeal is received prior to sending the appeal to a health care professional within the necessary timeframes. Our health care professionals have the

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proper licensure, clinical expertise, and will not have been involved in any previous level of review or decision making. Upon decision of the appeal, Members/legal guardians/DCRs will be notified in writing, not to exceed 10 business days for a standard appeal and 72 hours for an expedited appeal. The notification letter includes the appeal decision and the information used to make the appeal decision. If there is a partial or complete adverse appeal determination, we explain the Member's rights for a State Fair Hearing.

Upon receipt of an Adverse Appeal Determination, Members/legal guardians/DCRs, have the right to request a State Fair Hearing 120 calendar days from the date the appeal decision is made. The Member has the right to a State Fair Hearing if we do not adhere to notice and timing requirements for their appeal. The Member/legal guardian/ DCR can request an expedited State Fair Hearing and the Department will make a determination for the expedited State Fair Hearing if certain conditions exists within 72 hours of meeting the criteria. Our Appeal Coordinator will assist the Member in the requirements needed to set up a State Fair Hearing and ensure that our health care professional is present at the hearing.

Timeframes for Resolution of Grievances, Appeals, and State Fair Hearings

Action	Timeframe
Grievances	
Member files a grievance	Members can file at any time
Written acknowledgement of a grievance	Within two business days of filing
Resolution of Grievance	Within 15 business days of filing
Notice of Extension to Resolve Grievance	Within two business days
Extension of Grievance	Up to 14 calendar days
Appeals	
Notice of Adverse Benefit Determination	Sent on date that adverse decision made when it is a denial of payment
If determination is for termination, suspension, or reduction of services already authorized	At least 10 days before the date of determination for already authorized services
If determination is made upon verification of probable Member fraud	At least five days prior to the date of determination
Appeal Request	Members request within 60 calendar days of notice of adverse benefit determination
Acknowledgement Letter	Within two business days of request
Standard Appeal Decision	Within 10 business days of request
Expedited Appeal Decision	Within 72 hours of request
Denied Expedited Appeal Request	See standard time frames
Notice of Extension to Resolve Appeal	Within two business days
Extension of Appeal Decision	Up to 14 calendar days
CMHTA Decisions	Two business days, or five business days if parent agrees

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Action	Timeframe
State Fair Hearings	
State Fair Hearing Request	Members request within 120 calendar days of adverse appeal notice or upon exhausting the appeal process
Expedited State Fair Hearing Request	Department makes determination within 72 hours
State Fair Hearing Decision	Within 90 days of request

Continuation of Benefits

Health Colorado safeguards Members' benefits to ensure they continue during the course of an appeal when the authorization period has not expired for previously authorized services. When a Member requests that their benefits continue during an appeal and we agree to the continuation of benefits during the appeal, we continue the authorization until the Member withdraws the appeal request. If the Member does not file a State Fair Hearing within 10 days of an adverse appeal notification or when an adverse State Fair Hearing decision is made, the authorization expires. Notification of the determination is sent to the Member and provider when we deny a service authorization request or authorize anything less than requested. When an authorization determination is made in support of the Member, we authorize the services within 72 hours of the reversal of the decision.

Resolution and Notification of Appeals

Notification of the determination is sent to the Member and provider when we deny a service authorization request or authorize anything less than requested. When an authorization determination is made in support of the Member, we authorize the services within 72 hours of the reversal of the decision.

COLLABORATION WITH THE OMBUDSMAN FOR MEDICAID MANAGED CARE

Health Colorado supports Members and families in the use of the State's Ombudsman for Medicaid Managed Care for any concern that they may have, including but not limited to grievances, appeals, retaliation, administrative law hearings, or community resources. We provide the Ombudsman contact information on our website, in our brochures, and in Member correspondence. We recognize that Members and families may feel more at ease with an external advocate. Our staff have worked in collaboration with the Department's Ombudsman to help resolve any concern that a Member has as expeditiously as possible. As an existing provider of both BHO and RCCO services to over 700,000 Medicaid Members, we maintain a policy, provided as **Attachment 11**, describing our support of the Member's use of the Ombudsman and how we will work with the Ombudsman to resolve the Member's issue.

GRIEVANCE AND APPEALS REPORT

Health Colorado's staff have been successfully submitting the required quarterly Grievance and Appeals report to the State with all of the required information for the past 22 years, and have been responsive to any questions that the Department has had to clarify information in the report. As the RAE for Region 4, Health Colorado will continue to submit this report and include any physical health complaints that are reported by Members.

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OFFEROR'S RESPONSE 11

> Describe how the Offeror will develop a network of PCMPs and Behavioral Health providers, inclusive of providers listed in 5.7.1.3. In the response, describe how the Offeror will:
>
> a. Allow for adequate Member freedom of choice amongst providers
> b. Meet the unique needs of the populations in its region
> c. Ensure sufficient capacity to serve diverse Members with complex and special needs
> d. Support the participation of smaller practices in its network, particularly in Rural and Frontier areas.

Health Colorado, Inc. (Health Colorado) is committed to providing an accessible, culturally sensitive, and Member-centered network that offers high-quality, general and specialized physical and behavioral health services to meet the needs of our Members. We delegate provider network development to our partner, Beacon Health Options, Inc., (Beacon), and benefit from the extensive statewide behavioral health and substance use networks that they already have in place, as well as the established Regional Care Collaborative Organization (RCCO) provider business relationships and contracts our partners already have in Region 4. Within this structure, Health Colorado will enter into the Regional Accountable Entity (RAE) contract with a fully functional network that will provide the Department of Health Care Policy and Financing (the Department) with a risk-free transition, and providers with a painless conversion from their Behavioral Health Organization (BHO) and RCCO experience to the RAE.

We recruit providers who have demonstrated experience providing care using a Member-centered model. They possess the needed clinical specialty, cultural background, licensure level, and they meet the criteria for participation in our network. Member choice of provider is a paramount concern, which we factor into our network development and design.

a. FREEDOM OF CHOICE

We encourage and empower Members to exercise their right to select and/or change providers from our diverse network based on their needs and individual preferences. We offer Members a wide array of decision support tools and personal support through our Member Services Department and guide Members through the decision process making sure to keep them in the driver's seat and only offering additional guidance when requested. We do not believe in steering a Member to a specific provider, but rather promote their reliance on their own preference to select the provider that is most likely to align with their needs and most convenient for them to access. When a Member needs to select a provider, we offer them access to our provider directory via our website, in hardcopy, and/or review with them on the telephone. When asked for recommendations for a provider, we provide the choice between a minimum of three providers within their acceptable area and preferences. In the case of rural and frontier areas, telehealth options may also be included.

As evidenced by the tables on the following page, Health Colorado brings an established behavioral health network that far exceeds the Department's standards, and collaborative agreements already in place with Primary Care Medical Providers (PCMPs) across Region 4. Behavioral health providers are directly credentialed and contracted with Beacon specifically for the Health First Medicaid program, which will be retained as part of the Health Colorado network. Beacon has established processes to closely manage the overall network for adequacy according to the Department's standards, allow for Member choice, and accessibility to services

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based on unique needs of the population in Region 4 under the RAE program for both physical and behavioral health. We will leverage Beacon's existing network and enhance that network to meet the RAE standards to manage network access and identify areas for network development to meet time and distance standards and practitioner-to-Member ratios, detailed below. We appreciate that provider networks cannot be static and must respond to Member needs. Only diverse networks can successfully offer adequate choices so that Members can develop long-term, successful relationships with providers that meet their clinical, behavioral, religious, emotional, and individual needs.

Region 4 PCMPs			
RAE Standard	**Provider Count**	**Members**	**Actual Ratio**
1/1,800: Adult PCMP/Adult Members	319	70,340	1/221
1/1,200: Mid-level Adult PCMP/Adult Members	152	70,340	1/463
1/1,800: Pediatric PCMP/Child Members	298	44,430	1/149

Region 4 Behavioral Health Providers			
RAE Standard	**Provider Count**	**Members**	**Actual Ratio**
1/1,800: Adult Mental Health Provider/ Adult Members	436	157,914	1/362
1/1,800: Pediatric Mental Health Provider/ Child Members	284	90,533	1/319
1/1,800: Substance Use Disorder Provider/ Member	418	157,914	1/378

Health Colorado brings a large and diverse network and provider community to the Department on **Day 1** so that we can focus on impacting key performance indicators (KPIs) rather than building new relationships and infrastructure. Our existing network and relationships includes:

Provider Type	Count by Location
Physical Health	
Group Type	
Federally Qualified Health Centers (FQHCs)	24
Rural Health Center	17
School-Based Health Clinics	5
Clinic-Practitioner Groups	54
Group Specialty Type	
Adult Primary Care/Family Medicine*	87
Pediatric Primary Care	13
Obstetrics and Gynecology	6
Individual Practitioner Type	
Medical Doctor (MD)	160
Doctor of Osteopathy (DO)	33

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Provider Type	Count by Location
Nurse Practitioner (NP)	111
Physician Assistant	54
Certified Nurse Midwife	2
Individual Specialty Types	
Adult Primary Care**	310
Pediatric Primary Care	28
Internal Medicine	29
Family Medicine	282
Obstetrics and Gynecology/Women's Health	23
Behavioral Health	
Behavioral Health Hospitals (acute care)	3
Community Mental Health Centers (CMHC)	8
Psychiatrists and other psychiatric prescribers for adults	39
Child Psychiatrists	12
Psychiatrists and other psychiatric prescribers for children	28
Adult Mental Health Provider	436
Pediatric Mental Health Provider	284
Substance Use Disorder Provider serving adults	319
Substance Use Disorder Provider serving children	218
Substance Use Disorder Clinics	9

* May include Pediatrics
** Includes Internal Medicine, Family Medicine and Geriatrics

As the Administrative Services Organization delegated the network management function, Beacon continuously tracks and monitors the strength of the statewide mental health and substance use disorder networks. This existing experience is directly applicable to the network strategy of the RAE and delivers a robust and diverse network to Members with the freedom of choice. Geo-mapping software (GeoAccess) is used to map where the attributed Region 4 RAE Members reside and relate that to the locations of the providers' sites. These geo-mapping management reports provides information on the adequacy of the network to help us ensure every Member has a choice of at least two PCMPs and behavioral health providers per ZIP code. Monthly management reports will allow for timely identification of any network deficiencies, and will inform provider support staff of the target areas where stronger provider recruitment efforts are needed.

Provider Relations staff will recruit providers that Members have identified as preferred providers who are currently not in the network. Members may request to see a provider due to continuity of care, distance to home or work, familial affiliation, or other reasons. All recruiting efforts will be exhausted to bring the provider into the network including multiple outreaches over the phone, electronically, and in-person to communicate the benefits of their participation

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for themselves and the Medicaid Member(s) they currently serve. Additionally, we will leverage the relationships that providers currently in the network have with providers who are hesitant to join the program. We understand for providers, the peer-to-peer relationship and direct communication between colleagues is very important to learn of the real experience of participating in the network. Finally, network providers will be engaged to offer recommendations on how to better outreach to hesitant providers such as letters of support written by network providers.

We will also make efforts to educate Members about the program and the diverse network of providers available. Health Colorado, through our partner Beacon, has extensive experience with designing, developing, printing, and distributing materials that are user-friendly, cost-effective, informative, and appropriate for Members in Medicaid programs. The materials sent to Members will include both the ACC Program Member handbook, as well as the RAE provider directory. These materials will clearly communicate the:

- Goals of the program
- Member's right to opt-out of the program
- Member's right to pick any PCMP that they choose
- Breadth of providers (i.e., PCMPs, specialists, and other service providers) available through the network to support Members

b. MEETING THE UNIQUE NEEDS OF THE REGION 4 POPULATION

Understanding and monitoring the demographics and needs of the population in Region 4 is as important as monitoring the network that is developed to serve that region. To successfully develop an adequate and competitive network, we must meet the objective time/distance and ratio standards, as well as meet the specific needs of the regional population. Health Colorado has invested in analytics to understand the needs of the Region 4 population and uses this intelligence to understand the network needs of our Members. We bring historical experience and a willingness to do new things to deliver this new program and experience to Members and providers as the Region 4 RAE. Our strategy and designs have been built with an understanding of the population we serve and their distinct needs. A snippet of our analysis is included below and on the following page to provide some insight in the details we have gathered and considered in the development of our strategy and will continue to use as the Region 4 RAE.

Facts from Region 4 Analysis

- 14.9 percent speak a language other than English at home (2010-2014)
- 85.1 percent speak only English at home
- 3.8 percent speak Spanish
- 0.1 percent speak Chinese
- 0.1 percent speak Korean
- 2.9 percent of the households in Pueblo County are linguistically isolated
- 13.1 percent of populations has a disability (2010-2014).
- 12.1 percent of children living in poverty
- Elder Abuse Rates per 100,000 aged 65+ are higher (646.8) than state's average (452.9)
- Rates of teen pregnancy are higher (59.3 per 1,000) compared to state (33.1 per 1,000)

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Sample Population Analysis for Region 4

County	Population	% White	White	% Black	Black	% Hispanic	Hispanic or Latino origin	% White Non-Hispanic	White Non-Hispanic	% Native American	American Indian/Native Alaskan
Alamosa	16,496	87.8%	14,483	1.9%	313	45.5%	7,506	49.5%	8,166	5.5%	907
Baca	3,615	94.4%	3,413	1.1%	40	10.5%	380	85.5%	3,091	2.0%	72
Bent	5,830	86.5%									
Chaffee	18,658	94.4%									
Conejos	8,130	92.5%									
Costilla	3,584	88.3%									
Crowley	5,582	84.0%									
Custer	4,445	95.9%									
Fremont	46,692	91.5%									
Huerfano	6,492	89.3%									
Kiowa	1,423	96.6%									
Lake	7,485	93.9%									
Las Animas	14,058	91.4%									
Mineral	726	97.6%									
Otero	18,343	91.4%									
Prowers	11,954	95.3%									
Pueblo	163,591	90.8%									
Rio Grande	11,543	93.4%									
Saguache	6,251	92.7%									

County	Population	Gender	Age	% in Poverty under 200%	People with Disability	Free and Reduced School Lunch	English as Primary Language at Home	English as 2nd Language at Home	Unemployment %
Alamosa	16,654	Male 7,296 Female 7,891	Under 18 years 4,005 18 to 64 years 9,223 65 years and over 1,959	47.70%	2,613	68%	11,660	22.60%	4.4%
Baca	3,788	Males: 1,806 Females: 1,839	Under 18 788 18 to 64 1,980 65 and over 933	20.50%	833	62.20%	3,226	5.8	1.9%
Bent	5,895	Male 4,046 Female 1,849	Under 18 953 18 to 64 4,012 65 and over 930	48.60%	971	Las Animas School District 73% McClave School District 81%	3226	17.80%	3.6%
Chaffee	18,309	Male 9,798 Female 8,511	Under 18 2,874 18 to 64 11,267 65 and over 4,168	30.80%	2,714	41%	16,631	6.30%	3.0%
Conejos	8,249	Male 4,111 Female 4,138	Under 18 2,273 18 to 64 4,583 65 and over 1,393	51.20%	1,693	North Conejos School District 66% Sanford School District 55% South Conejos School District 80%	5153	34.50%	5.4%
Costilla	3,581	Male 1,866 Female 1,715	Under 18 603 18 to 64 2,002 65 and over 886	49.70%	1,085	Centennial School District 89% Sierra Grande School District 81%	1795	50.10%	5.9%
Crowley	5,551	Male 3,145 Female 2,406	Under 18 1,185 18 to 64 3,691 65 and over 675	66.50%	972	70%	4734	14.70%	4.6%
Custer	4,303	Male 2,148 Female 2,155	Under 18 758 18 to 64 2,333 65 and over 1,212	17.40%	662	41.1%*	3862	7.50%	3.1%
Fremont	46,809	Male 27,003 Female 19,806	Under 18 7,807 18 to 64 29,906 65 and over 9,096	39.00%	6,712	Fremont (Cotopaxi) School District 57% Cañon City Schools 56%	40,598	11.00%	5.6%
Huerfano	6,502	Male 3,290 Female 3,212	Under 18 1,034 18 to 64 3,600 65 and over 1,868	18.50%	1,493	74.5%*	5,642	11.80%	6.6%

With this knowledge in mind, Health Colorado's existing network already includes PCMPs; independent behavioral health practitioners; Essential Community Providers, such as the Community Mental Health Centers (CMHCs) and Federally Qualified Health Centers (FQHCs); Rural Health Clinics, substance use disorder providers; school-based clinics; and technical and care coordination integrations and support models with hospitals, social service agencies, 36 local Sheriff's departments, the Department of Corrections, and other Health Neighborhood providers.

To continue this success and improve our network diversity to continue to meet the needs of the Region 4 population, we will implement a three-phase plan to identify those who need to be recruited into the RAE network to support the program as it grows and meet the unique needs of the population. These phases include:

- **Phase 1** – Health Colorado already has a robust statewide behavioral health and substance use network as well as established relationships with physical health and Health Neighborhood providers via our partners' existing experience in the Region 4 BHO and RCCO. We will communicate the transition to the new RAE model to all providers, but will not need to develop a brand new Medicaid network in the region. We will determine which PCMP and behavioral health providers participate in Medicaid but are not currently working with RAE network and use our GeoAccess mapping software to identify any the gaps or weaknesses in the existing networks against the new RAE time/distance and ratio standards to use in the development of our recruitment strategies.
- **Phase 2** – Health Colorado will enhance provider supports and enhance or develop relationships with the full Region 4 delivery system of care including specialists and hospitals to build a sustainable and integrated health care network for Medicaid Members

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- **Phase 3 –** Health Colorado will leverage and enhance our reporting capabilities and metrics based on RAE standards and objective regional contract goals to monitor on-going network adequacy and access to high-quality general and specialized care from our comprehensive and integrated provider network.

Phase 1

In order to develop and maintain a strong physical and behavioral health network in the region, we will have an interdisciplinary work group (the Health Colorado Provider Network Committee [PNC]) to evaluate current network and identify those providers who need to be recruited into the RAE network. The workgroup will include representation from provider relations, clinical care coordination, member services, and quality staff. A Member representative from the community will also be part of the committee.

The workgroup will use the current list of providers participating in Medicaid, utilization data, and historical claims information to cross-reference against providers who are currently contracted with RAE to identify key practices and providers who are currently providing services to Health First Colorado Medicaid Members. Additionally, we will incorporate GeoAccess mapping in order to identify the gaps and weaknesses in the network so appropriate recruitment strategies can be developed and implemented. The workgroup will also consider recruiting providers that a Member requests that the Member would like to see and are not currently in network, but meet Medicaid criteria. Those providers will be presented to the PNC, and the PNC will conduct due diligence to ensure that the provider meets credentialing criteria. With our large existing network and diverse provider footprint in Region 4, we anticipate less time will be spent on Phase 1, with more focus on Phase 2 activities.

Phase 2

In the second phase, provider recruitment efforts will focus on expanding the network to develop partnerships with full scope system of care. We will use the PCMP, CMHCs, rural health clinics, FQHCs, hospitals, substance use treatment centers, and other provider types already in place through the Health Colorado network, along with their recruiting and relationship building skills, to further engage additional providers such as hospitals, specialists, dentists, pharmacists, and Indian Health Care Providers, as available, located in the Region 4 to coordinate quality care for the Medicaid membership.

The PNC will work in collaboration with Clinical, Quality, and Care Coordination staff to develop an engagement plan that aligns with our performance improvement projects, care coordination activities, and key performance indicators (KPIs). Core components of our provider partnership approach include:

- Executing Memorandums of Understanding (MOUs) with key specialists and dentists in Region 4 to coordinate care with Medicaid Members
- Providing specialists with technical and administrative support to resolve concerns with the Department, such as claims payments or utilize data systems and technology
- Designing and implementing financial supports or incentive programs for specialists that are engaged in the network, including flexible funding pool for providers who work in the COUP program

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- Identifying capacity gaps and offering assistance from nearby provider partners to providers at capacity
- Collaborating to align KPIs amongst PCMPs, hospitals, and specialists
- Advancing the use of telehealth capabilities to specialists to see Members in frontier or rural areas, or who otherwise would not be able to travel to the specialist's office
- Developing and implementing strategies and tools to increase care coordination with hospitals for discharge planning, timely access to follow-up appointments, and to reduce avoidable re-admissions
- Collaborating with Health Neighborhoods: participation in collaborative, boards, and other organizations where their input on the path forward for care is valued and used for decisions
- Training and adopting the CareCompact in new practices
- Developing additional rural access programs across the region
- Expanding capacity and access to specialists with support and/or incentives to make them available to see Region 4 Medicaid Members. This may include one-day hosting for non-regional specialists in a local Region 4 setting.
- Leverage practice to practice relationships for specialists and dentists to treat Medicaid Members

The Provider Relations Department will leverage these partner relationships with those providers who currently participate in Medicaid to encourage them to join the Accountable Care Collaborative (ACC) Program. We anticipate that with the involvement of FQHCs and CMHCs, providers who already know and work within the community will provide validation for the program, and will make initial recruitment efforts simpler. All efforts to bring new providers into the network will include education on the goals of the ACC Program, as well as an overview of the requirements and benefits of being a participating provider. Written agreements will be executed with all providers who support the principles of medical home, accountable and collaborative care, and agree to join the network.

Our Chief Clinical Officer (CCO) will also play an important role in Network Development and Network Management activities. The CCO will:

- Provide recommendations for recruiting providers based on the clinical needs of specialties, type of Members served, or trends in single case agreements (SCAs)
- Identify providers in the area who provide the services needed to meet the needs of Members
- Support recruiting efforts by conducting peer to peer outreach to providers with specialties needed to meet needs of Members
- Meet face to face with key providers in our Region to deliver and discuss performance, transformation, and utilization of tools and services provided by the RAE, as needed
- Host Town Halls for Region 4 providers

Phase 3
In the third phase, our PNC will use quality data to explore value-based reimbursement strategies and potential for tiered networks to further incentivize those providers who have demonstrated quality care. We will implement metrics and reporting to monitor network adequacy and accessibility. Further details of the network monitoring and quality network review is provided in our response to *Offeror's Response 12*.

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During all phases, our network management focus will be towards development, support, and transformation of the network. We will collaborate with providers where they are, and ensure they meet the guidelines of the State innovation model of integration. Our goal is to not only work to build a robust network, but also have a quality network that has the capacity and ability to serve Members, to the satisfaction of our Members.

Primary Care Medical Provider (PCMP) Network

There is a robust provider network of physical health providers in Region 4. We will work with the Department to expand that network so that it continues to meet and exceed the network time and distance standards. We will recruit new providers. Based on the diagram shown below, the Department's current network of physical health providers allows Members a choice of at least two PCMPs within their ZIP code or within the maximum distance for their county classification.
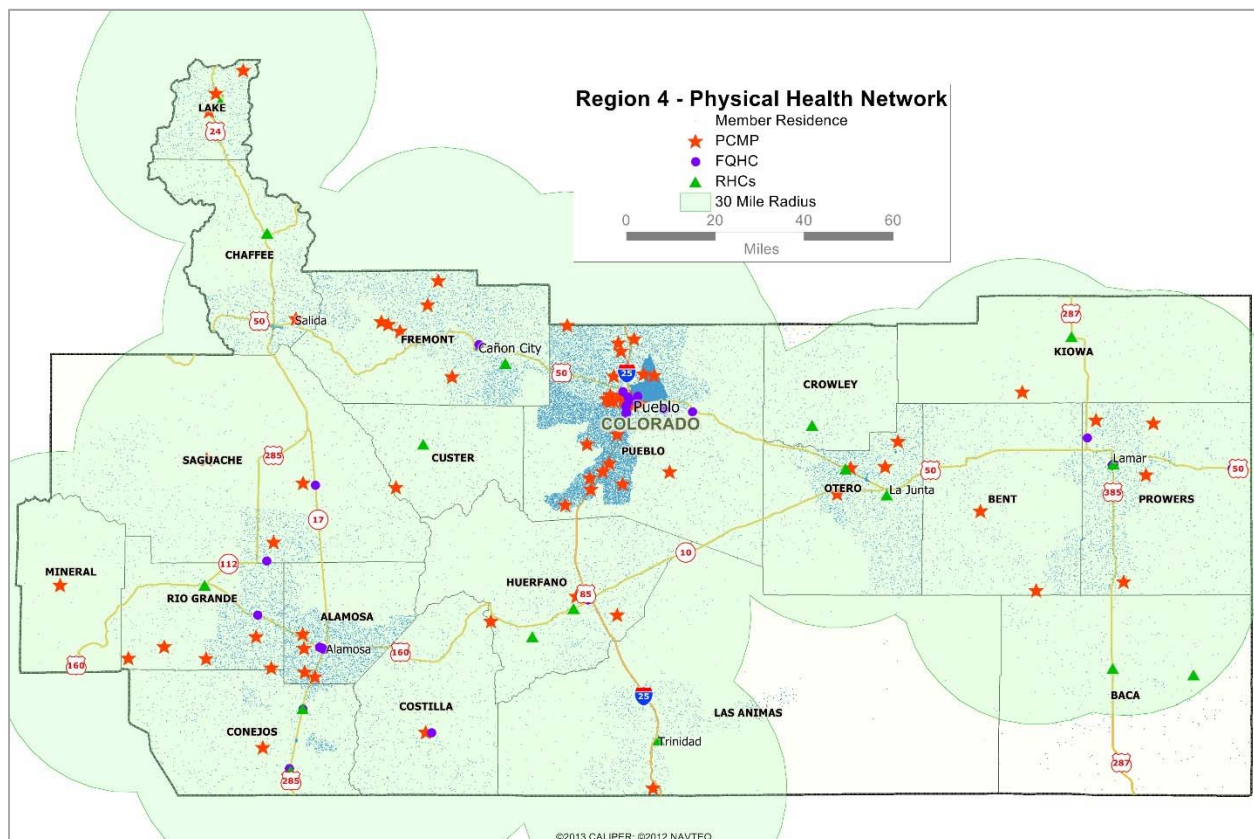
The majority of the membership is covered by providers within a 30-mile radius, which meets the requirement for urban counties. If the 45- and 60-mile radius is applied to the rural and frontier counties, respectively, the entire contracted region would have at least two providers per ZIP code. In our experience serving as partners in the current RCCO, Region 4 has a demonstrated understanding of the need for primary health care that meets RAE standards for Member access to care. Some PCMPs provide primary care and care coordination needs via their own staff. As the RAE, Health Colorado will support these providers and allow other PCMPs to access these services delivered by our staff). Health Colorado will never be satisfied with the status quo and will always refine and enhance our network to serve the Department and

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Medicaid Members in Region 4. Our continuous improvement activity will include implementation of various strategies including:

- Develop a comprehensive transportation plan so Members can see providers in other RAE regions if necessary
- Develop a plan to assist Members with attribution to a different RAE if their primary residence changes or their preferred/existing PCMP is located across a nearby border and they believe they have been incorrectly assigned to the Region 4 RAE or other Member attribution scenarios as defined in the RAE contract that allow for such change
- Continue to provide 24-Hour Nurse Advise Line and Behavioral Health number through contracted providers
- Offer telehealth to Members for both physical and behavioral health services
- Facilitate travelling specialist appointments to local health centers to create access to services if Medicaid providers are not sufficient to meet the demand

As evidenced in the table below, Health Colorado will work with 354 PCMPs, including independent physicians, family/pediatric nurse practitioners, non-physician practitioner groups, clinic-practitioner groups, physicians, osteopaths, and non-physician groups in Region 4 that are enrolled in Colorado Medicaid and licensed and able to practice in Colorado. Practitioners are licensed providers with MD, DO, or Nurse Practitioner (NP) licensure and have at least one of the following specialties: pediatrics, internal medicine, family medicine, obstetrics and gynecology, or geriatrics.

Region 4 PCMP Rendering Practitioners/Clinicians

County	Adult PMCP*	Pediatric**	OB/GYN	Residents	Physician Assistant/NP	Total Clinicians in County
Alamosa	26	18	0	0	11	27
Baca	8	8	0	0	4	7
Bent	3	2	1	0	2	2
Chaffee	18	13	0	0	2	20
Conejos	7	7	0	0	2	9
Costilla	2	2	0	0	1	2
Crowley	1	1	0	0	1	3
Custer	7	7	0	0	5	6
Fremont	31	26	3	0	10	28
Huerfano	12	12	0	0	6	10
Kiowa	1	1	0	0	1	1
Lake	6	6	0	0	3	7
Las Animas	13	9	0	0	4	9
Mineral	2	2	0	0	1	2
Otero	17	14	4	0	12	14
Prowers	17	17	2	0	12	14
Pueblo	152	126	9	1	68	167

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County	Adult PMCP*	Pediatric**	OB/GYN	Residents	Physician Assistant/NP	Total Clinicians in County
Rio Grande	15	14	0	0	6	17
Saguache	6	6	0	0	2	9
Totals	**344**	**291**	**19**	**1**	**153**	**354**

*Adult PCPs include MD/DO, Internal Medicine, Family Medicine, and Geriatric Medicine.
**Pediatric locations include pediatric and family medicine specialists.

These 354 providers have additional expertise to serve vulnerable populations. We will continue to identify these attributes for all providers during our contracting process so that Region 4 Members can benefit from a diverse network that is able to serve their unique needs. We have defined these attributes in **Attachment 12**. As demonstrated by the tables provided above and in **Attachment 12**, the physical health network currently meets the practitioner-to-Member ratios set by the RAE contract for Medicaid Members.

Health Colorado's Essential Community Health Providers

Health Colorado's partners have existing relationships with FQHCs and Rural Health Centers who are primary care providers and have a proven track record of success. These providers have provided quality care to Coloradans for decades. These community-based and Member-directed public and private non-profit organizations are the backbone in the provision of care for the medically underserved. Our primary care provider's strengths include:

- Serving all Members regardless of ability to pay for services
- Being located in high-need areas
- Providing comprehensive primary health care to Members
- Being governed by community boards, of which 51 percent of the board must comprise Members
- Operating as non-profits or public agencies with a mission to provide health care to low-income individuals and families

Health Colorado will use multiple strategies to help meet the diverse needs of our dynamic, yet vulnerable Member populations. Some of these include:

- Creating long-standing relationships and agreements within communities served to help address Member needs beyond the clinic doors including specialty care (including lab and radiology), mental health, transportation, and public health programs. Community linkages with Head Start and area schools increase venues for outreach activities and improve referral networks (for children and their families) to strengthen the overall efficacy of the healthcare programs in the geographic service area
- Hiring qualified professional people who are compassionate, open-minded, patient, and respectful to all populations to provide the most effective care
- Encouraging cultural competency and inclusiveness

These providers have a long history of supporting special populations. For example, Valley-Wide supports migrant and seasonal farmworkers through a Farmworker Health Service voucher program. Seasonal and migrant farmworkers, a particularly vulnerable population, do not seek

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regular care, often only presenting in a crisis condition. Estimates on this elusive population in the region show that approximately 2,200 farmworkers come to the area—primarily Rocky Ford—in March through October. Valley-Wide is the sole provider for this population and currently conducts camp and field screenings to identify workers with medical conditions and offer health education concerning prevention or management of chronic diseases. Often follow-up is needed in Valley-Wide clinics.

Health Colorado affirms that we will offer to contract with all Essential Community Providers including FQHCs; school-based health centers; Rural Health Centers; Indian Health Centers, when one is established in Region 4, community safety-net clinics; as well as with most other private/non-profit providers and substance use disorder providers. Through our efforts to expand integrated care, we have a growing capacity to serve individuals with complex physical and behavioral health needs. Currently, our partners contract with or provide integrated services with all the FQHCs in the service area.

We have systems in place to make payments to FQHC providers at a rate of 100 percent of the cost of covered services furnished for physicians, physician assistants, nurse practitioners, clinical psychologists, and clinical social workers.

Hospitals

Hospitals, like those connected with the Centura system, play an important role in Region 4. They not only provide acute care, inpatient and outpatient procedures and care, but also serve as medical hubs that allow us to see our Members before transitions of care back to the community or other levels of care, such as long-term care. Health Colorado will leverage our existing experience and lessons learning in working with these providers, such as Arkansas Valley Regional Medical Center, St. Thomas More in Cañon City, Heart of the Rockies Regional Medical center in Salida, St. Mary's Corwin in Pueblo, and Parkview Medical Center in Pueblo to enhance our relationships for key activities, including care transitions, engaging the Member in care coordination, and working with these providers to use actionable data (e.g., CORHIO ADT feeds) from Health Colorado to better service their Medicaid Members.

Specialty Behavioral Health Network

Providers are available throughout the contracted region to provide comprehensive mental health care from inpatient and outpatient services and substance use disorder services. Health Colorado has an existing network of behavioral health providers that complies with the network time and distance standards. Based on the diagram on the following page, our current network of behavioral health providers allows Members a choice of at least two behavioral health providers within their ZIP code or within the maximum distance for their county classification. The majority of the membership is covered with providers within a 30-mile radius, which is the requirement for urban counties. If the 60 and 90-mile radius is applied to the rural and frontier counties, respectively, the entire contracted region would have full coverage. For rural and frontier areas, network providers are within the maximum distance for their classification; however, the distance measurement does not account for the terrain that may increase travel time to arrive at the provider's service location, especially during inclement weather.

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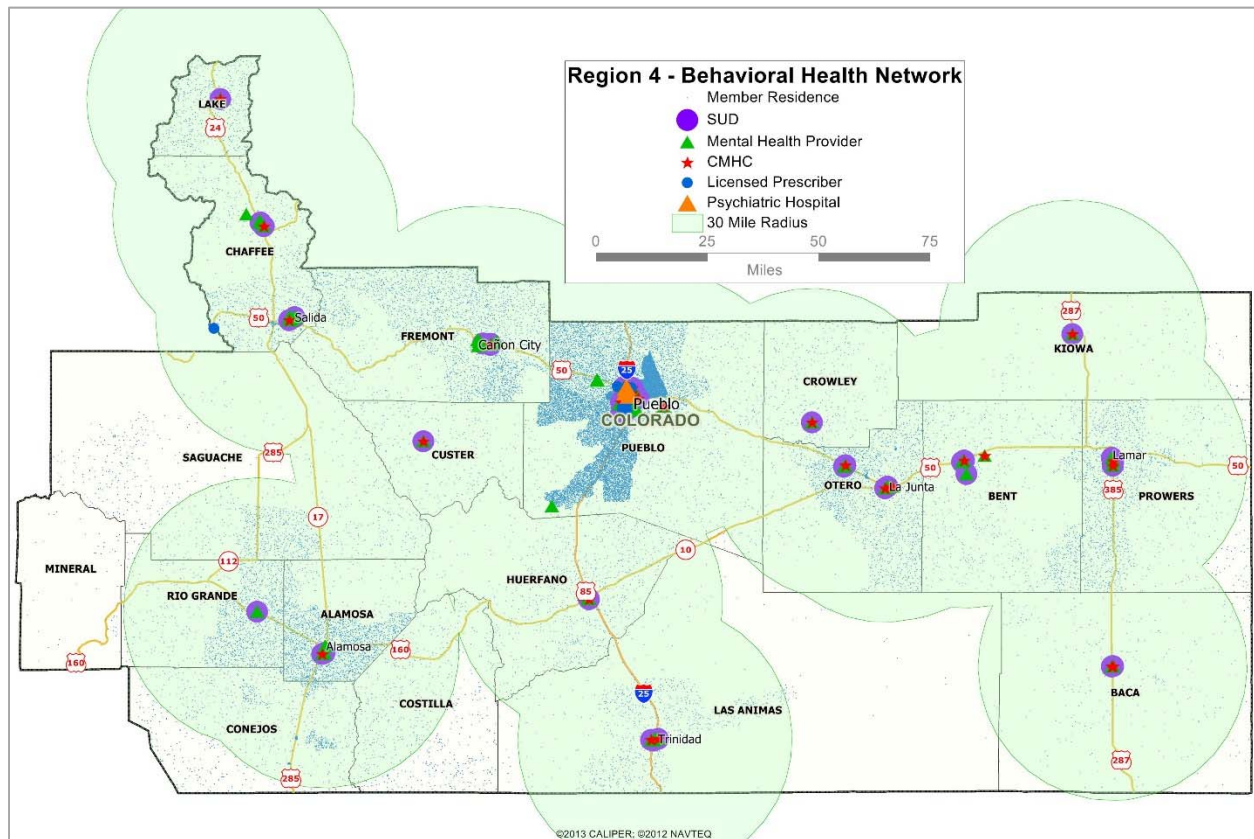
Licensed Prescribers

Health Colorado has developed strategies to outreach to available licensed prescribers, including Advanced Practice Registered Nurses/Advanced Practice Nurses, Physician Assistants, Nurse Practitioners, MDs, or DOs throughout Region 4. We have succeeded in increasing the number of prescribers to meet the practitioner-to-Member ratio in most areas. However, Region 4 geography does not have an abundance of licensed prescribers willing to work with Medicaid population; most are located in Pueblo. Members also access providers in Denver and Colorado Springs.

Community Mental Health Centers (CMHC)

Our network has CMHCs across the state of Colorado. Each CMHC provides a full continuum of services to Medicaid Members including psychotherapy, medication management, case management, substance use disorder treatment, intensive in-home services, consultation to Members in long-term care settings, school-based services, and integrated behavioral health in primary care settings. All CMHCs provide dual diagnosis treatment services and are highly skilled at treating Members with complex conditions. Many operate Acute Treatment Units or residential treatment facilities. Members have a choice of behavioral health providers in our network and a significant majority choose to receive services through the comprehensive system of services offered by regional CMHCs.

Substance Use Disorder Providers

Our network also has substance use disorder providers across the state of Colorado to provide crisis stabilization services, long and short-term residential treatment, and outpatient services.

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Mental Health Providers

Mental health providers who have expertise in serving special populations or have specialty to provide varying modalities of care. Out of respect for Member choice and ensure specialty behavioral health expertise, we have contracts with independent practitioners, private/non-profit organizations, essential community providers (including FQHCs, rural health centers, school-based health centers), as well as integrated primary care practices serving Members with complex physical and co-morbid behavioral health disorders.

Inpatient Psychiatric Hospitals

Inpatient psychiatric hospitals are critical to ensure Medicaid Members have access to all levels of behavioral health care. Health Colorado, through Beacon's existing network, has relationship with psychiatric hospitals across the state of Colorado to provide inpatient psychiatric services. In Region 4, there are two inpatient psychiatric hospitals located in Pueblo that we have a formal relationship and processes to coordinate care for Medicaid membership. Health Colorado is also able to access psychiatric hospitals in nearby Colorado Springs.

Telemedicine

The co-occurrence between chronic health conditions and mental illness is clearly established in other research (SAMHSA). Despite this clear link, by some estimates, 60 percent to 70 percent of the patients leave medical settings without receiving treatment for behavioral health conditions, even though this increases the odds that they will have difficulty recovering from their medical conditions. Failure to recognize and appropriately treat behavioral health conditions has a significant impact on health outcomes and costs: patients with these diagnoses use more medical resources, are more likely to be hospitalized for medical conditions, and are readmitted to the hospital more frequently.

To support all PCMPs and especially those in rural and frontier areas, Health Colorado will expand its use of innovative and provide effective tools that ensure Members have access to care in a timely manner. We will address social barriers for Members to ensure they received the treatment they need. Through Beacon, we will offer telemedicine to allow Members to seek care for psychiatry or other specialty needs, where the network has challenges in recruiting providers or there simply is no provider that can meet the Member's needs within an accessible distance. Members do not need to travel long-distance for an appointment and neither do providers. Telemedicine eliminates travel time and expense, as well as personal or work time spent waiting at the provider's office. And because the technology is interactive, Members will receive a seamless treatment modality in a convenient way.

Ieso Digital Health

An exciting new program for telemedicine is typed conversation using the internet. Beacon partners with Ieso Digital Health to outreach Medicaid Members to provide online cognitive behavioral therapy (CBT) for Members with common depressive and anxiety disorders. Ieso uses a secure and HIPAA compliant, Web-based platform to deliver real-time typed conversation with licensed and credentialed therapists. The use of written conversation disinhibits Members, making them more likely to disclose thoughts and feelings openly and candidly. Typing also provides an opportunity for more embedded learning than face-to-face CBT due to the method of learning by reading and writing, rather than speaking and listening. Members can read through

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the transcripts after their sessions, to reinforce their learning. As the session cannot be overheard, therapy is entirely private, unlike video or telephone communications. This is another format to provide access to quality and timely care to Members in a discrete and flexible manner. It also allows Members to have choice of providers, delivery of care, and flexible schedule.

Since the initiation of the program in November 2016, 199 Medicaid Members have had their first treatment session with a CBT therapist; 99 percent of Members who entered treatment with Ieso had severe or severe to complex behavioral health needs. Those Members who completed their CBT treatment and eligible for outcome evaluation, saw a reduction in reported depression and anxiety levels based on PHQ-9 and GAD-7 tools, respectively.

Psychiatric Access Programs

Psychiatric access programs provide PCMPs with access to psychiatric specialists, and assist with providing the education, training, consultation, and referral resources to be able to provide psychiatric medications to Members in their own practices minimizing the need for referrals to outside specialists. These services also help them assess which Members can be maintained at the PCMP level of care, and which would be better served by a referral to psychiatrist.

Using this model reduces demand for the limited psychiatric resources, and ensures that the complex cases are referred to the psychiatrists thus optimizing the resources we do have. The co-occurrence between chronic health conditions and mental illness is clearly established in other research (i.e., SAMHSA). Despite this clear link, by some estimates, 60 percent to 70 percent of the individuals leave medical settings without receiving treatment for behavioral health conditions, even though this increases the odds that they will have difficulty recovering from their medical conditions.

- This program aligns with studies that also suggest that Members who are provided mental health services in the primary care setting (mostly referring to integrated models) are 50 percent more likely to comply with their mental health treatment recommendations.
- Some data collected from the two year grant for Colorado Psychiatric Access and Consultation for Kids (C-PACK):
  - 89 percent of PCMPs screen more individuals
  - 87 percent of PCMPs used more screening tools
  - 88 percent of PCMPs were more comfortable addressing behavioral health issues in primary care settings
  - 64 percent collaborated more with behavioral health specialists

Beacon offers a behavioral health component to ensure that Members receive individualized care and referrals to behavioral health providers, which increases the Member's engagement to services. Of the psychiatric consultations preformed in 2016, 91 percent of the cases were able to be maintained by the primary care physician who completed the consultation.

The use of psychiatric access services also fills the gaps for network adequacy for rural and frontier areas who do not have a psychiatrist available. By providing consultation services to primary practices, psychiatric access services enables PCMPs to address psychiatric medication needs for their patients. Being able to do so in the primary practice setting that a patient has

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already chosen increases the Member's compliance with their treatment plan, satisfaction with their primary provider, and overall experience.

Access to Care Standards

Health Colorado will ensure that our network is sufficient to meet the requirements for every Member's access to care to serve all primary and care coordination, behavioral health needs. Our network will enable the Member to choose the most appropriate provider to provide the standard of care to meet his or her needs regardless of the Member's eligibility category.

Network Sufficiency to Support Minimum Hours

Health Colorado ensures that our network is sufficient to support minimum hours of provider operation to include coverage from 8:00 a.m. to 5:00 p.m. MT, Monday through Friday. We require all contracted providers to meet all access standards as stated in the Health First Colorado regulations.

Evening and/or Weekend Support Services

In order to support the access and availability timeframes, Health Colorado has collaborated with existing providers (i.e., CMHCs, FQHCs, and select PCMPs) to have Member-centric and family-centered care practices that meet their needs, one of which is availability outside of standard business hours. Drop-in centers, warm lines, respite, acute care facilities, intensive case management, and home-based services, as well as expanded clinic hours are available during many evening and weekend hours. To meet the needs of working parents, expanded hours are regularly available for youth and family, and they include such services as family therapy, groups, home-based services, educational and skills training classes, and more.

Our call center also has a toll-free telephone number that provides Members with 24/7 access to clinical staff. Staff members are available to respond to emergencies as well as more general questions related to Member benefits, names and locations of network providers, or queries regarding community resources. Comprehensive call center phone statistics, including call volumes, average wait time, and number of dropped calls are monitored on an ongoing basis to ensure clinical staff are easily reached.

In addition, all network physical and behavioral health providers are required to have practices open during regular business hours for provider operations during 8:00 a.m. through 5:00 p.m., Monday through Friday, except holidays. Also, they are required to make after hours support services available for urgent and crisis contacts on a 24/7 basis. This availability across our entire network of independent practitioners and behavioral health center providers is monitored by Health Colorado.

Access to formal crisis services is also available through any hospital emergency department. Health Colorado is able to dispatch mobile behavioral health crisis teams to every hospital emergency department in the service area. Additional crisis service locations include the four Acute Treatment Units that provide 24-hour services. In Region 4, an Acute Treatment Unit is located in Pueblo, as well as one in Colorado Springs, in nearby Region 7.

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Access to Clinical Staff After-Hours

Health Colorado's call center also has a toll-free telephone number that provides Members with 24/7 access to clinical staff. Our call center staff will be available to respond to emergencies as well as more general questions related to Member benefits, names and locations of network providers, or queries regarding community resources. Comprehensive call center phone statistics, including call volumes, average wait time, and number of dropped calls are monitored on an ongoing basis to ensure clinical staff are easily reached.

Appointment Availability and Access Standards

Health Colorado has established process and procedures to meet and monitor the standard for appointment availability. Contracted providers are required to meet each of the access standards as stated in the Health First Colorado regulations. Specific information for routine access will be gathered during the initial authorization process for outpatient care. Beacon conducts quarterly quality activities to ensure compliance with these standards. These activities may include random contacts to providers to measure timeframes for routine and emergent appointment access. All network providers are required to offer:

- **Urgent Care Services:** Providers must offer urgent appointments available within 24 hours to Members. Provider partners and many independent providers keep open appointment times available to enable them to meet urgent Member needs so symptoms do not escalate into an emergency condition or place the health or safety of the Member or other individual in serious jeopardy.
- **Outpatient Follow-up Appointments:** Outpatient follow-up appointments are required within seven business days after discharge from an inpatient hospitalization.
- **Non-Urgent Symptomatic Physical and Behavioral Health Visit:** Providers must offer appointments to non-urgent, symptomatic care visits within seven days after a Member's request. Members should not be placed on waiting lists for initial routine service requests.
- **Well Care Visit:** Providers must offer appointments within one month after the request, unless an appointment is required sooner to ensure the provision of screenings in accordance with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) guidelines.
- **Emergency Behavioral Health Care Services:** As an experienced BHO, Beacon has a network in place to meet the crisis response time in one hour of contact in urban and suburban areas and two hours in rural and frontier requests. Health Colorado will continue to meet and monitor the standards for emergency response times.

c. SUFFICIENT CAPACITY TO SERVE HIGH-NEED MEMBERS

Since Health Colorado has established relationships with providers in Region 4, we anticipate that there will be no disruption in the system of care. The use of psychiatric access services fills the gaps for network adequacy for rural and frontier areas who do not have a psychiatrist available. By providing consultation services to primary practices, providers are able to address psychiatric medication needs for Members. Being able to do so in the primary practice that a Member has already chosen increases the Member compliance with their treatment plan, satisfaction with their primary provider, and overall experience.

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Special Experience Among our Providers for High Need Members

Without the experience and expertise of our provider network, the Members we serve would not receive the services they need. Seeking out and securing providers, especially specialty providers who offer convenient locations or a particular communication skill, is vital. These are high priority providers, and therefore require a high priority for recruitment. These providers include those who:

- Align to primary care and are co-located in an integrated model
- Demonstrate care coordination activities and tools to ensure optimal health outcomes
- Are located in the service areas that are considered rural or frontier where there are few providers, or few providers within the RAE distance standards
- Provide treatment in a foreign language, American Sign Language, and/or have specific cultural experience

Our PCMP and behavioral health providers include many who demonstrate experience through documented training and/or employment-related history that is confirmed by Health Colorado. The table below includes details of the categories of expertise these providers possess.

Experience working with Specialized Population	Licensed Prescribing Providers in all Areas
- Elderly or Geriatrics - Child Welfare and Foster Care Competent - Criminal justice involved Members - Physically or developmentally disabled - HIV/Infectious disease practitioners as possible PCMPs	- Advanced Practice Registered Nurses/ Advanced Practice Nurses - Physician Assistant - Nurse Practitioner - MD/DO (Board Certified Child and Adult Psychiatrists)
Licensed to work with Specific Populations	**Behavioral Health Treatment Modalities**
- Pediatrics - Geriatrics - Internal or Family Medicine - Obstetrics and Gynecology	- Psychological Testing - Neuropsychological Testing - Behavioral Medicine - Assertive Community Treatment (ACT)
Specialized in working with Specific Diagnosis	**Specialty Services**
- Co-Occurring Disorders - Eating Disorders	- Oral Health - LTSS - Ancillary services - Social services - Other specialties

Recruitment

We anticipate that most Medicaid providers in physical and behavioral health that are currently not in Health Colorado's network will proactively seek to join the network. Through the workgroup under the PNC, Health Colorado will assess on an on-going basis network development needs and opportunities. We will recruit practitioners for the physical and

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behavioral health network in geographical and specialized areas where the workgroup identifies a need. We anticipate the more rural and frontier areas of the statewide network will have greater recruitment need.

To recruit these providers, our provider relations staff will stress the positive aspects of participation in the Region 4 Health Colorado RAE program, such as:

- Per member per month (PMPM) provider payment
- Alternative payment model that allows for incentives based on quality of care
- Additional volume to their practice
- The opportunity to provide for a needed community resource
- Benefits for the Medicaid Members served through the RAE program
- Resources and trainings available to support the practice
- Health reform increases for Medicaid payments to PCMPs

In addition to communications via email and telephone, our staff will visit providers' offices to inquire about participation. Staff will provide informational seminars at local facilities throughout the region to meet with providers and office staff and respond to questions. The use of electronic communications will also be used to send fax and

> *Health Colorado staff will educate providers on the various tools and resources that are available to them to enhance and improve their daily interactions with Medicaid Members.*

email blasts to providers informing them of the opportunities for participation. In addition, this communication method serves as an ongoing source of information sharing and education.

Another potential avenue for recruiting providers into the program will be physician-to-physician communication. Using existing relationships, we will request key providers in under-served/low participation areas assist in recruiting other providers. Medical staff at our partner FQHC and CMHC organizations, as well as at Beacon, may also directly contact non-participating providers to encourage participation.

In the cases where efforts have been exhausted to recruit specific providers, the PNC will review the reasons provided for not joining the network and assess if it is a trend or specific to the provider and the impact it would have on the network. This will help identify strategies to successfully recruit providers into the network.

During the recruitment process, our provider relations staff will work with physical and behavioral health providers to ensure they are completing all required credentialing and contracting documentation. Providers who are new to Colorado Medicaid will be asked to register with the Department. Once their information is verified, providers will be asked to complete and execute required written agreements with Health Colorado. Provider support staff will review all responsibilities and participation requirements with providers to ensure they are fully aware of the expectations that accompany program participation. Our staff will respond to any questions and address any issues/ concerns they might have regarding participation.

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Our provider relations staff will also collaborate with providers to drive provider performance improvement year-over-year through education and data, and identify top-performing providers for innovative programs and pilots. They will serve as a liaison between Health Colorado and the provider. A Provider Relations Manager will monitor and interpret provider utilization data, oversee data analysis to understand root cause of an outlier utilization, and engage providers to discuss and help remedy outlier utilization.

In addition to using the Department's BIDM investment, our staff will also have access to additional reports and business intelligence that will provide them a provider profile, shown below, that contains useful clinical and practice performance information that can be used in their interactions with providers. Health Colorado's Director of Provider Relations will work extensively with our Chief Clinical Officer to develop, manage, and support provider practice functions for the Health Colorado network.

<div align="center">Provider Profile Reports</div>
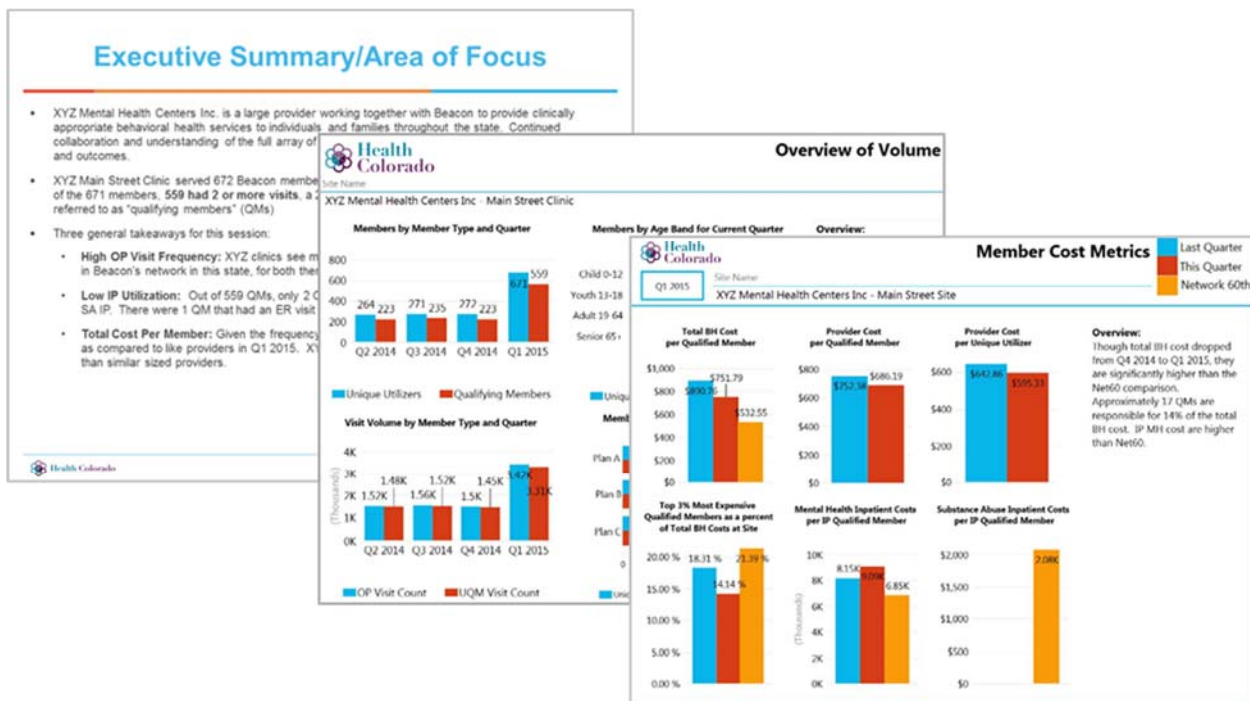
Network Adequacy Plan and Report

Health Colorado will notify the Department in writing of any unexpected material changes to the network or network deficiency that could affect service delivery, availability, or capacity within the provider network. This notification will include information describing how the change will affect service delivery, the availability or capacity of covered services; a plan to minimize disruption to the Member's care or service delivery; and a plan to correct any network deficiency.

We will also develop a single Network Adequacy Plan and Report for both the PCMP and behavioral health network that includes information as outlined in RFP *Section 5.7.5.1*. We will

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submit this report annually to the Department. We will also develop a quarterly network report that will contain requirements outlined in *Section 5.7.5.3* of this RFP.

d. SUPPORTING SMALLER PRACTICES

Health Colorado recognizes that the Region 4 RAE covers some geographic regions that do not have an abundance of providers, with majority of providers located in urban or suburban areas. Special recruitment and retention efforts are in place for providers and practices in the network that serve the rural and frontier areas. As an existing partner in the Region 4 RCCO and BHO, Beacon has experience in developing and retaining smaller practitioners in the network to meet adequacy requirement and Member choice in rural and frontier areas.

Our Partners' Experience in Rural and Frontier Areas of Region 4

Care coordinators are fully aware of when services are needed outside of a region; our care coordinators, case management, and call center staff assist in locating providers with specialized services that not available in frontier and rural areas. Through our partners' current BHO and RCCO contracts, our staff often use providers in Pueblo, Colorado Springs, and even Denver by arranging appointment times and transportation.

Our Provider Relations Department will assign representatives to communicate with small volume providers and office staff regularly to ensure they have the information and tools needed to adhere to program requirements. They conduct on-site visits throughout the rural and frontier areas including Alamosa, Lamar, and Cañon City to obtain demographic updates, determine if any problems exist, conduct trainings, and share any relevant information or data such as the number of Members each provider has on their active roster. These visits usually result in requests for technical support to address immediate and important issues to the provider. We recognize the importance of meeting our providers where they are—both at their location and level of preparation.

Provider relations staff use these interactions to building trust and rapport with the provider and its practice. This allows further discussions on the importance of practice transformation and offers on-going operational support that integrate into practice transformation:

- Education principles of the Medical Home
- Cultural competent care
- Disability Awareness
- Enhanced Primary Care Factors
- State Innovation Model (SIM) Cohort
- Comprehensive Primary Care Plus (CPC+)

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OFFEROR'S RESPONSE 12

Describe the Offeror's approach to managing its Provider Network, including how the Offeror will:

a. Certify Providers as meeting the Accountable Care Collaborative criteria
b. Credential Providers
c. Notify Providers regarding selection and retention
d. Monitor and ensure compliance with access to care standards

Health Colorado, Inc.'s (Health Colorado's) partner, Beacon Health Options, Inc. (Beacon), has managed provider network services for the past 22 years under the Behavioral Health Organization (BHO) contract in the South/West Service Area, and through the Region 4 Regional Care Collaborative Organization (RCCO) contract since 2010. As such, Health Colorado will leverage this experience and delegate provider network management to Beacon. Beacon has evolved their network management approach to meet the changing needs of the State and Medicaid Members served. We will continue to build on that foundation to manage the network for the Regional Accountable Entity (RAE) in Region 4.

a. CERTIFYING PROVIDERS THAT MEET ACCOUNTABLE CARE COLLABORATIVE (ACC) CRITERIA

Recruited providers who show interest in participating in the network will be assessed prior to contracting to ensure they meet or exceed the requirements to serve Medicaid Members. The Primary Care Medical Provider (PCMP) Practice Assessment will allow Health Colorado to certify providers as meeting or exceeding ACC criteria and contract agreement. Additional contract requirement may be developed over time based on quality measures and collaborative partnerships with high performing providers.

Providers will receive a Scope of Work and payment structure based on the Tier of the provider, in addition to, the base contract with all requirements placed on Health Colorado and the providers through Medicaid. The Scope of Work will inform the provider of their roles and responsibility as PCMP in the network, delegated core functions, and performance measures. During the recruitment and on-boarding process, the provider relations staff will review all responsibilities and participation requirements with the providers to ensure they are fully aware of the expectations that accompany program participation.

Health Colorado's Provider Network Committee (PNC) will receive results of the initial assessment results to develop a provider support plan to ensure that provider meets and exceeds the ACC requirements. Additionally, periodic assessment with agreed upon criteria and timeline will be conducted for providers based on the service level they provide to ensure they continue to meet or exceed ACC requirements. We will consider how to leverage existing State-sponsored incentive programs to conduct the assessment to reduce administrative burden for providers and stimulate participation in the initiatives such as Enhanced Primary Care Factors, CPC+, and the State Innovation Model (SIM).
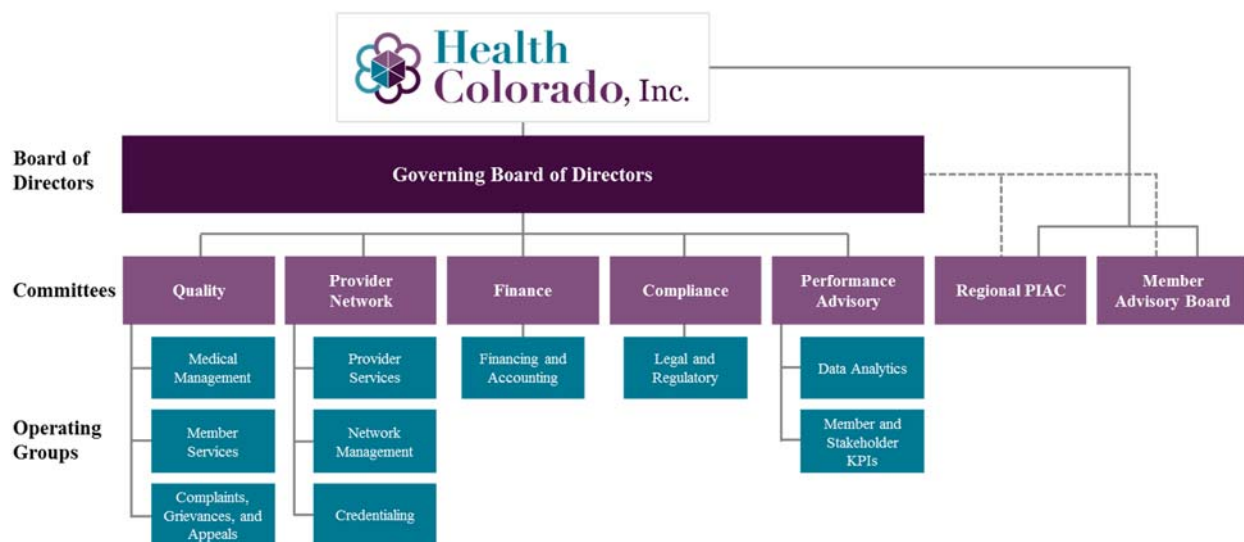
b. CREDENTIALING PROVIDERS

Behavioral health providers will be contracted on a fee-for-service model through competitive contracts based on specialized services, location served, and level of integration with physical health system. Fee schedules that include an increase for providers who provide specialized

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treatments or culturally competent services such as services in other languages will be considered.

The PNC will be responsible for oversight, quality and performance monitoring of the network and credentialing process. Health Colorado will only contract with providers that are fully credentialed and meet all of the requirements to care for Health First Colorado Members.

A sub-committee structure will support the PNC and monitor the day-to-day activities relating to Provider Networks. The Provider Services sub-committee will review grievance, compliance, network development, provider support, and network development. The network development sub-committee will review access, credentialing, and successfully contract with various providers who meet Medicaid standards and are dedicated to the Medicaid and Medicare-Medicaid population. The Director of Provider Relations and Network Development, with oversight from the PNC, will ensure that all providers are entered into the credentialing system and review and affirm that they meet all requirements.

Health Colorado's Committee Structure

Health Colorado, through our delegation of provider credentialing and re-credentialing to Beacon, operates an independent and arm-length credentialing program that meets the requirements of the Medicaid RAE program and credentials any provider contracting for our behavioral health network.

Initial Credentialing Process

Health Colorado's partner, Beacon, brings a robust and thorough credentialing process that includes all appropriate policies and procedures to maintain an NCQA-compliant program, including re-credentialing of providers at least every three years. Our program aims to credential all new providers within 90 days and to ensure that providers are able to be paid for services delivered to Health First Colorado Members through single case agreements during the credentialing process.

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Individual Providers

Physical Health Providers: The Department credentials and contracts with all physical health providers and creates the comprehensive physical health network for the fee-for-service component of the program. Health Colorado will rely on credentialing performed by the Department and build our network of physical health care providers from the universe of Medicaid credentialed providers. Our provider relations staff will work with physical health providers to ensure they are completing all required written agreements. Providers who are new to Medicaid will be asked to register with the Department. Once their information is verified, they will be asked to complete and execute required written agreements with Health Colorado.

Behavioral Health Providers: Beacon credentials and contracts with behavioral health providers. Those interested in participating in our network must complete an application, which includes appropriate licensure. We use the credentialing team at Beacon to conduct primary source verification of licensure, education and training, evidence of graduation and specialty training, and valid Drug Enforcement Administration (DEA) or Department of Public Safety (DPS) Controlled Substances Registration Certificate. Beacon also completes CMS required federal program exclusion checks. Beacon contacts the provider's office, if applicable, to complete the application and acquire additional needed documentation.

Organizational Providers

Beacon follows current NCQA guidelines in credentialing acute care facility providers (including behavioral health treatment programs). As a prerequisite for participation or continued participation, organizational providers must:

- Be in good standing with state and federal regulatory bodies
- Have been reviewed and approved by an accrediting body
- Have an onsite assessment conducted if the provider is not accredited and a CMS or State survey is unobtainable. Minimum credentialing criteria includes:
  - Current, unrestricted license, or certificate of occupancy, depending on State requirements
  - Currently accredited or certified in all service locations where services are provided to Health Colorado Members by at least our recognized accrediting agencies or by CMS survey or State survey
  - Must be in good standing with Medicaid or Medicare, as appropriate and is not on the Officer of Inspector General (OIG) sanctions or Office of Personnel Management (OPM) sanctions
  - Professional liability insurance
  - Advance Directive policy must be in place for hospitals and long-term care acute care hospitals
  - W9 required during initial credentialing

Credentialing Systems

Through NetworkConnect, Beacon's proprietary network credentialing application, we are able to monitor and research all provider files electronically. NetworkConnect comprises the following features and benefits for credentialing:

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- Automated tracking of expired documents (e.g., malpractice and licensure) and key timeframes (e.g., re-credentialing cycles) to ensure accurate, up-to-date provider information for referral and claims payment.
- In-bound and out-bound communication technology via multiple methods, helping to maintain provider data accuracy without disrupting the provider's practice.
- An audit module that allows remote access to identified provider files and key elements facilitating network audits to occur efficiently and effectively
- Workload management capabilities that support electronic shifting of work among staff as necessary to meet deadlines and expedite provider credentialing

In addition, the system has the following tools:

- Primary source verification, including automated access to key verification sources such as licensure boards and the National Practitioner Data Bank
- Auto-population of critical claims payment data, resulting in quick and error-free loading of client-specific fee codes
- Field-level security and ongoing tracking of every system transaction to support quality control monitoring
- Efficient credentialing "approval" process based on system triggers and embedded credentialing criteria
- A repository for quality of care concerns, which allows and links the information for review by the quality management, clinical operations, and provider relations teams
- Easy access to pre-populated provider profiling reports

Health Colorado, through our delegated partner Beacon, has written policies and procedures in place to prohibit the discrimination against any provider or group of providers for participation, reimbursement, indemnification when that provider or group or providers acting within the scope of his or her license, or certification under applicable state laws or statutes, solely on the basis of that license or certification. Furthermore, if we decline to include an individual or group of providers in our network, we will give the affected providers written notice of the reasons for our decision and their right to submit a formal written request for an appeal.

Re-credentialing Process

Health Colorado's re-credentialing process includes:

- Verification of licensure (and information on sanctions or limitations on licensure)
- Board certification if the provider was due to be recertified or the provider indicates that board certification was obtained since the previous credentialing process
- DEA or DPS controlled substance registration certificate (if applicable)
- Current professional liability insurance coverage and updated claims history
- Sanction or restriction information from Medicare and Medicaid in accordance with the verification sources and time limits specified for the initial credentialing process
- Review of provider performance data including but not limited to Member complaints, quality of care, and utilization management

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Between re-credentialing cycles, Beacon will monitor on-going issues including:

- State board sanctions
- OPM/OIG reports
- Utilization review outliers
- Claims history

- Loss of license
- Member complaints
- Internally identified potential quality of care concerns

On-Going Credentialing Monitoring

Health Colorado is supported by Beacon's Credentialing Department to routinely monitor credentialed practitioners and facility/organizational providers for sanction activity. Beacon screens disciplinary action or sanction reports on a monthly basis to identify excluded providers as determined by CMS. When credentialing identifies that a network provider has been excluded, the provider file is flagged for notification of termination or recommendation of action.

Compliance with Americans with Disabilities Act (ADA) Access Standards

Health Colorado, through Beacon's credentialing and re-credentialing process, assesses provider accessibility to ensure ADA compliance standards. Site visits are completed for those facilities that are not accredited where these needs are already reviewed during the accreditation process.

We have readily available providers that can provide services directly to Members who have alternative means of communication. Under the ADA, providers must provide effective means of communication for Members and family members who are deaf or hard of hearing. We currently contract with independent providers who can provide physical and behavioral health services in American Sign Language across Region 4 and the state. For Members that need sign language interpretation services, we arrange for and assists providers and Members with a sign language interpreter. Providers and Members are educated how to receive these services through our Member and provider handbooks and through educational opportunities.

c. NOTIFYING PROVIDERS OF NETWORK SELECTION AND RETENTION

As the delegated entity for network development, Beacon details how providers can join the network via their website. Their website offers information on how to submit a letter of interest to Beacon for consideration. Additionally, it includes a toll-free number that providers can call should they need guidance on the process or request status of their application.

Selection Notification

Providers will be kept appraised of the contracting process and their status through contract execution. Once physical health providers are certified as meeting the ACC criteria and behavioral health providers complete the credentialing process and their contract is signed, the assigned Provider Relations staff will inform the provider of their selection into the network and will provide them with a copy of their executed contract.

Provider relations representatives will review with providers their responsibilities and participation requirements as outlined in their contract to ensure they are fully aware of the expectations that accompany program participation. This will include general information and administrative support, training, and tools and resources available. The provider service

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representatives will respond to any questions, and address any issues/concerns they might have regarding participation.

Retention Strategies

To help assist the retention of our providers, our Provider Relations staff follows up with providers on a periodic basis to develop good will and strengthen professional relationships. We have a strong provider relations and training program that offers Medicaid administrative support, clinical tool support, and practice transformation. Provider Relations Representatives will create a Practice Transformation Plan with the provider based on assessments findings, practice goals, Medical Home standards, and Health Colorado's focused social determinants. The practice will be provided with educational materials on available resources, tools, and data systems, and trainings on best practices that will support them in furthering their efforts to achieve their practice goals. Our Provider Relations Representatives assist providers with quality activities and help them meet practice goals.

We will conduct provider trainings and orientations for both existing and new providers in high-volume Member service areas. These training and orientation sessions include information regarding Health Colorado's Medicaid policies and procedures required for participation in the network, including utilization management, quality management, and regulatory requirements. Provider trainings and orientations also equip providers to complete required processes and to file necessary forms, reports, and claims. Provider trainings are conducted both in-person and virtually to allow flexibility for busy providers. Additionally, all provider and Member materials will be available through our website.

We will also establish self-service tools and multiple interactive training platforms to enhance communication with the provider offices. This will allow providers to select a modality that best fits their practice and ensure all providers receive same level of training. This approach will especially benefit smaller practices or those located in rural and frontier areas, who may not be able to travel or leave their offices to complete training. Additionally, we will work to create training content that meets continuing education criteria, whenever possible. Training platforms will include:

- Live and interactive Webinars
- Library of training videos on the website
- Provider Online Services that has curated library of Practice Support Tools
- Semi-Annual travelling Town Halls
- Annual Seminars
- Solution-focused Learning Collaborative where providers can have in-depth discussion and learning on trending clinical issues, impacting KPIs and social determinants

We have developed a comprehensive communications infrastructure that ensures that providers are both informed about all our programs and services and offered an opportunity to provide meaningful feedback. These communication strategies include social media, newsletters, email blasts, and alerts to name a few. Additionally, providers have access to self-service tools and interactive trainings platforms to remain engaged in the network and enhance Member care in the region. Staff will maintain continuous contact with provider offices to build strong relationships

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and maximize communication and efficiency. This, in turn, should help reduce the number of providers terminating from the network while also providing increased dialogue to encourage providers to remain in network.

We recognize the importance for Members to be treated by providers that are culturally competent, speak their own language, and can relate to the Member. We place a premium on recruiting and retaining providers that reflect the ethnic and cultural background or competency of the local membership in the diverse communities across Region 4. We have established reports to monitor the diversity of the network against the membership demographics and based on these reports, we have, for example, been able to track the increased recruitment of Spanish speaking providers into the network at all levels of licensures.

d. MONITOR AND ENSURE COMPLIANCE WITH ACCESS STANDARDS

Health Colorado's PNC, which reports to the Quality Committee, is one component that oversees the monitoring efforts to ensure that providers are accessible and available in compliance with Department and CMS access standards, as well as oversee network management and practice transformation activities. The PNC will include representation from all Health Colorado's provider partners (Valley-Wide Health Systems, Inc., Health Solutions, Beacon, San Luis Valley Behavioral Health Group, Solvista Health, and Southeast Health Group), provider, quality, care coordination, and Member Services staff. A Member representative will also be a part of the committee. The PNC will meet on a monthly basis. As indicated in the table below, in order to ensure that sufficient deliberation is allowed to the various components of compliance with access to care standards, each month during the quarter will have a different agenda.

Agenda	Meeting Month
Network Development	January, April, July, October
Provider Support Programs	February, May, August, November
Practice Transformation Plan	March, June, September, December

The goals of the meeting structure are as follows:

- **First Month of each Quarter:** Assess network development needs and opportunities. Information resulting from monitoring efforts will be analyzed by the PNC to address network weaknesses, as well as development opportunities, and assess availability and access to care to ensure network adequacy based on Medicaid standards.
- **Second Month of each Quarter:** Assess provider support programs for network providers and identify training opportunities based on best practices, data driven needs, or regional trends.
- **Third Month of each Quarter:** Develop and evaluate activities to engage new providers or improve existing practice Transformation organizations.

Monitoring Network Development

Throughout the year, Beacon conducts monitoring activities to ensure that our providers are delivering the highest quality of care to our Members. In order to be consistent with industry standards and the contract with the Department, Beacon conducts annual formal reviews of

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provider performance. These areas of monitoring include: access to care standards, 411 audit results, contract compliance audit results, average resolution time for grievances, and mental health engagement results. The PNC, which reports to, and collaborates with the Quality Committee, will identify and address any network changes or deficiencies of network adequacy and access to care.

The PNC will be responsible for developing on an annual Network Adequacy Plan and Report, and using it as guidance to monitor the network adequacy and identifying strategies for addressing any network deficiencies or changes. Specific monitoring activities for network adequacy will include:

- Patient/Member Load Monitoring
- GeoAccess software and density reports are monitored regularly to determine access issues.
- Shortages in specialties are evaluated with the annual needs assessment, including numbers, types and specialties of providers available to membership statewide. This type of assessment helps to identify potential overload of Members for a provider, who may be in high demand, because of a specific need. An example is when a provider speaks a foreign language.
- Quarterly network adequacy reports, including information on providers not accepting new Members, access to care and provider disenrollment reports helps identify a potential gap in providers.
- Staff regularly review and monitor provider caseload ratios, to ensure that they meet standards and that appropriate are available to accept new Members.

Access to Care

Health Colorado understands the importance of facilitating Medicaid Member care access. Beacon has been gathering data on access to care on a routine basis through a variety of mechanisms to measure Member access to providers. Additionally, the findings are cross-referenced against grievances and Member satisfaction data. Practitioners are assessed based on the following standards:

- An individual with emergency needs is seen within one hour for urban or sub-urban areas and within two hours for rural areas.
- An individual with urgent needs is seen within 24 hours
- Routine services are available within seven business days

Beacon will continue periodic monitoring of Member access to care and determine network adequacy. We will use various mechanism that may include secret shopper and after-hour crisis response time testing, as well as, questionnaire included in the CCAR tool. We will consider other mechanisms to ensure effective and efficient monitoring for physical and behavioral health providers. The findings are reported to the Quality Committee for review and recommendations which will be sent to the PNC for action. These actions may include targeted provider training and/or focused secret shopper, testing and monitoring.

Other Monitoring Activities

An annual review of the Quality and Performance Program Plan evaluation will also be conducted on our Provider Network. This review, in consultation with the Quality Improvement

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Director, will indicate provider access issues (e.g., not meeting access-to-care standards), complaint and grievance data regarding availability and accessibility (e.g., waiting lists), patterns of poor quality care, and Member and/or provider satisfaction survey information regarding access issues. Other activities include analysis and trending of information on appointment availability obtained during site visits, the authorization process, or from access and data reports tracking engagement and follow-up treatment will also be used to determine access concerns for any level of service.

This list of provider network monitoring methods is not meant to cover all network development activities, as some activities are initiated because of new areas of emphasis as a result of PNC findings or recommendations, such as a new benefit or new covered diagnosis.

Provider Profiles

We understand the importance of data to drive system change and applies data to augment our comprehensive quality management and improvement process. Our provider practice improvement program promotes quality management through data analytics and information to drive continuous performance improvement and improve Member outcomes. Relying on our information management system, we are able to bring a wealth of data and reporting resources to providers and assist them with meeting quality and performance goals.

Through our data warehouse, which is fed by the Department's systems, we are able to see claims that will indicate the Members that PCMP is serving such as their conditions, acuity, outpatient cost, and total cost of care. We integrate data from multiple datasets, including medical, pharmacy, and behavioral health claims and create customized dashboard reports to assist in tracking outcomes. Currently, Beacon updates and analyzes behavioral health provider practice patterns at the provider and provider site levels. Currently, Beacon updates and analyzes behavioral health provider practice patterns at the provider and provider site levels. Beacon will leverage State's Business Intelligence and Data Management System and Services (BIDM) to obtain available provider data, in addition to, data collected through our current data sources to ensure we have a 360-degree review of the providers in the network.

Beacon's performs both scheduled and ad hoc profiling by the Provider Relations team. We monitor behavioral health provider practice patterns against regionally based data. Our provider relations staff develop and share provider profiles, shown on the following page, with providers, which includes more than 20 metrics, which are benchmarked against like providers across the state. Profiling metrics include the following:

- Utilization metrics such as visits per utilizer, average length of stay, average number of outpatient visits, admits/1,000, readmission rates, incidence of outlier behavior such as long-term outpatient treatment and high frequency appointments, and up coding
- Administrative metrics, such as claims payments and complaints data
- Pharmacy utilization such as prescription drug prescribing patterns
- Quality measures such as HEDIS mental health follow-up rates
- Member satisfaction

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We also evaluate those outpatient providers with high no-show rates and those providers with Members who only attend one post-discharge visit with no follow-up. This information is looked at on a facility-by-facility basis. For high-volume facilities, this information is shared with the facility by using a blinded comparison to other facilities, with instances of unusual patterns of utilization discussed. Information on Members is also tracked, such as high-dollar claims, readmissions, and diagnosis; review of these items allows us to offer Intensive Care Management services when it is needed. For outpatient care, metrics include:

- Length of stay
- Members seeing multiple providers
- Providers seeing multiple family members
- Providers and their rate of admission to higher levels of care
- Quality of care and quality of service

Provider Profile Reports
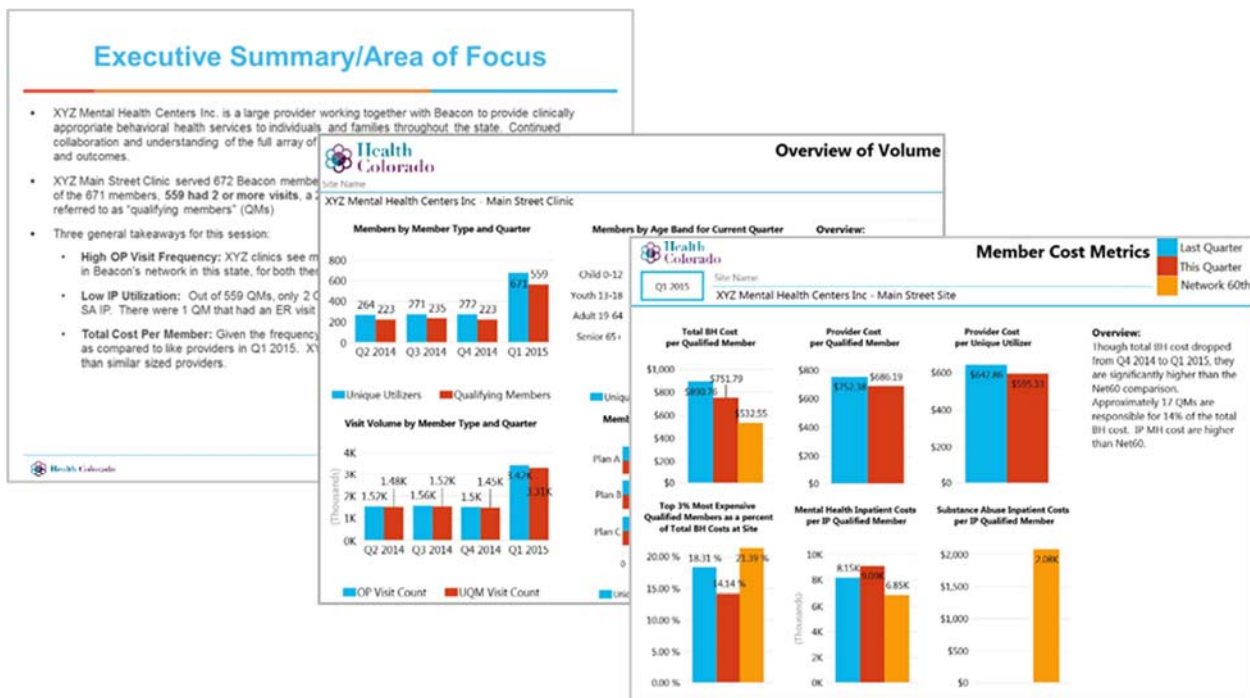
Provider Audits

Beacon performs standard, random auditing of the treatment records of providers to ensure that practices adhere to standards of practice which reflect appropriate physical and behavioral health care management. In addition to random audits, the following triggers alert staff to the potential for a provider audit:

- Potential quality of care issues
- Appeals
- Instances of possible over or underutilization
- Suspected or alleged fraud, waste, or abuse
- Potential high-volume practitioner
- Instances of poly-pharmacy
- Adverse incident investigations
- Review of a case requiring intensive care management
- Review of emergency room records to determine whether the care was provided for a covered mental health diagnosis

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OFFEROR'S RESPONSE 13

> Describe in detail how the Offeror will support and establish Health Neighborhoods in the region, including how the Offeror will define Health Neighborhoods and address requirements in Section 5.8.2.

As a local partnership of experienced organizations built specifically to serve the 19 counties of Region 4, Health Colorado, Inc. (Health Colorado) is positioned to continue our work supporting and expanding Health Neighborhoods throughout Region 4. Our partners have an average history of over 40 years supporting, building, and expanding Health Neighborhoods to improve quality of care, and improving access to this care for Medicaid Members. We commit to continuing and expanding these efforts and to promote Members' physical and behavioral well-being by strengthening Health Neighborhoods and communities throughout Region 4, and to meeting the requirements detailed in *Section 5.8.1* of this RFP.

Through our work serving as partners in the local Behavioral Health Organization (BHO) and Regional Care Collaborative Organization (RCCO), as well as our direct service delivery to the Medicaid community, we have a long history of providing the administrative support and collaborating with providers and social service entities in Region 4 and neighboring communities. Our partners currently have over 320 relationships with Health Neighborhood stakeholders across the entire region and a comprehensive, local Medicaid mental health and substance use disorder network of 532 providers. In order to meet the needs of Members who live in Region 4 but are attributed to another region, we commit to collaborating with those other organizations to leverage the Health Neighborhood and community in Region 4 to meet Members' social and other health needs. We will maintain and expand our existing efforts to ensure Members receive timely and appropriate Medicaid services and benefits, and promote healthy communities that promote positive living conditions for Members.

Our health technology enterprise and expertise is foundational to our ability to support Health Neighborhoods. Our technology—in particular the interoperability we have built between organizations—is critical to a successful Health Neighborhood, as it accelerates communication between Members, the Primary Care Medical Providers (PCMPs), medical home, geographically disparate specialists, hospitals, and community organizations.

BACKGROUND

The concept of a "Health Neighborhood" is relatively new. In 2011, a white paper prepared by Mathematica Policy Research under the auspices of Agency for Healthcare Research and Quality (AHRQ), contains a comprehensive definition of a medical neighborhood that is consistent with the goals and expectations of the Department. The authors define a medical neighborhood as a primary care medical home and the constellation of other clinicians providing health care services to Members within it, along with community and social service organizations and state and local public health agencies.[1]

We define a high-functioning medical neighborhood as presented by the authors as relevant to the work of the RAE, and is consistent with the Health Colorado's goal to establish and support:

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[1] Mathematica Policy Research. Coordinating Care in the Medical Neighborhood: Critical Components and Available Mechanisms. WHITE PAPER Prepared for:U .S. Department of Health and Human Services. Agency for Healthcare Research and Quality. June 2011

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- Clear agreement on a delineation of the respective roles of neighbors in the system through a formal agreement between PCMPs and specialty physicians supported by guidelines from professional societies
- Sharing the clinical information needed for effective decision-making supported by appropriate health IT systems
- Care teams, typically anchored by the PCMP, that develop individualized care plans with proactive interventions and tracking for complex Members

As we operationalize our definition of a Health Neighborhood, we specifically address the full range of Health Neighborhood providers consistent with the requirements of the RAE: specialty care, Long-Term Services and Supports (LTSS) providers, Managed Service Organizations (MSOs) and their networks of substance use disorder providers, hospitals, pharmacists, dental, non-emergency medical transportation, regional health alliances, public health, Area Agencies on Aging, Aging and Disability Resources for Colorado, and other ancillary providers.

The Primary Care-Specialty Care Compact, developed by the Systems of Care/Patient-Centered Medical Home™ Initiative of the Colorado Medical Society, is a mechanism which seeks to improve systems of care by assisting physicians to become medical homes, and working with specialists to uplink medical homes into integrated medical neighborhoods. The purpose of the compact is to improve care and build and sustain trusted community medical systems, such as Health Neighborhoods, through a defined communication protocol. It specifies key areas of a mutual care management agreement such as transitions of care, access, collaborative care management, and Member communication. We commit to supporting the Department's efforts in expanding the use of the Primary Care-Specialty Care Compact. We will include support of the compact in our primary care contracting, and will train care coordinators on its importance. In this way, they will encourage specialists to commit to the compact.

On the following page, we graphically represent our definition of a high functioning Health Neighborhood.

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High Functioning Health Neighborhood
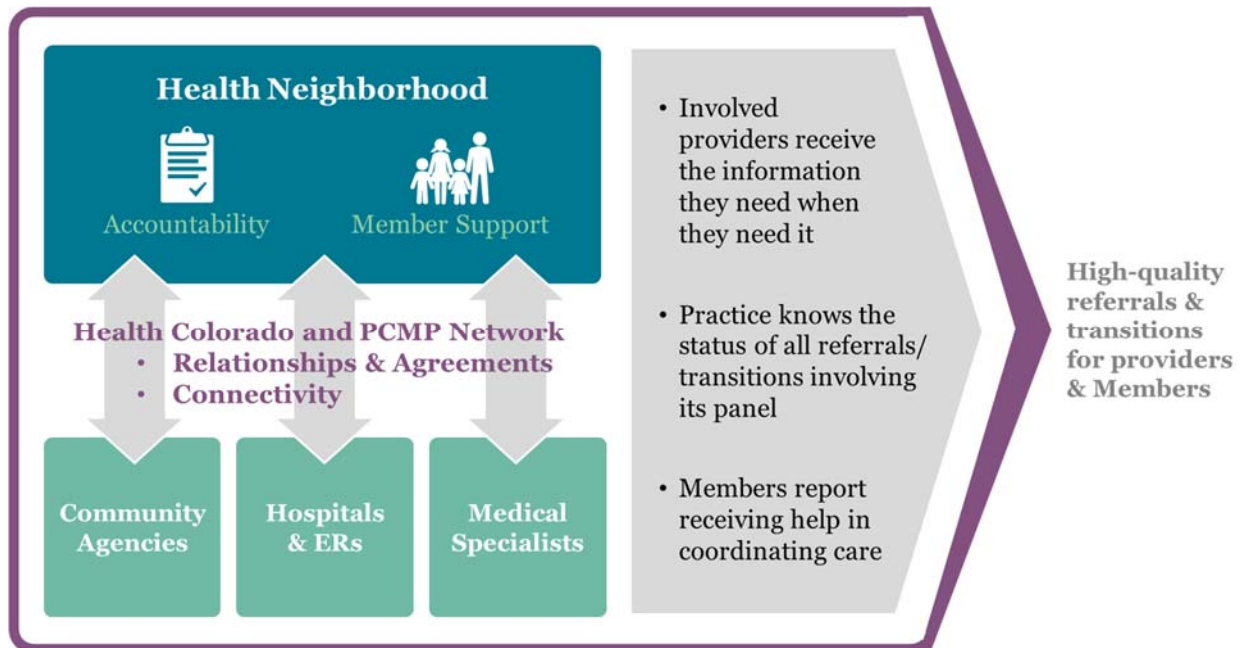
Building a Health Neighborhood
The barriers to a high functioning Health Neighborhood are well-documented and include:

- Limited financial incentives for care coordination
- Limited health IT infrastructure and interoperability
- Frequent self-referrals

- Fragmented, diverse services
- Silos in health care rather than coordinated relationships
- Complex service requirements for high-risk Members

Health Colorado has been addressing these barriers to create an environment that is conducive to building a Health Neighborhood through its partnership within BHO and RCCO programs and multiple state initiatives. The SIM Program has engaged multiple stakeholders, including extensive involvement from Health Colorado partners, to initially develop a plan and design strategies for health system transformation and then to implement and test strategies for health system transformation. As a result, multiple community efforts in Region 4, further transformation using the SIM Framework. The Colorado Medical Society has been in the forefront of supporting a Health Neighborhood with the development of aforementioned Primary Care Specialty-Care Compact, which is now recognized as a national model.

Health Colorado and our partners have been leaders in creating Health Neighborhoods and communities across Region 4 for decades. Our partner, Health Solutions, who just celebrated their 55th anniversary, has successfully operated a community-based Board and an Advisory Committee throughout that time. Similar structures exist at all of the Community Mental Health Centers (CMHCs) and Federally Qualified Health Centers (FQHCs) in the region. These providers are leaders in implementing primary care medical homes and integrated care systems. While it may not be expected in a primarily rural region, Health Colorado partners have

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implemented and are already providing integrated care at behavioral health and physical health sites across the region. Empaneled care coordinators that work across the multiple behavioral, physical, and social service needs of Medicaid Members bring further expertise to the Medical Homes in our region. In addition, they are supported internally by Health Colorado's Administrative Service Organization, Beacon Health Options, Inc. (Beacon), administrative strengths, including advanced information technology that enable communication, care coordination, and evaluation.

For years, our organization and partner practices have been committed to implementing and supporting the Quadruple Aim tenants of:

- Improving Member experience of care (including quality and satisfaction)
- Improving the health of populations
- Reducing the per capita cost of health care
- Improving the clinician and care team experience

We recognize the crucial role of the care team and build our systems around integrated care teams. As the importance of integrated care teams within Medical Homes becomes more widely accepted, we are able to formally add a fourth tenant that conforms to moving toward the Quadruple Aim:

> *Recognize and build administrative systems, care teams and communications models that reflect the needs of providers (across the Health Neighborhood) and improving the work life of those who deliver care.[2]*

In southeastern Colorado, the safety net providers have been leaders in developing and implementing integrated health care solutions with embedded person- and family-centered approaches to care coordination. The community-based care coordination solution supported by Beacon's infrastructure, working closely with PCMPs and the integrated safety-net providers, is the foundation of our approach to building an integrated Health Neighborhood.

Despite these many accomplishments, we acknowledge there is opportunity for improvement. Health Colorado will leverage the best practices already in place as well as new tools, technology, and Beacon's national eHealth and analytics platforms to drive improved performance and outcomes.

To achieve this improvement, Health Colorado will:

- Establish and strengthen relationships among its network providers and the Health Neighborhood
- Support existing collaborations in which we are currently active
- Establish new collaborations and facilitate the creation of new connections and improve processes

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[2] Thomas Bodenheimer, MD, and Christine Sinsky, MD. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. Annals of Family Medicine. doi: 10.1370/afm.1713 *Ann Fam Med November/December 2014 vol. 12 no. 6 573-576.*

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- Promote and ensure the systematic utilization of the Colorado Medical Society's primary care/specialty care contact
- Leverage the technology and administrative systems available through providers in the region, CORHIO, and Beacon to make connections, remove barriers to provider participation, and support care coordination
- Work in a collaborative effort across our organization and with the community to avoid duplication of existing local and regional efforts.

The table below is a list adapted from the AHRQ Toolkit and expanded to include specific functions of the RAE. It identifies approaches and tools that support high-functioning Health Neighborhoods. Health Colorado will use this list as a framework to assess the status quo, to determine areas of strength, to prioritize next steps, and to evaluate progress. Through the Health Colorado partners' previous work in Region 4, many of these functions are already in place and will be expanded throughout the region. Those not in place will be added.

Elements of our Health Neighborhoods	In Place	Proposed
Dedicated care coordination staff in the Patient-Centered Medical Home™ (PCMH™)	✓	✓
Systematizing care coordination activities within the PCMH	✓	✓
Appropriate referrals	✓	✓
Referral tracking systems	✓	✓
Establishing care coordination agreements (use of CMS Primary Care-Specialty Care Compact)		✓
Member education (through print or other materials) on medical home approach, referral process	✓	✓
Financial incentives with providers to support practice space care coordination and other Health Neighborhood functionalities	✓	✓
Discussions with Members about their responsibilities in the PCMH	✓	✓
Use of decision aids about treatment options	✓	✓
Incorporating Member perspectives in the medical neighborhood	✓	✓
Pay-for-performance for care coordination processes or outcomes		✓
Quality measures on coordinating with others in the medical neighborhood, with feedback loops	✓	✓
Public reporting	✓	✓
Increased use of health IT	✓	✓
Health information exchange and management		✓
Electronic referral systems		✓
Buy-in by professional, local medical, and specialty societies	✓	✓
Orienting hospitalists to the role of primary care and the PCMH		✓
Use of pooled community resources for Member support (e.g., community health team)	✓	✓

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Elements of our Health Neighborhoods	In Place	Proposed
Community collaboration	✓	✓
Use of community-based information from multi-payer databases	✓	✓
Resource directories	✓	✓

Health Colorado has well established approaches that promote Members' physical and behavioral well-being by creating a Health Neighborhood and community consisting of diverse health care providers and community organizations. We commit to continuing this effort to increase access to timely and appropriate Medicaid services and addressing barriers. As the Region 4 RAE, we will make significant strides in solidifying high-functioning Health Neighborhoods for our Members, including, but not limited to:

- Improving access to specialty providers
- Encouraging appropriate referrals
- Increasing collaboration with hospitals
- Utilizing state-of-the-art technology available through existing EHR systems or through Beacon CONNECTS Platform to advance communication across the Health Neighborhood, support care coordination and data sharing among Health Neighborhood providers
- Promoting the Colorado Crisis Services among providers and Members
- Coordinating care with Colorado's MSOs to ensure Member access to substance use disorder treatments (that are not a covered Medicaid benefit)
- Developing holistic approaches to assisting LTSS Members achieve their health and wellness goals
- Establishing further relationships with ancillary providers and public health agencies.

Region 4 comprises nine frontier counties, nine rural counties, and one urban county. Region 4 is geographically large; portions of the region are sparsely populated as indicated by the county designations. Further, Region 4 residents travel large distances for medical care. Subspecialty services and quaternary care may only be available outside the region (e.g. neurology, oncology, burn care, and Electroshock Treatment [ECT]). While unemployment has decreased significantly, the unemployment rate for Pueblo, the one urban area in the Region, rose 0.5 percent in May 2017 to 3.8 percent. For the same month, the Pueblo metro unemployment rate was 1.5 percent higher than the Colorado rate. While 85 percent of employees in the Pueblo area work for small businesses, there are several significant employers including school districts, municipalities, hospitals, the Colorado Mental Health Institute, and several large corporations including Trane Company, Convergys, Rocky Mountain Steel, Wal-Mart Stores Inc., and Target.

More recently, Pueblo has become known nationally for becoming the hub of the marijuana industry. Pueblo County—the state's first county to allow outdoor and greenhouse grows—has an affordable cost of living, and land can be purchased near a city of more than 100,000 people, complete with an airport and urban amenities. This new economic focus has health implications. As a provider-owned organization, we are well-positioned to address the health and social implications of marijuana use on children/young adults and excessive use for Members with other substance use history.

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The economic boom that many areas in Colorado are experiencing has not extended to the sparsely populated regions due to their lack of readily available transportation to support industry. Region 4, not surprisingly, lacks a public transportation system. Members may not have access to a vehicle, lack public transit options to get to and from medical appointments, or may not feel safe in some weather conditions traveling long distances over mountain passes or country roads.

To combat this regional challenge, we have established many transportation workarounds such as mileage reimbursement and community volunteers. We have also developed relationships with all available medical transportation resources. Moving forward, we aim to expand our use of technology to provide more Members additional options to improve access, and to complete virtual visits for specific appointments such as the Cognitive Behavioral Therapy (CBT) we currently offer to Members through our partnership with Ieso. We will also continue to leverage the solutions put in place by Essential Community Providers like our partner, Health Solutions, who provides mini bus transportation with daily routes in areas where large numbers of Members live. This service operates Monday through Friday from 8:00 am to 9:00 pm.

Some of the Health Neighborhood gaps are clear and appear across many counties. County Health Rankings for Colorado show that 11 of the 14 poorest counties in the state are located within Region 4. At a service level, sparse populations and poverty prevent health care and oral health providers, as well as other needed resources, from establishing a presence in large portions of Region 4. Health Colorado continues to work with its Health Neighborhood partners to maximize and extend existing resources. We continue to use tele-medicine to extend the reach of specialty providers, and we will continue to work with other regions to identify resources. Through the provider partners in Health Colorado and our accountable providers in our extensive network, we will also continue to identify opportunities to offer space for travelling specialists to set and take appointments in our local facilities.

BUILDING SOLUTIONS

Creating a successful Health Neighborhood requires a multimodal approach. We need to support and advance the use of technology solutions to establish and strengthen relationships among network providers, facilitate communication, resolve barriers for providers, share claims and actionable data, and support care coordination. We must also build trust, commit to community involvement, and learn the special needs of the region and our Members. Health Colorado provides the Department advanced technology solutions and a depth of knowledge, experience, and community trust across every one of the 19 counties in Region 4. In the remainder of this response, we will describe Health Colorado's strengths and solutions for both of these crucial components.

Our Chief Clinical Officer, Ricardo Velasquez, MD, will lead the strategic effort and oversee implementation of system-wide efforts to further strengthen the Health Neighborhood. Dr. Velasquez has spent 20 years working in this region as an active staff member at the San Luis Valley Regional Medical Center. The Regional Program Improvement Advisory Committee (PIAC), and the governing body of Health Colorado, will all be fully engaged in this effort and provide on-the-ground understanding of the challenges being faced by the continuum of providers across the region. We have always engaged area providers and stakeholders and will

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continue to include Members on the Regional PIAC that are representative of the entire region, as well as the broadest spectrum of provider and stakeholder perspectives.

Technology Approach to Health Neighborhoods

Health Colorado will develop and support a range of technology solutions that reflect the needs of the providers in our community. Our provider partners, Region 4 hospitals, and many other PCMPs and specialists have implemented technology solutions that will support easy communication and full interoperability through a variety of integration options provided to them by Health Colorado. We will work with those providers to develop a communication strategy that is most relevant for their environment and strengthens relationships with PCMPs and the other organizations in the Health Neighborhood. Consistent with the Department's effort to promote the use of electronic consultation software, there are providers who are currently using electronic consultation software solutions either through their own electronic health record (EHR) systems (e.g. PCMPs and behavioral health teams in integrated practices) and across institutions through CORHIO, Carequality/Surescripts, or the CONNECTS Platform.

For some, they have already contracted with CORHIO and will be able to leverage a fully interoperable system offered by our state health information exchange (HIE). CORHIO offers one avenue for providers to be able to communicate through a secure HIE network that gives hospitals, labs, and long-term and post-acute settings access to secure Member information across the state.

We will also work with providers to expand that approach where appropriate. There are several other interoperable health exchanges that are currently in place and with which the number of our providers already have contracts. For some of our providers, linking their EHR systems through nationally recognized interoperable data sharing tools is an alternative approach.

The Carequality/Surescripts National Record Locator Service (Carequality/Surescripts service) provides physicians with electronic access to critical Member health information located outside of their native EHR systems. This service locates Member records within third-party EHRs, electronic document repositories, or other HIEs and facilitates the exchange of relevant Member information with the requesting care provider's EHR system.

The Carequality/Surescripts service enables more connected care and enhanced collaboration among care providers. It improves communication by enhancing directory capabilities, strengthening trust and identity services, and leveraging a Master Patient Index (MPI). The Carequality/Surescripts service enables health information exchange by establishing pull services (query-based) for clinical interoperability and extending messaging capabilities.

The Carequality/Surescripts service provides the following benefits to participating practices: Improve Member health outcomes by offering providers real-time electronic access to discoverable Member records located throughout the country. It reduces the need for processing clinical record requests manually and allows providers and EHR systems to securely exchange clinical data. The Carequality/Surescripts service supports transmission of HL7 Consolidated Clinical Document Architecture (C-CDA) These C-CDAs are a snapshot of information broken across 17 sections:

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- Advance directives
- Alerts, allergies, and adverse reactions
- Encounters
- Family history
- Functional status
- Health care providers
- Immunizations
- Medical equipment
- Medications

- Payers
- Plan of care
- Problems
- Procedures
- Results
- Social history
- Support
- Vital signs

Health Colorado provider partners and other providers in and out of Region 4 in Colorado use this approach to connect securely with Members across the spectrum of the health network. All Office of the National Coordinator (ONC) recognized Certified Electronic Health Record Technology (CHERT) applications are required to both import and export C-CDA records. These include Avatar/NetSmart used by behavioral health partners, NextGen used by the FQHC partner, and most major EHR systems available today. This gives other local providers the capability to connect to this service and transmit records to and from other providers in a standardized manner.

A sample of local, state, and national providers that use Carequality/Surescripts services include:

- Animas Surgical Hospital
- Children's Hospital Colorado
- Hampden Medical Group
- Paladina Health (ED)
- University of Colorado Health

- Centura Health
- Colorado Springs Neurological
- Kaiser Permanente – Colorado
- Presbyterian Healthcare Services

The Carequality Interoperability Framework is deployed at more than 19,000 clinics; 800 hospitals; and 250,000 providers. The aim of the Carequality framework is to establish a uniform sharing agreement, eliminating the need for individual health organizations to negotiate one-off legal agreements each time they want to share data with another provider.

Using these well-established interoperable solutions advances our goals of improving communication and reducing barriers to care across the full Health Neighborhood. And, regardless of which technology solution providers use, the information will be uploaded seamlessly to CONNECTS to support region wide analysis, evaluation, and care coordination.

Health Colorado operates all of our functions using a wholly-owned and operated technology infrastructure provided by Beacon to tie resources together across Region 4. This system has been in place to provide both RCCO and BHO functions in Colorado and is updated and enhanced on a regular basis. In addition to supporting program data management and reporting, CONNECTS, shown on the following page, is a suite of fully integrated applications designed to provide innovative data management and reporting capabilities.

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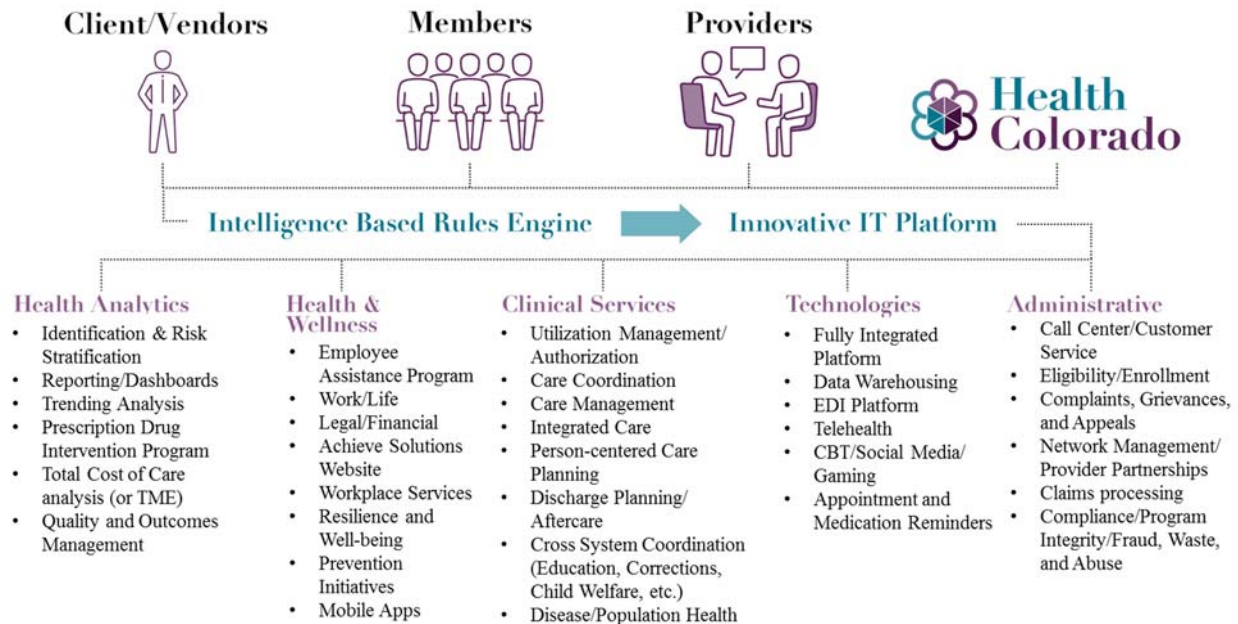
CONNECTS comprises a suite of fully integrated applications built on a single platform. Data is organized at the Member, provider, population, or any other level required by the Department. This means that our platform is truly an enabler of care coordination, rather than a barrier.

Because of the integrated nature of CONNECTS, it facilitates partnering with regional stakeholders such Health Community partners, social services agencies, specialty providers, hospitals, Sheriff's departments, etc. throughout the data exchange and software development lifecycle to prioritize and rapidly deliver needed changes. This process helps control, prioritize, and streamline the delivery of changes and customizations to our information technology products and services. ***We are pleased to report that we expect minimal start-up activity to configure and develop new integrations for the system, as we have already established working integrations with all of the currently available Department systems defined for the RAE.***

From initial eligibility through care management, claims administration, and reporting, all of our applications reside on one common platform, CONNECTS. This platform is designed to guide daily clinical decision-making, to be the technology solution to support the community-based clinical population health efforts, and support providers who choose to use CONNECTS as their solution to promote interoperability.

Beacon's significant investment in this technology infrastructure is designed to support highly integrated care modules to support Colorado's goals of improving health outcomes. The updated module incorporates standard industry best practice case management design with enhanced features for behavioral health-specific condition management, as well as robust inclusion of physical health considerations for a "whole person" needs management and support. This solution allows us to communicate with specialists, hospitals, post-acute settings, and others in the health system to improve coordination. Our goal is to use technology to increase access to care, especially the number of specialists in the region who are enrolled as Medicaid providers and who are accepting Medicaid Members.

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We will continue to explore ways in which technology can be used to support communication, engage providers, reach our rural and frontier Members, and further the goals of the Health Neighborhood, including:

- Considering tele-psychiatry support for emergency departments in the region
- Adding other evidence based tele-therapy options as appropriate such as CBT for Depression
- Supporting FQHC and PCMPs to expand their access to telehealth through evidence based programs
- Supporting providers through coordinating technology solutions with other state and federal requirements. In the short run, that includes addressing MACRA requirements in our technology solutions.
- Avoiding duplication wherever possible, in reporting, technology requirements, etc.

Community Approach to Health Neighborhood

Health Colorado's partners are leaders in integrated health care, and in providing Member-centered care within the context of a PCMH. Health Colorado partners work with and will continue to engage with the full continuum of health neighbors to create clear arrangements around roles and responsibilities for coordinating Member care. Across all aspects of health care provision, Health Colorado focuses on Member preference.

Health Colorado's technology enterprise and expertise underpins all of our efforts. As described earlier, our technology approach and infrastructure allows health and other providers to share clinical information needed for effective decision-making and to reduce duplication of services. It supports continuity of care and supports Member-centered care. Further, Health Colorado uses its technology to identify and prioritize Member with complex needs for care management.

Care coordination and care management is an area of strength for Health Colorado, and care managers serve have established relationships with the entire range of Health Neighborhood partners to coordinate service and assure access for Members. Care managers work with Members to develop individualized, Member-centered care plans that reflect their preferences. Care managers work with Member to identify proactive interventions that help Members address their current health conditions and their future wellness and navigate the health system. Care managers are well-versed in the resources and help Members access them within Region 4, and across regions when Members live in Region 4 and are attributed to another RAE.

Improve Access to Specialty Providers

Health Colorado acknowledges that access to specialty care, including oral health, is prerequisite to effective Health Neighborhoods. We commit to improving access to specialty providers for Members. We propose to do this in a number of ways.

Specialty Provider Recruitment and Relationship Management: Health Colorado's Provider Relations, Network Development, and Transformation resources will use our network analytics to understand the current specialty network and where it may need to be strengthened. We will work with existing specialists so that they can take advantage of all of the support services offered by Health Colorado and take a role in identification and recruitment of new specialty providers to the Department's network.

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Care Coordination: We will continue to invest in care coordination staff, training, and technology. The Health Colorado Provider Relations Department will train all new PCMPs to contact their assigned care coordinator when making referrals to specialty care and care coordinators support bi-directional communication and contact PCMPs daily if necessary. For Members in which a specialty visit is required, care coordinators will assess the need (e.g., high-risk Member, history of no-shows, related social issues such as lack of transportation or family support) for care coordination services. If appropriate, they will contact the Member and prepare them for the specialty visit to reduce barriers for care. Our goal is to reduce no-shows and smooth communications between the Member/family, specialist, PCMP, or other health services. Health Colorado care coordinators will follow up with Members within two business days after the specialty care visit to support follow up to care resulting from the specialty care visit or to provide support for missed appointments. We will augment this work with our Member communications and engagement platform that will allow Health Colorado to communicate with Members via commonly used and often preferred text messages when we need to share timely information such as an important appointment reminder.

Expand use of Telehealth across the Region: Health Colorado recognizes that telehealth is an important strategy to increase access to care in rural and frontier areas. We have piloted and subsequently implemented tele-psych providers in Region 4. For example, Health Solutions provided telehealth visits to 2,483 unique Members in the past year. It has proven to be an effective mode of delivery from a Member experience standpoint, and is helping to meet increasing demands for psychiatric sessions in our frontier areas as well as our Pueblo urban area. Health Colorado will continue to promote the use of telehealth to our partners and providers through education and incentive payments. We will also provide equipment and technical assistance for providers who contract with us to provide specialty care in Region 4 areas with little or no specialty care available.

Role of Pharmacists in Health Neighborhood

Clinical pharmacists provide critical health information and wellness practices to serve the needs of Members especially those with chronic disease and who fall into the highest BIDM stratification levels. We will engage pharmacists as members of the medical team to support care coordination and support the team:

- Review current drug usage
- Assess the Member's understand of the medication plan and address adherence issues with the team
- Educate the Member about medication issues and provide information about the medication plan

Providers and care coordinators across the region meet regularly with pharmacists either at one of the six in-house pharmacies at Valley-Wide Health Systems, Inc. (Valley-Wide) or through close working relationships with in-house and local community pharmacies who are serving our Members with complex issues. In addition, we will engage pharmacists and local pharmacists in community efforts to support the population health management plan including immunizations, flu shots, smoking cessation, and other initiatives.

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Primary Care-Specialty Care Compact to Strengthen the Health Neighborhood

We will promote and ensure use of the Colorado Medical Society's Primary Care-Specialty Care Compact across the region. Our advanced technology solutions facilitate the type of communications that are addressed in the Primary Care-Specialty Care Compact: smoothing the referral process, enabling timely communication on Member needs and care plans, and engaging Members in the care process. We will continue to use technology through the Member portal and Member communications and engagement platform to send appointment reminders, check in with Members on upcoming appointments, and identify need for support (e.g. transportation). We believe that the combination of technology, interpersonal relationships and trust, and support of local care coordinators will resolve some of the barriers and result in more appropriate care for Medicaid Members.

Also conducive to appropriate referrals is the use of the Department-adopted electronic consultation software, through which specialists consult with PCMPs via a telecommunication platform. We concur with the RFP's rationale that electronic consultations increase appropriate access to specialty care, improve both physician satisfaction and Member experience, and improve overall quality of care. To this end, Health Colorado will develop an electronic consultation training program with support materials to educate providers during new provider orientation training, during face-to-face visits with Health Colorado Provider Relations Department staff, in the Provider Newsletter and on the provider portal. Training materials will promote the use of electronic consultations and educate providers in the Health Neighborhoods on how this is a method to mitigate incomplete work-ups, reduce inappropriate or unnecessary specialty care visits, and improve timeliness of communication.

The following are examples of some of the programs we currently operate in communities that focus on improving access to specialists while leveraging community resources:

Specialist	Relationship
Multiple specialty practices	Valley-Wide uses referral specialists who track referrals, coordinate with specialist offices, and follow-up with Members to ensure the referral loop is closed.
Neurologists and other specialists at Heart of the Rockies Regional Medical Center (Salida). Multiple specialty services at St. Thomas More (Cañon City).	Actively partnering with the hospitals to work closely with their specialists and proactively address access issues.
Multiple specialty practices	Care coordinator provides client care coordination to specialists and other offices, including transportation, family issues, social needs, legal needs, medication management, and more.
Metamorphosis pain management clinic	Refer Members, staff cases and coordinate care for complex needs of Members who have pain, chronic medical issues, and behavioral health diagnoses.

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Specialist	Relationship
Multiple specialty practices, including providers outside of the geographic region (as specialty care is not often available in our rural area)	Use community resources for transportation. If the available resources don't meet the needs adequately, we either provide monetary assistance for the Member to be able to drive to appointments or we have been involved with directly transporting the client to make sure they maximize care. When we subsidize or directly transport, these services are all pro bono, non-reimbursable services.
Tele-Psych Medication Management and Tele-Therapy pilot	Contract with four out-of-state and two in-state psychiatrists and nurse practitioners to provide tele-psych medication management services. Also began piloting tele-therapy program in April 2017 with one master's-level clinician in Huerfano County.
Tele-Psychiatry	Contract with two psychiatric nurse practitioners to provide psychiatric services (60 hours per week) who are embedded into the clinical teams, having close communication with the case managers and crisis staff.

Hospitals and Admission, Discharge, Transfer Data

Health Colorado acknowledges that hospitals are an essential part of the health care delivery system and Health Neighborhoods, and has made significant progress in collaborating with hospitals across the region. We will continue to collaborate with hospitals to improve care transitions, implement person-centered planning at hospital discharge, and address complex Member needs. Health Colorado's Data Analytics Department will use and disseminate to appropriate network providers admit/discharge/transfer data to track emergency room utilization and improve quality of care transitions in and out of hospitals. These data will be available electronically through a HIE for providers and to Health Colorado care coordinators who will assess each case and determine the need for further action. Care coordinators who are co-located in the hospitals will have this information available through real-time access to hospital admission and discharge data. They will assess all cases that are at highest risk or have a need for community supports and will follow-up as appropriate with hospital discharge staff.

Our care managers and care coordinators are already engaged with the discharge planning teams at every hospital in the region and have the relationships in place to support Members. They will incorporate new criteria under the RAE and expand their roles with hospitals and discharge planners and focus training especially on supporting LTSS Members and non-institutional discharge options.

For individuals struggling with LTSS decisions at discharge from a hospital, Health Colorado provides person-centered counseling to guide individuals through a support decision-making

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process to help them identify personal goals and how services may be delivered. We provide transition support services to help avoid unnecessary placement in nursing homes and other institutional settings. Additionally, Health Colorado aims to support formal partnerships between LTSS providers and acute care entities in order to serve as a bridge for the health system to the community and support the transition of individuals with LTSS needs who are being discharged. During this process, we will also make opportunities to educate hospital discharge planning staff on processes that support LTSS Members and non-institutional discharge options.

Develop Holistic Approaches to Assisting LTSS Members

Health Colorado has systems in place through our administrative partner, Beacon, and will provide information and referral services, promote awareness of services, and maintain timely information about available LTSS regionally. Our work in this area seeks to minimize the otherwise daunting information gathering task for individuals and families seeking information and counsel and to provide education and resources to providers, discharge planners, and social services agencies in the Health Neighborhood.

Our staff are trained and successfully:

- Facilitate hospital-to-home, and nursing or rehabilitation facility-to-home transitions
- Transition individuals from nursing facilities back to the community
- Help youth with disabilities to transition from secondary education to postsecondary life that involves options that can keep them integrated in the community
- Facilitate the use of self-directed models

Health Colorado will work collaboratively with local/regional LTSS providers and agencies to effectively reach and serve a broad range of population groups including: older adults, individuals with physical disabilities of all ages, individuals with intellectual and developmental disabilities, and individuals interested in planning for their LTSS needs. Using a person-centered approach that respects and responds to individual needs, goals, and values, individuals and providers work in full partnership to guarantee that each individual's values, experiences, and knowledge drive the creation of an individualized plan and delivery of services.

Health Colorado will take a lead role:

- Serving as a highly visible and trusted place for individuals of all ages to turn to for objective and unbiased information and referrals on the full range of long term-care supports and services
- Promoting awareness of the various options available to individuals in their community
- Facilitating access to services and supports, and public programs
- Providing person-centered, culturally and linguistically competent, one-on-one assistance and decision support to individuals
- Partnering with the local No Wrong Door System of Access for all LTSS

The "No Wrong Door" approach is the formal "point of entry" into the State's LTSS system and is used to fundamentally change the experience of consumers who encounter the LTSS system so it becomes more responsive to the preferences and personal goals of its citizens who need, or may at some point need, LTSS.

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- Creating formal relationships between and among the major pathways individuals travel while transitioning from one setting of care to another
- Serving all populations, including those under age 60, adults with physical, intellectual, development disability, or mental illness
- Ensuring services adhere to the highest standards and produce measureable outcomes

Hospital Transformation Program

Health Colorado commits to collaborating with hospitals that are implementing the Hospital Transformation Program, which connects hospitals to Health Neighborhoods and aligns hospital incentives with the goals of the Accountable Care Collaborative Program. Through the establishment of a delivery system reform incentive payment (DSRIP) program, Medicaid is building a system in which payment for providers across the continuum are aligned. As this program is being implemented, Health Colorado commits to working with hospitals in our region to determine programs or processes can be established collaboratively to support our mutual goals. We will leverage existing relationships and collaborations to work with local hospitals and the Department to help hospitals determine priorities and select projects, interventions, and performance goals for the Hospital Transformation Project. This could include expanded roles for care coordination/care management, new methods of communication, and improved access to specialty services. We will incorporate Population Health Management Plan initiatives into our solutions.

We provide other examples of hospital efforts at the local level in the table below.

Hospital	Relationship	Communication Mechanism
Parkview Hospital	Contract, co-located peers provide services at the hospital in a Crisis Living Room setting for Members in need of support. Peers do a variety of services (referrals, teach relaxation techniques, provide quiet space for processing.	EHR, direct in-person
St. Mary Corwin	Contract, co-location, data sharing, direct two-way communication with Members	EHR, direct in-person
Parkview Hospital, St. Mary-Corwin Hospital	Community workgroup focused on reducing Emergency Department visits and inpatient admissions for Members who have a high level of preventable use of these services. Key participants include Health Solutions, Pueblo Community Health Center, Parkview Hospital, and St. Mary-Corwin Hospital.	In-person meetings
San Luis Valley Health, Rio Grande Clinic Hospital	Behavioral health providers co-located in primary care clinic, discharge planning, and on-call access to experts from San Luis Valley Behavioral Heath	Co-located and on-call access
Heart of the Rockies Regional Medical Center	Co-develop individualized treatment plans, share staffing for urgent care on medical center campus, support Mobile Crisis Grant	EHR, direct in-person

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Hospital	Relationship	Communication Mechanism
St. Thomas More	Co-develop individualized treatment plans, support Mobile Crisis Grant	EHR, direct in-person
Mt. San Rafael Hospital	Full-time behavioral health practitioner, full-time care coordinator, and tele-psychiatry integrated at hospital	Integrated at hospital

Oral Health Providers

Health Colorado has established relationships with dental practices through our area collaborative efforts and our care coordination and case management services. This is an ongoing effort because dental providers change and Medicaid Members move often and must reestablish dental care. In addition to our coordination efforts, Health Colorado will establish relationships and communication channels with the Department's Dental Benefit managed care vendor to promote Member utilization of the dental benefits.

Oral health is a significant need across our region especially in rural and frontier counties. Valley-Wide, Health Colorado's FQHC partner, conducted a comprehensive needs assessment in 2015 and found that 44.9 percent[3] of individuals in its service area, which includes 15 of the 19 counties in Region 4, did not have a dental visit in the past year, compared to the State rate of 35.1 percent[4] and the national rate of 32.8 percent.[5] Saguache County had the highest rate at 67.9 percent and Alamosa County had the lowest at 39.6 percent. Valley-Wide, an active member of the San Luis Valley Dental Coalition, is a direct provider of dental services to Members at eight dental clinics across their service region, including a recently opened clinic in Cañon City in Fremont County with three operatories. To address unmet need, Valley-Wide will be adding another three operatories in Cañon City in two years.

Valley-Wide also operates an innovative mobile unit called Valley Wide Heart & Eagle Mobile Clinic, equipped with a medical exam room and dental suite. One of their most recent mobile unit events was providing dental screenings at the Colorado State Veterans Center.

Solvista Health serves the Upper Arkansas sub-region (Fremont, Chaffee, Lake, and Custer counties) in Region 4. In this rural area, it was often the case that these oral health providers would not schedule appointments with Medicaid Members due to the reality of the high no-show rate. In fact, these offices often times still do not give appointments to Medicaid Members who call them directly; however, if the dental practice becomes aware that Solvista Health's care coordinators are involved, they will always schedule the appointment. These strong relationships result in tangible benefits to Members by effectively making dental care more available. In

> *Solvista Health intervened with care coordination services, and now there are multiple dental offices who regularly see Members for care because the dentists know the Member will keep the appointment.*

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[3] Behavioral Risk Factor Surveillance System, Health Statistics Section, Colorado Department of Public Health and Environment, 2010 and 2012. Rates for Crowley and Cheyenne Counties are based on Colorado Health Statistics Region data.
[4] Behavioral Risk Factor Surveillance System, Health Statistics Section, Colorado Department of Public Health and Environment, 2010 and 2012.
[5] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, "Visited the dentist or dental clinic with the past year for any reason," 2012 data, http://www.cdc.gov/brfss/brfssprevalence/index.html.

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addition, Solvista Health participates in an oral health coalition that is part of the Regional Healthcare Collaborative in Salida. Solvista Health works closely with Salida Family Dentistry and the school-based health center in Lake County. This coalition is helping to start health services in Chaffee County, currently. Solvista Health often supports and promotes special interventions, either regularly through public health programs such as "Cavity Free at 3" or through special one-time outreach programs such as yearly free dental clinics in Fremont County.

Health Solutions conducted the Smiles Project, in which two Members were given the gift of full mouth restorations through a community dental practice partner. This was life altering for the Members and had direct emotional and wellness benefits.

We will continue to work with the FQHCs in our region to explore ways to expand access to dental visits. Our Population Health Management Plan will focus on the need for oral health and include these messages through our wellness and prevention programs. We will also work with PCMPs to expand use of sealants in children. Valley-Wide is in the process of implementing the Cavity Free at 3 program with their PCMPs and nurses across their service area to further this aim.

Promote the Colorado Crisis Services

All of the CMHCs in Region 4 are partners in Health Colorado and these CMHCs manage the Colorado Crisis Service Centers in Region 4. Health Colorado will have policies and contracts in place that clearly define the responsibilities of delegated services including crisis services with follow up care for Medicaid Members.

Coordinate Care with Colorado's Managed Service Organizations (MSOs)

Health Colorado's partners have contracts with Signal Behavioral Health Network, a Region 4 MSO, to provide indigent substance abuse services, including residential opioid treatment services and medication assisted therapy. Health Colorado will develop written procedures and business associate agreements with Signal Behavioral Health Network and AspenPointe to provide a full continuum of substance use disorder treatment, including prevention, dual diagnosis treatment, social detoxification, medication assisted treatment, outpatient, intensive outpatient, and follow-up after residential treatment and recovery services. The procedures will clearly identify how Medicaid and MSO funds will be braided or discontinued for payment of services.

Home Health Care Agencies

Home health care agencies play an important role in the continuum of care in the Health Neighborhood. Health navigators and care coordinators work with Home Health Agencies across the region to serve Members in need. In a recent success story, an elderly Member was assessed to be a fall-risk and was in need of social services and home health care. Southeast Health Group's health navigator was able identify available services in her community and help her coordinate forms, transportation, and access to care. The Member now has a life alert in case she falls and home health engages her three times a week to assist her around her home. She now has the help she needs while maintaining her sense of independence in her own home.

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Our partners regularly coordinate care with home health care agencies. Their relationships are often introduced or built through community engagement activities such as the coalition meetings presented in the table below.

Provider(s)	Relationship	Communication Mechanism
Villa Pueblo Interim Home Health	Co-participant of the Southeast Colorado Transition Consortium	Coalition meetings
Kindred Home Health	Co-participant of the Southeast Colorado Transition Consortium	Coalition meetings
Heart of the Rockies Home Health and Hospice	Co-participant in the Chaffee County Health Coalition	Coalition meetings

Establishing Relationships with Ancillary Providers

As discussed previously, Health Colorado has established myriad relationships with providers and agencies across the Health Neighborhoods of Region 4. We have developed strong relationships with companies that provide Non-Medical Emergency Transportation services throughout Region 4 through our care coordinators and case managers. We will continue to build on these relationships and utilize these services to assure access to needed care, reduce unnecessary and avoidable ambulance service, emergency department visits, and appointment no-shows.

Health Colorado will continue to participate actively in SIM Grant programs at the state and local levels. There are 4 SIM Grant-funded Regional Health Connector Programs that address the needs of Region 4. Rural Health Centers promote connections among clinical care, community organizations, public health, human services, and other partners. Rural Health Centers connect primary care practices with resources to improve the health of a community. We are fully engaged with each of these programs and in fact our partner, the San Luis Valley Behavioral Health Group, is a host organization within the region. As the RAE, Health Colorado will continue our engagement with the Rural Health Clinic program and coordinate activities across the region through the RAE function.

One example of a successful ancillary services relationship is that between Solvista Health and American Medical Response (AMR) ambulance services to transport Members who are in psychiatric emergencies. Solvista Health found that the burden of transportation for psychiatric hospitalization was often falling to law enforcement, which was costly to law enforcement agencies as well as detrimental to Member experience—the experience of being in a patrol car for the transport, often in handcuffs, was shaming and stigmatizing to them. The contract with AMR poses an additional expense to Solvista Health, but felt it was important to Members as well as to the community partners. Relationships such as this are often overlooked, but make a huge impact on the quality of the Health Neighborhood. Similarly, Health Solutions has an integrated program with the Pueblo Police Department Crisis Intervention Team (CIT) with clinical providers embedded in the Pueblo Police Department to support Members in crisis and obtain needed services quickly and non-violently.

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Local Public Health Agencies

Health Colorado will be fully engaged with local Departments of Public Health as well as initiatives of the Colorado Department of Public Health and Environment. The Colorado Opportunity Project and 10 Winnable Battles are core components of our proposal and have informed our Population Health Management Plan. We will coordinate with local Departments of Public Health as we roll-out our Population Health Management Plan and synchronize wellness and prevention efforts such as smoking cessation, immunization, Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT), and nutrition initiatives.

Representatives from local Departments of Public Health will be included on the PIAC and in other stakeholder/advisory boards to offer solutions and input to new policies and the implementation of the Population Health Management Plan and our Social Determinants of Health Plan.

Health Colorado, through our administrative partner, Beacon, and in all of our local communities have participated regularly with public health efforts. We have worked closely with them to improve immunization rates, support their public health programs related to smoking, obesity, wellness etc., and on a direct level, coordinate services for Members at risk. We have provided input on County Community Health Improvement Plans and regularly reference County Health Needs Assessments. These efforts will continue and be coordinated through Health Colorado's administrative offices.

Our local partners all work closely through care coordination and PCMPs with Prenatal Plus and Nurse Family Partnership to improve prenatal and postpartum outcomes.

Human Services Agencies

We work closely with all County Departments of Human Services (DHS) on a strategic and individual case basis. We have MOUs with DHS offices and have regularly scheduled meetings between administrators to address systemic needs and with clinicians, care coordinators and case managers for case conferences. Our relationships with DHS are integral to our case management and care coordination efforts and will be strengthened through the RAE approach. We will work to establish formal agreements in which one case manager or care coordinator will be "prime" and we affirm that we will work collaboratively with DHS agencies to support Members regardless of their need.

We have multiple examples of successful relationships between DHS, our partners and case managers/care coordinators. For example, San Luis Valley Behavioral Health has a referrals specialist who works with all the San Luis Valley DHS and the Department of Social Services (DSS) to address referrals, flagging any trauma-related referrals from DHS/DSS agencies for a collaborative trauma initiative between the organizations. San Luis Valley Behavioral Health also manages care coordination in partnership for children placed in foster care.

Community Organizations

Health Colorado partners currently engage with a range of community organizations that support the Health Neighborhood. These activities range from providing education to other agencies regarding health care services and integrated care, to actively volunteering in local teams. In

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many cases, these programs and organizations are cross-functional and bring Beacon, our provider partners, and multiple other health services agencies and community organizations together to work collaboratively on solving community problems. While not all of these agencies are designated as Medicaid providers, they are a broad part of our Health Neighborhoods providing critical services to provide to support and improve health outcomes and social determinants of health of our Medicaid Members. A few examples of these collaborative relationships within Health Colorado follow:

Partnership	Population	Purpose
Pueblo Get Covered Coalition	All Members	Health insurance literacy and promoting the importance of health and wellness
Health Community Collaborative	People of El Paso County	Improve the health of the people of El Paso County. Partnership of over 60 representatives from schools, hospitals, and health systems, non-profit organizations, city and county government agencies, public health, medical providers, and interested citizens
Pueblo Interagency Community Council /Pueblo Early Childhood Council (PICC/PECC)	Teens	Focuses on the reduction of obesity-related chronic illnesses and preventing teen unintended pregnancy
Pueblo Aging and Disability Resource Center Advisory Committee (ADRCAC)	Seniors	Beacon staff chair the quarterly Pueblo ADRCAC meetings. Focus is to improve senior access to needed health services and for the provision of daily-living care. ADRAC is a working committee to find community resources and services for seniors.
Alliance for Food Access	All Members	Partnership with local and regional food systems of Pueblo County to provide more safe, fresh, and healthy foods, to improve food access, food security, and health of Members and the community at large.
Directing Others to Services Program (DOTS)	Training for Fire Department	Coordinated by the Pueblo Fire Department to help decrease the exorbitant number of service calls
Rural Initiatives Program	Homeless	Cooperative partnership between Colorado Coalition for the Homeless and non-profit homeless service providers in non-metro and rural areas of Colorado. The Coalition and its partner agencies jointly operate nine Continuum of Care funded programs, including seven rapid rehousing programs, one transitional housing program, and one permanent supportive housing program. The Coalition also jointly operates several Emergency Solutions Grants (ESG) funding homeless prevention and rapid rehousing programs.

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Partnership	Population	Purpose
Housing Policy Advisory Committee (HPAC)	Homeless	Housing Policy Advisory Committee (HPAC) is coordinated by the Chaffee Housing Trust. The HPAC is a voluntary group of local housing advocates dedicated to implementing the recommendations of the 2016 Housing Needs Assessment, including the adoption of policies and the support of organizations that deliver affordable housing.
Southeast Colorado Transitions Consortium	All Members	A robust workgroup of professionals from both Pueblo hospitals, FQHCs, CMHCs, home health, hospice, Pueblo Fire Department, and other stakeholders who meet to identify causes of readmissions and ED utilization.
Colorado Opioid Epidemic Symposium	All Members	On May 19th, 2016, Beacon Health Options and Region 4 co-sponsored the Colorado Opioid Epidemic Symposium, "Moving from What to How: Practical Tools for Safe and Effective Opioid Prescribing for Chronic Pain". The symposium was a joint effort made possible through the co-sponsorship of Beacon Health Options, Region 4, The Rio Grande Hospital and Clinics, Valley Wide Health Systems (an FQHC and a Region 4 partner), San Luis Valley Behavioral Health Group (a CMHC and Region 4 partner), The San Luis Valley Area Health Education Center, Colorado Choice Health Plans, San Luis Valley Health and The Colorado Consortium for Prescription Drug Abuse. Due to the success of this effort, this forum will be used as a model for offering quality education to providers across Colorado. Presently, there are plans to replicate it in the Northeastern region of the state, Summit County and the Southwestern region around Durango.
Disaster Response Team	Community	Law Enforcement, State Agency, Health Agencies, Schools, etc. partner to respond to disasters. A team of 25 Health Solutions' employees meet regularly to plan, train and prepare for natural disasters, such as tornados, floods, range fires, and man-made disasters, such as mustard gas leaks or explosions at the Pueblo Chemical Depot. The Disaster Response Team has participated in five community exercises over the past 24 months and deployed to assist during the 2016 Beulah Hill Fire disaster in 2016.
Chaffee County Health Coalition	Community	Rooted in a rural context. Work collaboratively to reduce redundancies between over 25 different agencies including public health, local hospitals,

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Partnership	Population	Purpose
		primary care providers, dental providers, the department of human services and many others. Work across a geographically large Health Neighborhood. Addresses immediate health needs as well as systemic barriers including housing and transportation.
Fremont County Community Healthcare Collaborative	Community	Meet regularly to set community goals and support the overall health of our Members who live in the counties and surrounding communities. A key way to inform partners of our services and opportunities for collaboration as well as to stay informed regarding the rapidly changing Colorado and regional health care landscape.
Regional Health Connector Program	Community	Actively working to develop three new projects to address these areas from a systemic perspective with a focus on social determinants of health. By focusing the efforts together as a community, we make a broader impact and this is one of the ways that we avoid duplication of efforts in our local area.

Faith-Based Communities

Faith-based communities are integral members of the health community especially throughout southeastern Colorado. This is especially true in Hispanic communities such as the San Luis Valley where almost 50 percent of the population is Hispanic and considers the church to be the center of their cultural experience. We recognize the crucial role of faith-based communities and will fully engage with them in providing services to Medicaid Members. Examples of relationships between Health Colorado and faith-based organizations within Region 4 are:

Organizations	Purpose
Riverwalk Church, First United Methodist Church, Seventh Day Adventist Church, Mercy Today Ministries, Senior Center's Mobile Church Food Pantry, Mana House, Custer County Community Sharing Center, Fremont County DHS, Loaves and Fishes, and Upper Arkansas Agency of Governments	Provide services from helping connect people with food pantries to assisting with the application process for food stamps, WIC and SNAP. Our assistance extends through the entire application process, including helping Members navigate the systems if they are denied these benefits.
Fremont Continuum of Care Meetings – 1st United Methodist Church, Boys and Girls Club, Cañon City Council Member, Cañon City Police Department, Christ Episcopal Church, City of Cañon City, City of Florence, Colorado Department of Public Health and Environment, Daily Record, Department of Human Services, First Christian Church, Fremont County Commissioner,	Identify needs of the homeless community and seek solutions that are right for the Florence County community.

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Organizations	Purpose
Fremont County Public Health and Environment, Fremont Investment Partners, Homeless Veterans Outreach, Interagency Community Health Coalition, Loaves and Fishes Ministries, Mercy Today Ministries & Church, National Alliance on Mental Illness Southeast Colorado, Preserve Earth's Planet, Fremont County Probation Office, Rocky Mountain Behavioral Health, Rocky Mountain Human Services, Rotary Club, Sheriff Department, St. Thomas More Hospital, Salvation Army Cañon City, The Village at Cañon City, The Wellspring Florence, Turquoise Trail Therapeutic Community, Upper Arkansas Area Council of Governments Housing, Valley-Wide Health Services, Wellsprings Church	
Upper Arkansas Area Council of Government, Wellspring church, Florence and Cañon City community members Pueblo Community Health Center (non-exclusive list)	Partnership increases awareness of available services and supports for providers who serve the homeless population.

Primary, Secondary Education, Higher Education

Provider	Relationship (e.g., MOU, data sharing)	Communication Mechanism (e.g., alerts, EHR)
All local school districts	MOU to provide school-based counselors in many locations. Consultation and liaison services within the school setting. Clinicians also offer Mental Health First Aid training to school staff members.	Phone, in-person meetings
Fremont Interagency Oversight Group (FIOG)	Informal participation in the truancy board	In-person meetings
Colorado Mountain College	Informal agreement to provide Mental Health First Aid classes	In-person seminars
Local schools in school Districts #60 and #70	Safe2Tell program—this Colorado model ensures that every student, parent, teacher and community member has access to a safe and anonymous way to report any concerns about their safety or the safety of others. Safe2Tell Colorado provides youth and adults in Colorado communities and schools with an increased ability to both prevent and report violence and other concerning behaviors by submitting a tip that is distributed to local responders and officials	In-person

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Provider	Relationship (e.g., MOU, data sharing)	Communication Mechanism (e.g., alerts, EHR)
	for investigation and follow-up. The Safe2Tell Colorado model creates a method for early intervention in the lives of youth who are struggling, helping them when they need it, before situations turn into tragedies.	
Local schools, in total the Health Colorado partners have established relationships with 182 different schools in 57 different school districts throughout Region 4	San Luis Valley Behavioral Health through School-based Mental Health Specialists provides high-quality behavioral health outreach, linkage, consultation, treatment, and collaboration between community mental health centers and school districts. The School-Based Mental Health Specialist is a vital and unique resource within the community mental health center and has the ability to work broadly on systemic issues within schools and school districts as well as work closely with internal and external stakeholders, children, and families.	In-person

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OFFEROR'S RESPONSE 14

Describe the Offeror's plan to support and build Communities in the region to address social determinants of health, including how the Offeror will define Community and address requirements in Sections 5.8.3 and 5.8.4.

BACKROUND

Health Colorado, Inc.'s (Health Colorado's) partners each bring deeply rooted experience in understanding and treating the complex behavioral and physical health care needs of the Medicaid population. Over the years, we have witnessed firsthand the leaps and bounds made in modern diagnostic tools and education, new medications, innovative technologies, and evolving policies. While improvements in health care have been impressive, a recent Health Affairs article reminds us that only 10 to 20 percent of health outcomes are determined by health care access and quality.[1] Other contributors including Member engagement and compliance, ability to pay for prescribed drugs and treatments, psychosocial issues (e.g., major psychiatric diagnosis, drug and alcohol use, health literacy), and many others affect outcomes and have been poorly addressed. Historically, our health care system has been ill-prepared, poorly resourced, and ill-equipped to manage both the physical and biological aspects of illness and prevention, as well as the social determinants which play an indisputably major role in health and disease.

Health Colorado, operating as the Regional Accountable Entity (RAE) in Region 4, enables the local, engaged partners to more effectively impact health and social determinants of health across the region for all Members. As leaders in the community with established relationships and collaborations to impact conditions in which Members live, we embrace the leadership role we will play to facilitate cross-sector efforts across the entire region with other community stakeholders. Together, we will be even more effective in addressing health and social determinants for our communities.

The federal Healthy People 2020 program identifies specific examples of social determinants, including:[2]

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources
- Opportunities for recreational and leisure-time activities
- Transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime and violence (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)

[1] Woolf, Steven H., "Progress in Achieving Health Equity Requires Attention to Root Causes," *Health Affairs* 36, no. 6 (2017): 984-991 doi: 10.1377/hlthaff.20170197.
[2] Healthy People 2020. Social determinants of health. Retrieved from www.healthpeople.gov/2020/topics-objectives/topic/social-determinants-health

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- Residential segregation
- Language/literacy
- Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
- Cultural considerations

In a review of the literature, the common factors associated with social determinants of health include:

- **Income inequality** as it relates to wealth and health. Factors may include unemployment, under-employment, poverty, or single parent households. These, in turn, affect stress levels, exposure to crime, contact with toxins, fewer educational prospects, difficulty in finding safe and affordable housing, access to health care services, affordability of nutritious meals, access to full service grocery stores, high-risk behavior and mortality rates. Obesity and being overweight, and their accompanying illnesses, disproportionately affect individuals and families living in poverty. The highest rates of obesity, diabetes, and cardiovascular illness often occur among population groups with the highest poverty rates and least education. Geographic areas with high levels of poverty have fewer full service grocery stores and higher numbers of fast food restaurants and convenience stores.[3]
- **Social and community inequity** related to not belonging to an extended network of support. Factors may include racial, gender, and sexual discrimination and bias; isolation; incarceration; institutionalization; and language barriers (i.e., English is not a primary language). These factors affect cohesion with the community, civic participation, access to educational opportunities, access to timely and comprehensive health care, involvement in recreational and leisure time activities, having personal emotional support, and participation in information sharing.
- **Sense of personal efficacy** or a person's sense of control over their lives. This sense of control is indicated by the level of confidence in one's general and health care decision-making, ability to assess and access educational opportunities, and career advancement. Those individuals with a higher sense of efficacy and behaviors that reflect that value tend to live longer, maintain better health, maintain higher productivity in the workplace, have a high self-esteem and self-assurance, advocate for self and community issues, and participate more vigorously in life.[4][5][6]

The consequences of ignoring health inequities include persisting health disparities; increased direct and indirect health care costs; decreased productivity; and an overall disparate use of federal state health care dollars.
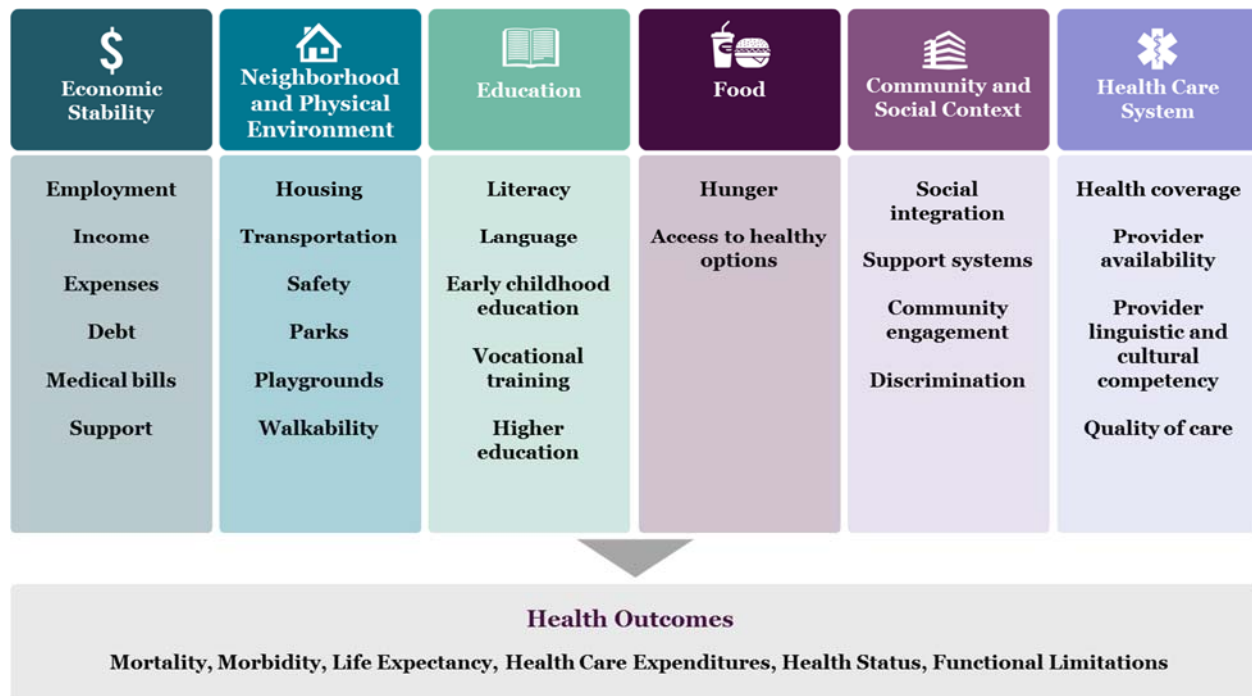
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[3] Moyer, D.C. & Salucci, L. (2013). Denver food deserts and the impact on public health: Review of four policy options. University of Denver.
[4] Work group for community health and development (2014). The community tool box. University of Kansas. Retrieved from
http://ctb.ku.edu/en/table-of-contents/analyze/analyze-community-problems-and-solutions/social-determinants-of-health
[5] Marmet, M (2006). Health in an unequal world. The Lancet, vol. 368, Dec 9.
[6] Healthy People 2020. Social determinants of health. Retrieved from www.healthpeople.gov/2020/topics-objectives/topic/social-determinants-health

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Health Colorado

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

To address the social determinants of health and make a positive impact on health disparities in Region 4, it is essential to support and build local communities around solutions to the inequities. The definition of "community" is complex. Our approach as the RAE is to organize system-wide goals and processes in parallel with ongoing and new community engagement activities— enhanced by state-of-the-art technology solutions custom-designed by our experts who have worked directly with the Medicaid population for more than 30 years. Our definition of community aligns perfectly with the Department of Health Care Policy and Financing's (the Department's) in that a community is the services and supports that impact Member well-being, including Health Neighborhood providers and organizations that address the spiritual, social, educational, recreational, and employment aspects of a Member's life.

Relevant Data and Role in Cost

Considering our responsibility to manage total cost of care in Region 4, understanding the cost implications related to the social determinants of health are critical. We understand that:

- America spends $2.7 trillion annually on health care. Health expenditures tied to smoking total $96 billion; costs associated with obesity include more than $43 billion for hypertension and $17 billion for diabetes.
- Low socioeconomic status is associated with higher mortality and morbidity.
- Racial and ethnic minorities currently represent one-third of the US population. Research shows that they tend to have worse health outcomes than Whites.
- African American men are more likely to die from heart disease than White men. African American adults are more likely to have a stroke compared with White adults.[7]

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[7] US Department of Health and Human Services Office of Minority Health. African American Profile. http://minorityhealth/hhs/gov

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- Native American and Hispanics have diabetes rates more than two times the White rate.
- One in every six Americans lives in poverty; for an individual that means $12,060 per year.[8]
- Hispanic neighborhoods have only 32 percent as many chain supermarkets compared to non-Hispanic neighborhoods and African American neighborhoods that have 52 percent as many supermarkets as White neighborhoods.[9]

Understanding our Communities: The Challenges in Region 4

The national trends and data presented above are exceedingly relevant in Region 4. Region 4 has 352,042 residents across 30,241 square miles, divided into 19 counties that are predominantly designated as frontier and rural, as depicted below. Of these, approximately 137,000 residents, or 38 percent, are covered by Medicaid, a significantly higher percentage than the state as a whole.

County Classifications in Region 4
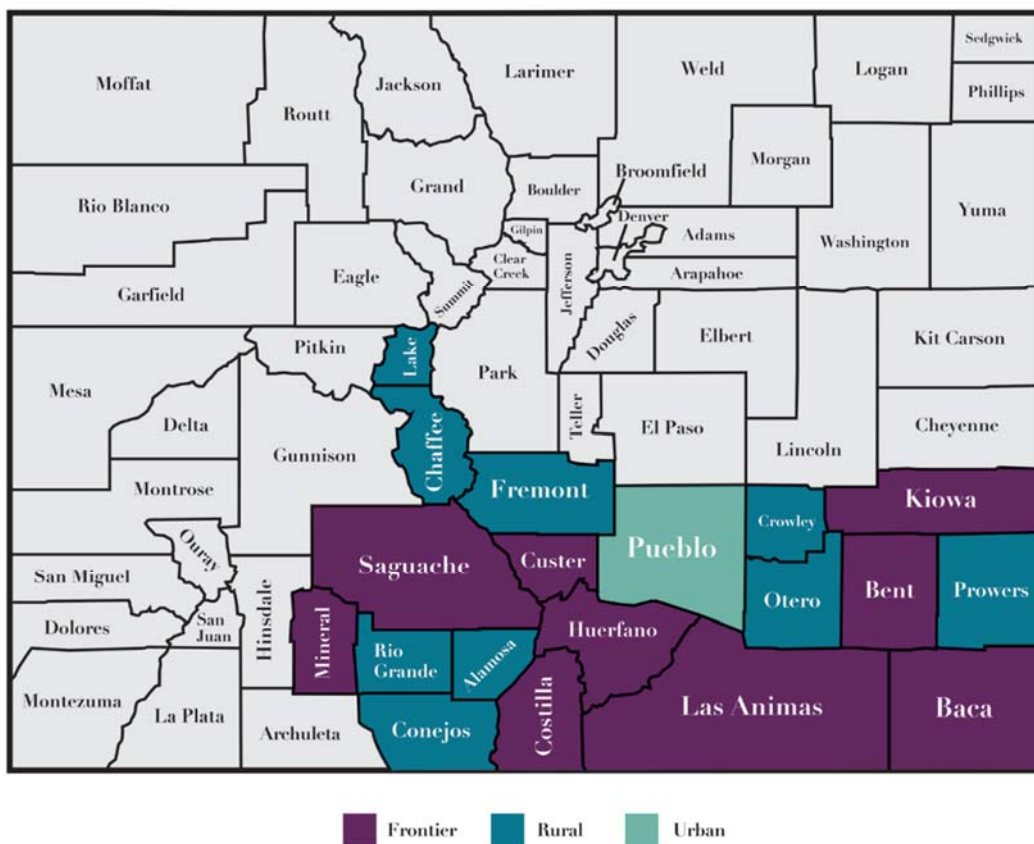
Frontier areas are the most remote and sparsely populated places along the rural-urban continuum, generally identified as six or fewer people per square mile. Residents reside far from health care, schools, grocery stores, and other necessities and transportation options are scarce. In addition to the absence of a mass transit system, much of Region 4's roads are unpaved and unplowed roads that are poorly traveled.

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[8] Khazan, OO. (2014). How being poor makes you sick. The Atlantic. [Internet]. Attained from www.theatlantic.com/health/archive/2014/05/poverty-makes-you-sick/371241
[9] Powell, L.M., Slater S., Mirtcheva, D, et el. (2007). Food store availability and neighborhood characteristics in the United States. Preventive Medicine, 44: 189-195.

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The suicide death rate is higher in Colorado's rural and frontier regions than in urban areas. In 2013, the highest number of suicide deaths was among 45- to 54-year olds for both males and females.[10] The overall suicide rate of Region 4's counties is above the state average; however, the suicide rate among Medicaid Members is below average. We are working across all institutions (e.g., hospitals, medical offices and clinics, schools, Departments of Human Service and Public Health, housing) to address this issue and reach Members. Ideally, we attempt to reach them before they are in crisis and have available full interdisciplinary teams and community supports, including the Colorado Crisis System, when they need us.

A third of the state's agriculture jobs are on the eastern plains, including eight of the counties in Region 4. Residents have the lowest level of physical activity, least access to healthy foods, and highest rate of obesity.[11]

Health Colorado partners are fully aware of these challenges and have established relationships and communication channels in place with community organizations that provide resources such as food, housing, energy assistance, childcare, education and job training in the region. Examples include:

- Partnering with community agencies in coalitions to address criminal justice, housing, and food scarcity issues
- Sitting on local, regional and statewide committees with Departments of Human Service, Departments of Public Health, Regional Health Connector, Colorado Department of Public Health and Environment, SIM, special task forces to coordinate services and develop new models
- Offering people and funding to local initiatives to address multiple areas of social need
- Co-sponsoring wellness and prevention programs with schools, churches, and Departments of Public Health to reach people where they live and learn
- Offering technology solutions to address transportation and isolation issues such as tele-psychiatry and tele-therapy

As the RAE is responsible for the health of Members in such a vast and sparsely populated region, understanding the geographic impact on health and having worked in the communities with other established community resources informs our system-wide and local community-level approach. The Colorado Health Foundation Report Card reports: "*Poverty is a part of daily life for the almost 31,000 children and 71,000 adults living below the federal poverty line in rural Colorado… Median household incomes are the lowest in the state (on the Eastern Plains) at $42,500 annually—27 percent below earnings in metropolitan areas.*"[12]

Region 4's 19 counties can be broken down into four sub-regions:

1. **San Luis Valley** (Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache)
2. **Upper Arkansas Valley** (Chaffee, Custer, Fremont, Lake)
3. **Central** (Huerfano, Las Animas, Pueblo)
4. **East** (Baca, Bent, Crowley, Kiowa, Otero, Prowers)

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[10] The Colorado Health Foundation. 2016 Health Report Card Data Spotlight: Mental Health.pdf. www.coloradohealth.org/ReportCard
[11] http://www.coloradohealth.org/sites/default/files/documents/2016-12/COHRC_RuralHealthfull_2016.pdf
[12] Ibid

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The sub-regional divisions are largely defined by geographical and cultural boundaries and each have unique characteristics that require different approaches to meet the needs of our Members in those areas. The level of collaboration and integration between health care and community services varies within each sub-region and is largely dependent upon the geographical cultural characteristics that define the communities.

Social Determinants

The following brief excerpt of Region 4 demographic and available social determinants data aggregated at the sub-region level, compared to the state, provides context of the sub-regions we serve and informs us of priorities in terms of inequities. The full data set at the individual county level, compiled from multiple sources, is provided as **Attachment 13**

	San Luis Valley	Upper Arkansas Valley	Central	East	State Average
People per square mile	4.47	18.13	25.23	5.82	48.50
Median age of resident	43.83	47.03	45.8	40.72	36.30
Percent under 200% of FPL	41.58%	33.20%	19.64%	30.26%	30.10%
Percent ESL	28.66%	11.14%	14.93%	63.66%	16.90%
Percent unemployed	4.81%	4.57%	5.30%	4.29%	3.00%
Percent no high school degree	10.76%	8.62%	8.58%	11.61%	5.91%
Percent uninsured	16.69%	12.70%	12.15%	14.71%	12.00%
Violent crime reported (per 100,000 population)	131.40	168.5	371.33	131.5	309

We note that while the percentage of people uninsured does exceed the State average in three of the four sub-regions, lack of insurance is not necessarily the largest barrier to health care in Region 4. Rather, individuals in Region 4 are significantly more elderly than the state average, often do not speak English as a first language, and are significantly more unemployed (e.g., the Central sub-region's unemployment rate is nearly double the state's). Individuals are forced to travel, at cost, much further for health care and other basic necessities that impact health on an often lower family budget than the state average. In San Luis Valley, 41.58 percent of residents earn a family income of less than 200 percent of the Federal Poverty Level (FPL), compared to the state average of 30.10 percent. We also note that violent crime is concentrated in the Central, more densely populated sub-region.

Health Disparities

According to the 2015 County Health Rankings for Colorado, there are 14 counties in Colorado that rank in the lowest quartile in terms of health outcomes and health factors, and 11 of those counties are located within Region 4. Diabetes prevalence is particularly intense in Region 4. The Colorado Department of Public Health and Environment noted in 2015 that *"Southeastern*

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Colorado bears the largest burden of diabetes, with prevalence as high as 13 percent, almost twice the state average and similar to the highest nationally-ranked state.[13]

As experienced Regional Care Collaborative Organization (RCCO) and Behavioral Health Organization (BHO) partners in Region 4, we also know that in all four sub-regions, diabetes is the most prevalent condition for which claims were paid in 2016. There is a large impact on cost when prevalence rates for chronic diseases such as diabetes are high. There is not only a correlation between social determinants and health disparities, but causation, as research has shown time and time again. Below, we highlight some of the prominent health disparities in our region that we are working to address from both the health care aspect, as well as the social determinants aspect. We have provided a comprehensive dataset of health conditions as **Attachment 13**.

	San Luis Valley	Upper Arkansas Valley	Central	East	State Average
Adult diabetes rate	6.13%	8.23%	11.87%	13.20%	7.40%
Adult obesity rate	23.86%	22.36%	26.55%	26.55%	20.80%
High blood pressure rate	29.28%	33.51%	33.83%	36.96%	26.30%
Infant mortality rate (per 1,000 births)	10.39	5.43	6.3	18.41	5.1
Adult asthma rate	6.51%	11.22%	11.06%	7.66%	8.20%
Suicide rate (age-adjusted per 100,000 population)	28.22	21.70	22.90	22.50	16.80

As evidenced in the table above, the Central and East sub-regions have the highest prevalence rate of diabetes at 11.87 percent and 13.2 percent, respectively. These rates extend to nearly double the State average of 7.4 percent. Adult obesity and high blood pressure rates are both higher in all sub-regions compared to the state average. The infant mortality rate in all sub-regions exceeds the state average, as well, and is particularly high in San Luis Valley and East sub-regions. This metric significantly decreases the average life expectancy of the population. We also note that the adult asthma rate in Upper Arkansas Valley and Central sub-regions is higher than the state average, indicating a need for environmental health services to mitigate against pollutants. The suicide rate in all sub-regions is also higher than the state average.

We are closely looking at each of these disparities and implementing large scale care coordination efforts as well as Member and provider education efforts to address the social determinants that may be impacting these health conditions. We are deeply embedded into the community and Health Neighborhoods to truly learn and understand the social determinants and corresponding health conditions, and to contribute our collective knowledge and expertise to improve the conditions for all. We illustrate our partner's extreme efforts in this area in the paragraphs that follow.

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[13] "Diabetes' Impact in Colorado," Facts for Action: Chronic Diseases and Related Risk Factors in Colorado, Colorado Department of Public Health & Environment, November 2015.

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HEALTH COLORADO PARTNER HISTORY: COMMUNITY ENGAGEMENT

Health Colorado's partners have established themselves in Region 4 and built local communities our Members and other community organizations have trusted for years. As the RAE for Region 4, these efforts will become better coordinated with enhanced continuity. We will continue to work closely with community organizations, sharing information in the region about identified community social service gaps and needs, and engage with hospitals and local public health agencies regarding their community health needs assessments. We will collaborate with the Department, other state agencies, and regional and local efforts in order to expand the community resources available to Members. We will also collaborate with school districts and schools to coordinate care and develop programs to optimize the growth and well-being of Medicaid children and youth.

Indeed, we are proud of the many communities our organizations have tirelessly engaged with and built to optimize our Members' health and well-being. A recent survey of Health Colorado's partners has identified over 320 unique organizations or events

> *Health Colorado's partners have 320 established relationships across Region 4's 19 counties.*

with which we engage to address health and social determinants of health across the 19 counties that comprise Region 4. A list of these relationships is provided as **Attachment 14**. While we know this is only a partial reflection of our engagement, it demonstrates how interconnected we already are in Region 4. We work with the full range of community service agencies to address health and human services and they know us, trust us, and refer Members to us day in and day out. A few examples include:

- We have formal relationships and meet regularly with every **County Department of Human Services (DHS)** to address joint cases, community needs, and resource allocation.
- Care coordinators, case managers, and peer specialists are embedded in large and small **hospitals across the region** providing direct service including crisis intervention and linkage with referrals for emergency housing, health care, food, mental health services, and identification of and referral to community resources.
- The partners all work with local organizations to **identify and resolve food access issues** including Meals on Wheels (where available), food pantries, WIC, SNAP, local churches, and local DHS offices. We support Members in need through the application process if needed to obtain WIC and SNAP benefits and also how to access food in emergencies through local partner organizations
- **Rooted in a rural context, partners work collaboratively to reduce redundancies** between multiple different agencies including public health, local hospitals, primary care providers, dental providers, local DHS offices, and many others to address immediate health needs as well as systemic barriers including housing and transportation.

One of our Governing Body members, Dorothy Perry, Ph.D., MBA, presented a White Paper to the Colorado Commission on Affordable Health Care in 2016 entitled: *Brief Overview of Research Findings on Social Determinants of Health and Environmental Justice*, which is provided as **Attachment 15**. Under Dr. Perry's leadership, our staff convened a Social Determinants of Health Workgroup in late 2016 that has been working to identify current engagement by Health Colorado in community health and social organizations that target

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specific social determinants of health need. Their resource compendium is also provided and further demonstrates our knowledge of the region and our engagement with community partners in improving the health, wellness, and overall community strength in Region 4.

Our Knowledge of the Community and Engagement in Social Determinants of Health

Health Colorado's partners know, understand, and have implemented initiatives to build local communities to optimize Member health and well-being, including those with complex needs that receive services from multiple agencies. We commit to continuing and expanding these efforts through the resources provided by the RAE contract. All of our partners have made similar contributions to addressing the social determinants of health and implementing initiatives to build local communities. Relationship building with other community-based organizations and public agencies has also proven to be a key strategy for reducing inequities.

The range of our collective involvement and program implementation encompasses health, education, schools, employment, transportation, criminal justice, and housing—whatever the needs are of our region. We are out in the trenches, listening to and responding to the community's needs on a daily basis. Representatives of Health Colorado sit on Boards and advisory committees and 'roll up their sleeves' and do the work. They sponsor bike races, ski days, make food baskets, and also address the more systemic issues such as how to improve access to healthy foods in the community and how to improve opportunities for wellness and prevention (exercise, immunization screening, eye exams, dental health). We describe several of these initiatives in the paragraphs that follow.

> *Health Colorado's partners' interface with the communities as a collaborative, multi-disciplinary team makes Health Colorado uniquely qualified to reach Region 4's Members and connect to them to the services they need in their communities.*

Transportation

Solvista Health works closely with the Non-Emergent Medical Transportation (NEMT) programs administered by the local Department of Human Services in each county in their service area and helps clients apply for reimbursement through the NEMT agency. They also work closely with the Upper Arkansas Agency of Governments who offer vouchers for $1.00 and $5.00 to cover the cost of gasoline in getting to local appointments, or to Pueblo or Colorado Springs for specialty appointments, as needed. Furthermore, Solvista Health refers to and educates Members about the Golden Age Shuttle, and even offers behavioral support for Members who may have anxiety about using public transportation. Due to the relationship Solvista Health built with Golden Age Shuttle, Golden Age's management know that they can reach out to Solvista Health directly to initiate this type of Member behavioral support. Golden Age Shuttle and Solvista Health have even collaborated on grant funding opportunities that would fund additional services to expand the availability of shuttle services.

Southeast Health Group employs peer specialists and health navigators as part of a Health Navigation Program to coordinate and provide transportation to medical appointments, specialty care out of the area, and other appointments that facilitate solutions to the social determinants of

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health, such as access to food, pharmacy, housing, and benefits especially for Members with complex needs.

Two municipal bus services are available in La Junta and Lamar, and the Lamar transport provider serves the entire county, as needed. There are no Uber or Lyft operators, or private taxi drivers, in the region. The Health Navigation Program has been invaluable to Southeast Health Group's impact on the reducing the transportation inequity.

> *During the first three years of the Health Navigation Program, the navigators drove* **one million miles** *to meet the needs of area residents. Southeast Health Group keeps a fleet of 22 vehicles to traverse the expansive region and engage Medicaid Members, who would otherwise delay care.*

Housing
Voucher Programs and Supportive Housing Options provided by Health Solutions have been very successful. They have housed 143 people in the last year, which improves Members' stability both psychiatrically, physically, and assists them in becoming productive community Members through supportive services. Most of the people participating in Health Solutions' programs have been receiving services for more than one year and over half of them have been receiving continuous services for more than five years. These services make a tremendous impact. For example, one individual was hospitalized more than 200 days over a three-year period prior to enrollment in services and did not have housing. Since enrollment in the program three years ago, we are proud to report that the individual was hospitalized less than 10 days over this three-year period.

Criminal Justice
Health Colorado understands the needs of Members with chronic behavioral health conditions and the impact on criminal justice. People with behavioral health issues are very vulnerable to arrest. When they are in a delusional or psychotic state, they may exhibit behavior or commit a crime that requires law enforcement intervention to address. People with mental illness also have an increased risk for substance use and homelessness, and these factors can also make them more visible to law enforcement officers. More than 20 percent of individuals with a mental illness entering prisons and jails are homeless in the months before their incarceration. In fact:

- A study by the U.S. Department of Justice found that more than 50 percent of all prison and jail inmates have a mental health problem compared with eleven percent of the general population, yet only one in three prison inmates and one in six jail inmates receive any form of mental health treatment.[14]
- Upon release, about 50 percent of those with a mental illness reenter prisons within three years of release because of inadequate treatment and rehabilitation in the community. Systematic programs linking released mentally ill offenders to state mental health programs are few and far between. The immediate post-release period is particularly risky for suicide and other causes of death.

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[14] Binswanger IA, Stern MF, Deo RA, et al: Release from prison: A high risk of death for former inmates. New England Journal of Medicine, January 11, 2007

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Beacon Health Options, Inc. (Beacon), Health Colorado's Administrative Services Organization, has been on the forefront when it comes to facilitating data-driven justice health. The ability to identify Members with treatment histories at one of the Community Mental Health Centers (CMHCs) prior to release from prison or at jail booking streamlines our transitional services. Beacon developed a focused solution, JusticeConnect, that improves the lives of individuals with behavioral health conditions involved with the criminal justice system. JusticeConnect allows Beacon to provide comprehensive interventions and integrated solutions to:

- Decrease unnecessary incarcerations
- Increase access to appropriate behavioral health treatment during incarceration
- Increase successful community based reintegration through active transitional care management upon release

Health Colorado's CMHC partners covering all of Region 4 have experience providing the health needs for Members at-risk of incarceration and also have the resources internally and with Beacon's support to leverage other community resources to support these Members in the community.

Wellness, Prevention and Targeted Programs through Extensive Community Relationships

We have further established relationships and communication channels and implemented programs that address the needs of every Member in Region 4 through wellness, prevention, and targeted programs to address Members with complex needs or who are being served by multiple agencies. We have developed our Population Health Management Plan to reflect our local population health needs that are also reflected in community action plans of the counties in Region 4.

Our partners were all active participants in developing and providing input into the **County Community Health Improvement Plans.** We offer a consistent approach to the work being done in the counties by similarly relying on local needs assessments and evidence-based programs such as Colorado's 10 Winnable Battles and the Colorado Opportunity Framework to address health and social determinants of health. We commit to working in our local communities through our partners to work collaboratively with all the stakeholders engaged in updating and implementing County Community Health Improvement Plans. These coalitions work together to develop plans that are broad-reaching, and include hospitals, school districts, nutrition services, universities, medical societies, population-based community organizations, early childhood resources, and others. These coalitions include, but are not limited to:

- The **Pueblo Interagency Community Council (PICC)/Pueblo Early Childhood Council (PECC)** focuses on a reduction of obesity-related chronic illnesses and preventing teen and unintended pregnancy.
- Region 4 staff serves as the Chair of the quarterly Pueblo **Aging and Disability Resource Center Advisory Committee (ADRCAC)** meetings. The focus of ADRC is to improve senior access to needed health services and for the provision of daily-living care. ADRC is a working committee for finding community resources and services for seniors and for

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identifying gaps in services. We also support and participate in the ADRC meeting in La Junta and Trinidad

- **The Alliance for Food Access and Region 4** partnered with local and regional food systems of Pueblo County to provide more safe, fresh, and healthy foods to improve food access, food security, and health for Members.
- Beacon hosts, the Pueblo Fire Department coordinates, and Health Solutions provides training on the **Directing Others To Services (DOTS) Program**. This is a pilot program aimed at reducing the number of 911 calls for which people without a primary care physician are using 911 to access health care services.

Health Colorado is well-represented on local organization committees addressing housing needs, including but not limited to:

- **The Fremont County Community Housing and Health Care Subcommittee is** organized and hosted by The Wellspring Vineyard Christian Fellowship in Florence with participation from Solvista Health. The Committee was created in January 2017 and is comprised of members from the Fremont County Continuum of Care Alliance, Health Colorado representatives, and community members. The forum is focused on Health First Colorado Members experiencing difficulties with social determinants of health, specifically housing needs in Fremont County.
- **Housing Policy Advisory Committee (HPAC)** is coordinated by the Chaffee Housing Trust. The HPAC is a voluntary group of local housing advocates dedicated to implementing the recommendations of the 2016 Housing Needs Assessment, including the adoption of policies and the support of organizations that deliver affordable housing. We actively participate on HPAC because we recognize the stress housing insecurity puts on Medicaid Members, especially those with behavioral health or substance use issues or whose physical or intellectual needs require specialized housing solutions
- Region 4 hosts the **Southeast Colorado Transitions Consortium,** which is a robust workgroup of professionals from both Pueblo hospitals, Federally Qualified Health Centers (FQHCs), Health Solutions, home health, hospice, Pueblo Fire Department, and other stakeholders who meet to identify causes of readmissions and emergency department utilization.
- The **Rural Initiatives Program**, which is a cooperative partnership between the Colorado Coalition for the Homeless and non-profit homeless service providers in non-metro and rural areas of Colorado. The Coalition and its partner agencies jointly operate nine Continuum of Care-funded programs, including seven rapid rehousing programs, one transitional housing program, and one permanent supportive housing program. The Coalition also jointly operates several Emergency Solutions Grants (ESG)-funded homeless prevention and rapid rehousing programs. Programs like the Rural Initiatives Program fill a gap in our region where resources for a rural area are scarce and yet our Members, especially those with conditions that put them at risk, have significant needs.

Similarly, we are focused on a range of nutritional programs and have partnered with a number of community organizations and agencies to support Members with food crises and engage them in nutritional counseling, wellness, and prevention. A sample of these community partners in these efforts include:

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- Chaffee County Health Coalition
- Heart of the Rockies Regional Medical Center
- Loaves and Fishes
- WIC programs
- San Luis Valley Food Coalition

- Chaffee County Public Health
- Fremont County Department of Human Services
- Churches across the region
- County Departments of Public Health
- Food drives for local food banks.

COLLABORATION WITH SCHOOL DISTRICTS AND SCHOOLS

With a significant number of our members under the age of 18, we recognize the important role that families and schools working together with us have in addressing population health and optimizing the growth and well-being of Medicaid children and youth. We work with schools across all of Region 4 at the system level and with our local provider partners. School districts, school counselors, and school nurses are integral members of the many coalitions and initiatives with which we work in every county across the region. At the system level, through the administrative staff at Beacon, we have engaged with schools and school districts in implementing programs such as the Colorado Opportunity Project, which is described later in this section.

We recognize that in Region 4, a large majority of the children are on Free and Reduced School Lunch programs. Many of our families are on SNAP and we already have programs in place to link pregnant women to WIC. For example, 69 percent of students in the San Luis Valley Region are eligible for the Free or Reduced Lunch program, 71 percent in the Arkansas Valley Region, 56 percent in the Cañon City Region, and 45 percent in the Farmworker Health Services, and also uses the mobile van at school-based health and wellness events across the region

Schools will be important members of our community to inform our design and help us implement the pediatric interventions outlined in our Population Health Management Plan. Our wellness and prevention interventions, in which we maximize the use of technology to address common pediatric wellness issues (e.g., nutrition, exercise, injury prevention, immunizations, and routine health screenings), will all include a school component. We will consult with school districts, school nurses, and other school representatives as we are building the intervention and will engage them in the solution to support the activities that the school districts have underway. We will work to ensure that this kind of collaboration continues and is addressed region-wide across all 19 counties from our administrative offices.

In addition, there are a subset of pediatric Members who are characterized by high-risk behavioral or physical health needs. Health Colorado is the "safety net" for those children. We have already implemented and commit to continuing programs in which we work hand-in-hand with all the organizations and agencies that address the needs of these high-risk children. Schools are at the core of everything we do for children in need. In our region, school-based health centers are only located in the one urban county. While school-based health centers may be the solution in Denver, we have had to create new solutions that reflect the geography and need in southeast Colorado. In 18 of the 19 counties in our region, our provider partners offer integrated health services in which we provide behavioral and physical health services co-located to the extent possible with embedded care coordinators. We also are the source of care coordination for other PCMPs in the region serving children and families—either co-located or located within the

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community and familiar with the schools and other community resources. Local care coordination offered in conjunction with or collaborating with school resources is offered to address the needs of these at-risk children.

Our partners support schools directly through the provision of care coordination and in developing programs that optimize the growth and well-being of Medicaid Members. For example, for the last eight school years, Health Solutions' Youth and Family Services have provided behavioral health services to Pueblo City Schools, physically embedded into different schools. Currently, Health Solutions has five school-based clinicians that vary their days at 11 different schools within Pueblo County. In this capacity, we have provided counseling services as well as crisis responses and interventions. We have responded to six school-wide crises in just the last school year. By providing services in the school setting, youth are out of the classroom for shorter periods of time, improving truancy rates and giving students easy access to services when they are struggling. The school-based service supports and cooperates with the onsite school wellness centers to provide bi-directional care. We also find we are able to engage parents in services, as the neighborhood school is easier for them to get to when transportation is an issue for the family.

Another example is through School-based Mental Health Specialists provided by San Luis Valley Behavioral Health Group. The School-Based Mental Health Specialist is a vital and unique resource within the CMHC and has the ability to work broadly on systemic issues within schools and school districts as well as work closely with internal and external stakeholders, children, and families. As the RAE, we will continue to provide high-quality behavioral health outreach, linkage, consultation, treatment, and collaboration with school districts in San Luis Valley.

THE COLORADO OPPORTUNITY PROJECT

The goal of the Colorado Opportunity Project is to deliver existing evidence-based initiatives and community-based promising practices that remove roadblocks for all Coloradans, so that everyone will have the opportunity to reach and maintain their full potential. The Colorado Opportunity Project framework covers nine life stages from family formation to end-of-life and the indicators provide common milestones that are important for success in life.

Health Colorado embraces this evidence-based framework and will use it as a guideline for the activities we implement. We will establish a point of contact to participate in the Colorado Opportunity Project, as well as design and implement regional activities to support its goals. Our staff will continue to lead this project and remain fully engaged in this effort moving forward.

This has been the sole statewide network to establish a coalition consisting of an external network of stakeholders to create the Coalition

> *Health Colorado's partner organizations have been instrumental in participating in and supporting Colorado Opportunity Project endeavors in Region 4. For example, we took an active role in the development of a two-year proof-of-concept program in conjunction with the Department to implement and sustain the Colorado Opportunity Project in Pueblo.*

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for the Colorado Opportunity Project (the Coalition). The Coalition has partnered with the local FQHC, WIC, Baby and Me, Tobacco Free, SNAP, Nurse Family Partnership, Colorado Family Planning Initiative, the Family Resource Center, and TANF to implement the interventions.

Honoring the Colorado Opportunity Project framework that supports the evidence-based interventions within the Family Formation (conception to birth) life stage, the Coalition is dedicated to improving the birth weight of babies born to Medicaid Members living in Pueblo County through increased referral, enrollment, and retention into evidence-based programs. This work is consistent with and will support our Population Health Management Plan in which one of our major interventions will be improving access to prenatal care for Region 4 Members.

The Coalition has identified WIC as a successful evidence-based program. Because of its effectiveness, the coalition decided to collaborate efforts towards strengthening family formations by way of increasing the community awareness and education regarding WIC. Enrollment in WIC will increase the likelihood of women to receiving prenatal care and lowering incidences of moderately low and very low birth weight infants, which is again consistent with our proposed Population Health Management Plan.

Because health professionals are still the first choice for new mothers to go to for information about health concerns, the Coalition is partnering with both Pueblo hospitals, to coordinate a one-hour breakfast or lunch-n-learn for obstetricians, pediatricians, and family doctors and their care teams. The purpose is to update and inform Pueblo's delivery doctors and their care team about Pueblo's existing and new evidence-based maternity programs and how successful technology innovation has reshaped community-based human services for the good.

The Coalition has also partnered with Southern Colorado Family Medicine (SCFM) and the Pueblo Health Department to offer the Pueblo community the "Baby and Me, Tobacco Free Babies" smoking cessations program. The program has proven interventions that reduce the burden of tobacco use on the pregnant and post-partum populations. Maintenance of smoking cessation after the baby is born extends the positive health outcomes for women and their families by reducing the damaging effects of secondhand smoke. This results in healthier mothers, healthier babies, and an outstanding return-on-investment. SCFM started this program in September 2016 and enrolled participants had delivered and began receiving vouchers. The Pueblo Community Health Department began their training and certification the beginning of 2017 and is currently taking enrollments.

PLANNING FOR THE FUTURE

Health Colorado's approach to addressing the health disparities and inequities in Region 4 addresses inequities at the system level and community level, and leverages existing and custom-built technologies to accelerate communications.

Health Colorado will be staffed with seasoned professionals who have led similar efforts under high performing BHO and RCCO contracts. We have established a position of System Integration Coordinator who will be primarily responsible for coordinating these functions across the regions and supporting key personnel in leading these efforts. Ms. Karla Cordova, who currently holds this position for Beacon for their BHO contract, will be the designated person at

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the RAE-level responsible for coordinating all community activity. She will report to the Program Officer and will support the Member Advisory Committee as it addresses social determinants of health issues.

In addition, as the program is initiated, we will convene a series of stakeholder "listening" meetings across the region and communities to better understand these issues from a regional perspective and assure that the voices are being heard from each community. We will work with the Member Advisory Committee, local hospitals, and local public health agencies in developing their community needs assessments in order to understand the issues being assessed and identify areas where we can build collaborative strategies to reduce health inequities and disparities.

Concurrently, we will convene a Social Determinants of Health Workgroup with representation from the communities, stakeholders, Members, and the Board to establish a working document, Health Colorado community-wide Social Determinants of Health Plan that enables us as the RAE to prioritize our role and engagement with our community partners. This plan will be updated annually and presented to the Board for review and approval at that time.

Stakeholder engagement across the continuum allows for the most robust program design and we fully intend to engage with the designated state agencies, providers, advocacy groups, and Members to ensure program design includes input

> *We will gather extensive community input on our Social Determinants of Health Plan.*

from all stakeholders. We will extensively rely upon the Statewide PIAC, Regional PIAC, Member Advisory Committee, and relationships with providers in the community to review, assess, and identify new or changing opportunities to impact the social determinants of health in Region 4. We also want to make sure our programs and coalitions work for the population being served. As partners, Health Colorado has a long history of collaborating with and advocating for communities with strong Member and community input throughout the process.

Our Chief Clinical Officer, working with our Director of Population Health, Care Coordination, and Innovation will be responsible for:

- Monitoring ongoing activities
- Identifying priorities to the Board
- Identifying gaps and making recommendations for system-wide efforts
- Tracking state policies and programs and ensuring that they are brought to the local region
- Reporting regularly to the Board

In addition to committing staff at the regional and local levels to participate in local, regional, and statewide efforts to improve social determinants of health, the Health Colorado Board has approved the funding of select efforts that will improve outcomes for Members in the region. Funding will be based on the Social Determinants of Health Plan and will consider other urgent local needs (e.g., natural

> *We will implement a Community Re-Investment Program whereby a portion of our bonus earnings are re-invested in the local region and communities we serve to further impact health outcomes, cost of care and Member experience.*

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disasters). This may include assisting Health Neighborhood providers or agencies with start-up costs for new programs or service expansions, funding of grants, funding of existing programs like the provision of housing vouchers, or addressing urgent food or housing needs in cases of a community crisis.

Based on our historical engagement in the community, and the commitment of our provider and administrative partners, the table on the following page portrays the breadth of Health Colorado's proposed activities corresponding to the Healthy People 2020 social determinants of health.

Social Determinants of Health	System Approach	Community Approach	Enabling Technology
Availability of resources to meet daily needs (e.g., safe housing and local food markets)	✓	✓	✓
Access to educational, economic, and job opportunities	✓	✓	
Access to health care services	✓	✓	✓
Education, interface with schools and job training	✓	✓	
Availability of community-based resources	✓	✓	
Opportunities for recreational and leisure-time activities	✓	✓	✓
Transportation options	✓	✓	✓
Public safety	✓		
Social support	✓	✓	✓
Social norms and attitudes (e.g., discrimination, racism, and distrust of government)	✓	✓	
Exposure to crime and violence (e.g., presence of trash and lack of cooperation in a community)	✓	✓	
Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)	✓	✓	✓
Residential segregation	✓	✓	✓
Language/Literacy	✓	✓	✓
Access to mass media and emerging technologies (e.g., cell phones, the internet, and social media)	✓		✓
Culture	✓	✓	

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Centralized Resource Directory

As part of our system-wide approach, Health Colorado will operate one centralized regional resource directory. Currently, each sub-region in Region 4 has its own resource directory of community resources that is available to Members. These will be merged into the RAE-level centralized regional resource directory that is cloud-based, mobile-capable, and maintained in real-time. Because of our advanced technology, care coordinators on-the-ground and Member Services Representatives (MSRs) responding to Member calls will be able to add resources to the directory as they are engaged with the community so that new programs are reflected immediately. In addition, the directory will be managed, maintained, and updated through our Member Services Department.

Health Colorado will not duplicate community efforts to create a centralized directory; instead, we will leverage the pre-existing efforts and incorporate that work into Health Colorado's unified region-wide directory. Cloud-based technology enables us to provide this resource to community partners, providers, and stakeholders and update it on a real-time basis.

Examples of existing resource categories include:

- Care Coordination
- Pharmacies
- Transportation
- Adoption/Foster Care
- Faith-Based Services

- Mental Health/Counseling
- Transition to Adulthood
- Literacy Services
- Emergency Services
- Public Health Department

STATEWIDE HEALTH INFRASTRUCTURE
Health Information Technology (Health IT) Infrastructure

Health Colorado's partners understand the statewide health infrastructure well and have participated in numerous opportunities to be a part of its development. Our Health IT and Data Director attends monthly eHealth Commission meetings. The Commission is the advisory board for the Office of eHealth Innovation (OeHI). OeHI was charged by Governor Hickenlooper to coordinate and align Health IT initiatives throughout the public and private sectors. Their goal is to promote Health IT and electronic health information exchange by identifying possible statewide shared solutions, assessing the Health IT landscape to prevent duplication of effort and purchases, and make recommendations to agencies and private enterprise on areas where they can invest their dollars for the greatest benefit.

In addition, our Health IT and Data Director has also attended meetings with SIM Members and the Colorado Telehealth Working Group, which was formed to help shape and develop a statewide telehealth strategy. Data Analytics and Work Group Meetings are held monthly by the Department. These meetings are used to learn of any data changes and provide support for the Colorado interChange and BIDM System. In addition to participating in sessions, we have taken the initiative to review and understand the Department's future plans and planned features for the BIDM system so that our IT infrastructure supports the State's existing and future assets.

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Managed Service Organizations (MSO)

In Region 4, Health Colorado's partners have existing relationships with the two MSOs within the region—Signal Behavioral Health Network and AspenPointe Health Network. Health Colorado's partner, San Luis Valley Behavioral Health Group, has collaborated with Signal Behavioral Health Network since 1997 to provide over 20 years of outpatient substance use disorder services to the communities within San Luis Valley. Likewise, Health Solutions and Southeast Health Group have agreements with Signal Behavioral Health Network to provide indigent substance use disorders services, including residential opioid treatment services and medication-assisted treatment.

We will further enhance these relationships and develop written procedures and business associate agreements to provide a full continuum of substance use disorder treatment, including prevention, dual diagnosis treatment, social detoxification, medication-assisted treatment, outpatient, intensive outpatient, follow-up after residential treatment, and recovery services. The procedures will clearly identify how Medicaid and MSO funds will be braided or shared and discontinued for payment of services.

Colorado Crisis System

Health Colorado's CMHCs are the delivery system in Region 4 for the Colorado Crisis System. This system is an integral component of our delivery system solution for Members in need of mental health, substance use, or emotional help. As such, we actively promote, encourage, and support use of this system for all Members and providers for confidential support.

In addition to the growing movement to incorporate health outcomes and assessments of health impact into other policy areas, we will support local and statewide efforts to integrate social and environmental needs into the health care system, such as:

- **The State Innovation Models (SIM) Initiative.** Colorado has been engaged in multi-payer delivery and payment reforms that include a focus on population health and recognize the role of social determinants. Beacon medical leadership, as well as our partner providers, are fully engaged in SIM at the local and state level and will work to support further efforts on social determinants of health.

- **Regional Health Connector Programs.** There are four Regional Health Connector Programs that address the needs of Region 4. Regional Health Connectors promote connections among clinical care, community organizations, public health, human services, and other partners. They connect primary care practices with resources to improve the health of a community.

  We are fully engaged with each of these programs. In fact, our CMHC partner, San Luis Valley Behavioral Health Group, is a host organization within the region. Health Colorado will continue our engagement with the Regional Health Connector program and coordinate activities across the region as the RAE.

- **Statewide Health Infrastructure and Policy Development Support:** We commit to participating in and aligning our activities with advisory groups, existing programs, and

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statewide initiatives designed to strengthen the health care system. Throughout our proposal response to this section, we have described the current status of our programs and commitment to working with advisory groups and existing programs in statewide initiatives. Health Colorado, through our senior management, Board members, and committed staff, we will participate in these activities, including but not limited to:

o Collaborating with PCMPs through the Comprehensive Primary Care Initiative (CPC+)
o Participating in the Community Living Advisory Group to provide direction to the Office of the Community Living
o Enhancing relationships with MSOs
o Promoting the Colorado Crisis System
o Continuing to participate in committees and policy groups for SIM with senior leadership from Health Colorado
o Establishing a point of contact for the Colorado Opportunity Framework and continuing to sustain regional activities like the one described above for this project
o Providing input on policies and changes to benefits coverage and acting as a conduit to providers on those changes as we have done for 20 years under the BHO contract, and more recently through the RCCO contract
o Aligning activities with the Pharmacy and Therapeutics Committee and Drug Utilization Review Board

Additionally, as described in our response to *Offeror's Response 19*, we will maintain a Utilization Management (UM) Program and, through the UM Director, establish a point of contact to communicate directly with the UM vendor on all required issues. Our Population Health Management Plan is fully aligned with this requirement and includes promoting the Nurse Advice line to Members and providers as a resource for after-hours care and guidance.

HEALTH NEIGHBORHOOD AND COMMUNITY REPORT

Health Colorado is uniquely experienced and able to meet the Department's reporting requirements for a Health Neighborhood and Community Report. ***Under the current BHO and RCCO contract, our staff have met or exceeded the Department's reporting requirements, which is well-documented by multiple sources, including the Health Services Advisory Group (HSAG) audits***. In addition to process reports, we have demonstrated multiple times our ability to support program evaluation reporting that led to recommendations and substantive changes. An example of this Colorado Health Partnerships, LLC (CHP) Evidence-Based Practice Report, which is provided as **Attachment 16**.

Moving forward, we will leverage existing capabilities and expand them to meet the programmatic requirements of the RAE. Through CONNECTS, we have the technology that will enable us to meet all specified requirements of the Health Neighborhood and Community Report. By providing an interactive reporting tool to staff, partners, and care coordinators, we will be able to monitor, track, and evaluate the multiple activities involved in building a Health Neighborhood and furthering community development. This is particularly important because historically, an obstacle nationally for assessing community-based activities in a complete and timely manner has been the lack of tools for community-based staff to easily report on these activities.

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Now, by having access to a unified Web-based platform, Beacon has been able take advantage of technologies that make large-scale reporting and collaboration easy and effective. In addition to the technology solution, our model is quite different from others in that we believe in the strength of local partnerships and will encourage individuals across our organization and region to use the platform to drive deep change. To be effective, reporting needs to:

- Meet regulatory and contractual requirements and collect accurate, timely information on activities
- Encourage individuals at multiple levels of the organization to participate in a meaningful way in data collection document activities, collaborations, barriers, and roadblocks
- Foster honest and forthright discussion of root causes and, in the process, develop a shared view of the thorniest barriers and collaboratively within Health Colorado and with the Department explore solutions
- Be open to exploring multiple potential solutions rather than seeking to coalesce prematurely around a single approach. Our approach to monitoring, evaluation and change management is to first to diverge, then to converge
- Focus on generating a portfolio of experiments that can be conducted locally to help prove or disprove the components of a more general solution, as opposed to developing a single grand design
- Report back to all Members of the Health Neighborhood on successes and barriers to engage them in the conversation and solutions.

We believe our technology solution link to our commitment to transparency, engagement, and local participation will enable us to provide the Department with a Health Neighborhood and Community Report that tracks all requirements in *Section 5.8.5.1.2* and further enhances Health Colorado's and the Department's work towards building sustainable solutions.

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OFFEROR'S RESPONSE 15

> Describe in detail the Offeror's proposed population health management strategy and document the specific major interventions the Offeror will implement using the forms in Appendix I Population Health Management Plan. Describe how the Offeror will monitor and track the delivery of interventions defined in the Offeror's Population Health Management Plan.

Health Colorado, Inc. (Health Colorado) is a partnership of local, experienced organizations that serve the physical and behavioral health needs of our Members, as well as the care coordination, education, transformation, analytic, and administrative needs of our provider partners in Region 4. We will meet all of the population health management and care coordination requirements as a Regional Accountable Entity (RAE).

> ### *Population Health*
>
> *Improving total population health requires partners across many sectors—including public health, health care organizations, community organizations, and businesses—to integrate investments and policies across all determinants.[1]*

Health Colorado is already well-positioned due to our partners' existing experience in the region and commit to offering the Department of Health Care Policy and Financing (the Department) a Population Health Management Strategy that includes the following:

- A detailed understanding of the health status, health-related behaviors and social determinants of health for all the Members across Region 4
- Integrated, care coordination using a Member and family-centered approach supporting Primary Care Medical Providers (PCMPs) and the Health Neighborhood
- Capabilities that augment the Department's investments such as Colorado interChange and BIDM System and perform advanced analytics functions to proactively identify candidates for specific impactful interventions and share actionable information with care coordinators, providers, and others across the continuum of care
- An objective and accountable plan to assess, track, and monitor the health status of all Members, and the performance of our Population Health Management Strategy and individual interventions so that we can do more of what works and refine what needs improvement

Because of our extensive experience and partnership capabilities, we will successfully develop and implement the Population Health Management Plan across Region 4, from the San Luis Valley, Pueblo, and the I-25 corridor, to the expansive rural and frontier communities across southeastern Colorado. We have provided our Population Health Management Plan for the adult population as **Attachment 17**, and for the pediatric population as **Attachment 18**. This plan will be updated annually, and provided to the Department each year and when changes are made to our overall strategy.

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[1] What Are We Talking About When We Talk About Population Health. David Kindig, April, 2015. Networks Of Nonprofit, Private And Public Organizations That Address Complex Health Issues- Rachel A. Hogg and Danielle Varda- HEALTH AFFAIRS 35, NO. 11 (2016) http://healthaffairs.org/blog/2015/04/06/what-are-we-talking-about-when-we-talk-about-population-health/

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POPULATION HEALTH MANAGEMENT PHILOSOPHY

Health Colorado's philosophy on population health is structured on a model that addresses the unique needs of the Medicaid population. At its core is a well-designed and operational community-based care coordination program supported by robust administrative supports and actionable data analytics and delivered to the community through high-touch messaging and engagement solutions.

We subscribe to the Agency for Healthcare Research and Quality's (AHRQ) definition of population-based health care as *"an approach to care that uses information on a group ("population") of Members within a primary care practice or group of practices ("practice-based") to improve the care and clinical outcomes of Members within that practice."*[2] Health Colorado aims to improve health and wellness of the Member population as a whole; minimize the need for expensive utilization such as an emergency department visits, hospitalizations, and procedures; and systematically address the preventive and chronic care needs of every Member we serve.

Segments of the Medicaid population have rapidly changing health care needs, while the overall population changes over time. Because of these changes in the distribution of health risk, in order to be successful, population health management must have the capability to monitor changing health risks, communicate easily and often with providers and care managers, and also address the social determinants of health in the community.

The characteristics of a successful population health management solution as reflected in the Health Colorado approach follow the guideposts presented by the Institute for Healthcare Improvement (IHI):

- An organized system of care
- Established multidisciplinary integrated care teams empaneled within the practices or as close to the provider site as possible
- Continuous care both in and outside of office visits
- An organized approach to Member engagement, and
- Sophisticated health information technology solution that includes timely access to population health data, stratification and predictive modeling, and communication among providers and Members[3]

Health Colorado's model of community-based care coordinators that are integrated into PCMP practices and behavioral health settings, and supported by sophisticated analytic tools, has the capabilities to successfully implement and support the Population Health Management Plan for Region 4.

This focus on ongoing monitoring, accountability, and responsibility for the population being cared for is a marked distinction from the traditional non-integrated reactive model of care. It is no longer enough to treat symptoms or address an isolated issue of an individual's health—that is

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[2] https://www.ahrq.gov/professionals/systems/long-term-care/resources/hcbs/medicaidmgmt/medicaidmgmt3.html
[3] National Opinion Research Center. University of Chicago. "Practice-Based Population Health: Information Technology to Support Transformation to Proactive Primary Care" Prepared for: Agency for Healthcare Research and Quality. Contract No. 290-04-0016

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just one aspect of the many responsibilities of the health care delivery system. Consistent with the goals of the Department, our proposed infrastructure, graphically depicted below, is focused on developing a provider-led regional population health improvement program linking community-based health initiatives with the delivery system and providing that system with practice-centered tools and supports that focus on the right tasks at the right time for the right Members. Health Colorado is uniquely positioned to continue the work of our partner organizations and leverage our established region-wide network of providers to successfully implement a Population Health Management Strategy for Region 4.

Our Population Health Management Strategy
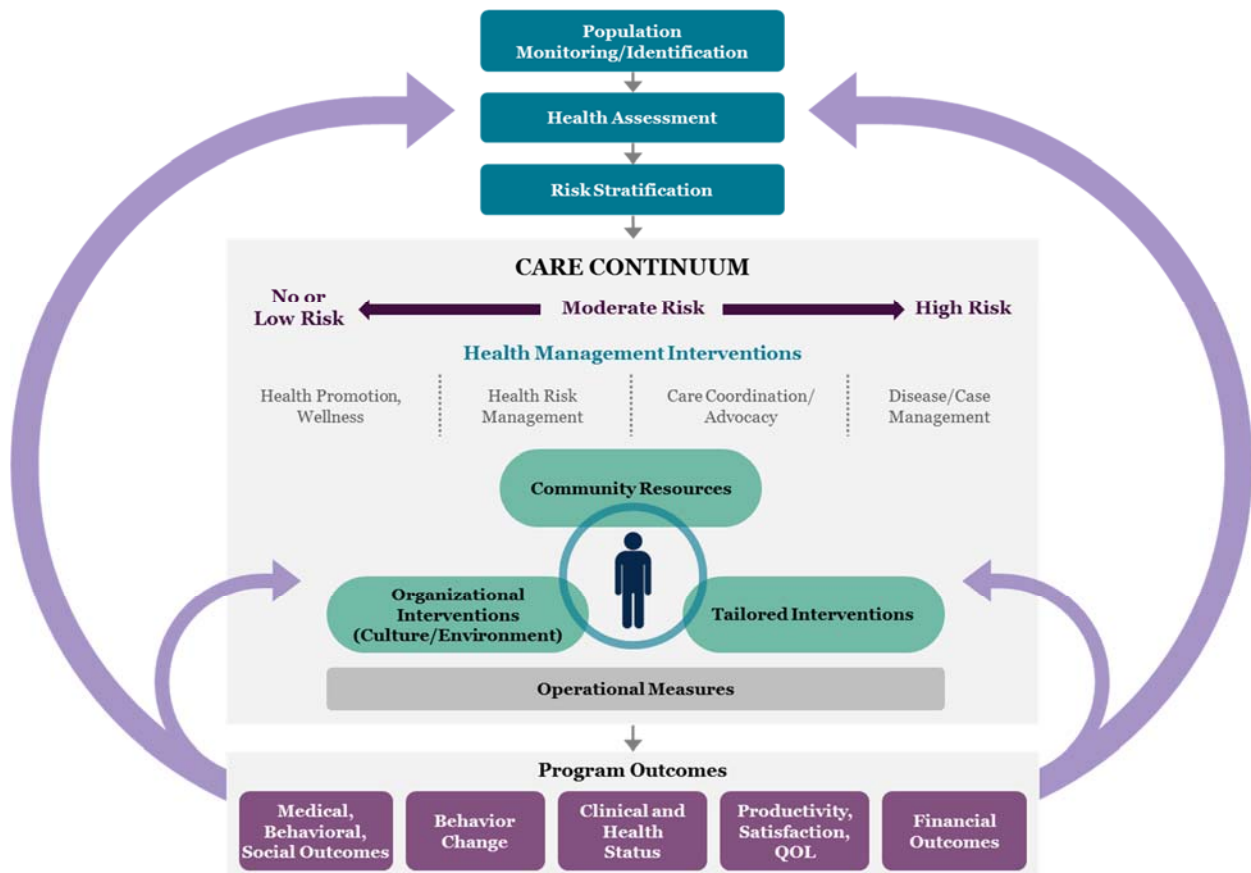
Our strategy leverages the strength of our PCMP relationships with care coordination staff and advanced use of technology and analytics.

POPULATION HEALTH MANAGEMENT STRATEGY AND PLAN

Our Population Health Management Strategy is data-informed, regionally specific, and tailored to the specific communities we will serve. It includes a diverse set of interventions to meet the needs of our diverse population and exists for the sole purpose of achieving demonstrable improvements in the Population Health Management goals set forth by the Department. On **Day 1**, we will begin to impact the key performance measures and other indicators of health and wellness that we know can improve health, control costs, and improve the experience of care for our Members.

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This strategy includes several critical elements that Health Colorado will bring to bear for the Department, Members, and providers in Region 4. These critical elements include:

- **Population identification and stratification** processes that leverage the Department's and Health Colorado's analytic capabilities
- The use of **Health Needs Survey** data to inform our understanding of each Member's needs, especially those new to our region that have not yet utilized any services
- **Proactive health promotion programs** that increase awareness of the health risks associated with certain personal behaviors and lifestyles
- **Member-centric health management goals and education**, which may include primary prevention, behavior modification programs, and support for concordance between the Member and the PCMP
- **Self-management interventions** aimed at influencing the targeted population to make and sustain behavioral changes
- **Member-focused care coordination** through wellness, disease, and chronic care management programs
- Objective **evaluation of clinical, social, and economic outcomes** on an ongoing basis with the goal of improving overall population health
- **Routine reporting and feedback loops** including communications with Members, providers, stakeholders, the Department, and others in the health system to enhance and improve our program year-over-year

The long-term success of any strategy relies on a willingness to enhance and modify to gain year-over-year improvements and to match the pace of change in the Members being served. While we will launch our program on **Day 1** with the elements and interventions described in this response, we will also introduce a continuous feedback loop so that Member and stakeholder voice can be used to refine our plan and enhance our interventions to ensure we are investing in programs that achieve objective results.

Data Informed

Our starting point is that health and care services need to work alongside individuals, caregivers, families, social networks, and thriving communities. This means working in ways that are person-and community-centered, putting people and communities at the heart of their health and well-being. To achieve this goal, we must understand our population and build a data-informed, evidence-based Population Health Management Plan. Our plan was created from our deep knowledge of the Region 4 community, which has been informed through research, analytics, and the "boots on the ground" knowledge of the people we serve, as well as through our partners' longstanding presence in this region for the past 22 years.

We know there is great diversity across the 19 counties that comprise Region 4. According to the Colorado Health Foundation County Report Card, the percentage of people reporting excellent, very good, or good health in Region 4 counties was consistently below the Colorado state average. For the most part, in Region 4, counties have populations that are older and poorer than residents of Colorado as a whole. In addition, we have the following population health factors to consider and improve upon:

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- Smoking rates in 16 of the 19 counties exceed the state average.
- In 12 counties, the diabetes rates exceed the state average, in some cases by almost 100 percent.
- In 17 of the 19 counties, well over 50 percent of the children receive free and reduced lunches.
- The Colorado physical inactivity rate is 14 percent. Every county in Region 4 reports a higher rate of physical inactivity.
- Preventable and avoidable events exist within the top 15 most common reasons (diagnoses) for emergency department utilization such as:
  - Alcohol disorders
  - Substance related disorders
  - Urinary tract infections
  - Upper respiratory infections
  - Complications of pregnancy
- As shown to the right, significant emergency room visit variance exists amongst the PCMPs in Region 4. While some of that can be attributed to access to care, an enhanced Population Health Management Strategy should reduce this variation.
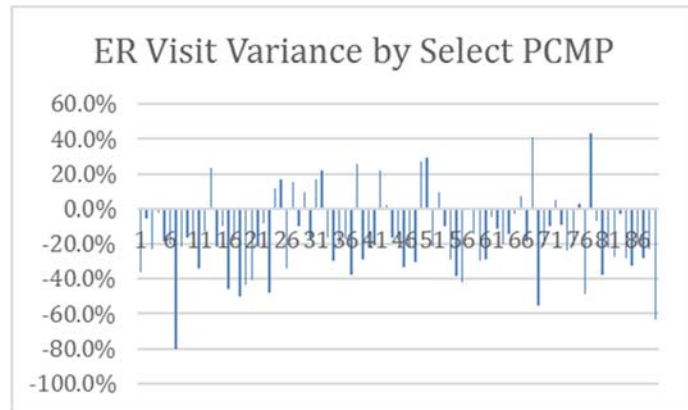
Population Stratification and Use of Health Needs Survey

Health Colorado commits to partnering with the Department and stakeholders to use the Four Quadrant stratification model and evolving the model, as needed. We are mindful of the other related initiatives in Colorado and have presented a Population Health Management Plan that aligns with the Colorado Opportunity Framework, Colorado's Ten Winnable Battles, and the State Innovation Model (SIM) Framework.

We are also mindful of other investments being made by the Department, such as the BIDM System, and have built our Population Health Management Plan and related technology ecosystem to align with these investments and augment, not duplicate, them. In addition to using information from the BIDM System (e.g., conditions, risk weights, emergency room visits, well-child status) that are slated for future releases of the system and accessible to providers in the BIDM-MyClients views, we will augment those risk scores with our own advanced analytics solutions that can more efficiently and effectively predict certain events and needs more so than traditional tools, based on the additional or modified stratification frameworks developed over time by the Department.

Our Population Health Management Program will also leverage Health Needs Survey data so that we can identify Members in need of education, outreach, and/or interventions before their utilization of services triggers them for outreach and meets all requirements established by the Department. This will enable us to identify Members who change stratification levels, particularly into higher risk categories and offer a range of interventions to support Members through all life stages and levels of health.

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Health Promotions Campaigns and Interventions

By incorporating current technology solutions (e.g., texting) that are available and widely used by our Members, we will ensure that all assigned Members can receive regular interventions (in excess of the required two interventions) throughout the year in support of population health, such as adult and child prevention and wellness information. By using texting technology which has proven to be highly effective in this region, we will be able to provide interventions and messaging that are timely and reflect current issues, such as:

- Reminders for flu shots during the winter
- Wellness and prevention messaging about childhood injury during the summer
- Responding to data-driven issues such as identifying gaps in immunization coverage or well-baby check-ups by county, sub-region, etc.

Our Population Health Management Plan includes a crosswalk of stratification levels and examples of the major interventions we will offer for each level. These will be reviewed and finalized through an open, transparent community-wide process, as well as with the Department during implementation.
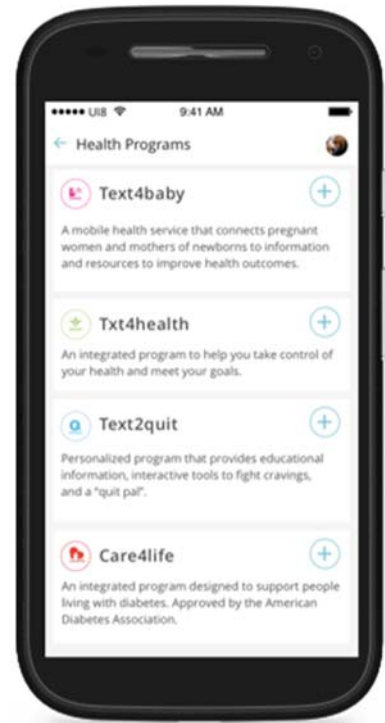
Member Engagement

As the RAE for Region 4, Health Colorado's approach to Member engagement is built on the strength of the PCMPs and ensuring transparency and communications across the system. Members and PCMPs have enhanced resources for care coordination and population management through empaneled care coordinators within or as close to the point of care as possible, as well as easy access to technology to support their engagement. This includes data registries, medication and visit alerts, and access to data through provider and Member portals that will include crucial information for managing care.

Care Coordination

Care coordination at the place of care and/or from existing trusted relationships, is a critical intervention that is available to all Members. Health Colorado will encourage the majority of Member-facing clinical care activity to occur in the community, but will also provide a safety net for those Members served by providers with the ability to take on these functions. We will

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ensure that every Member has suitable services available to them using either face-to-face or remote care coordination engagement strategies.

Our fully integrated clinical model will not leave any Member behind, regardless of where they seek care or from whom they seek care. Through the strength of our care coordination program, providers will be supported and enabled to meet the multi-dimensional needs of their Members, reducing their administrative burden and improving both Member and provider satisfaction. Additionally, our program facilitates care across multiple provider settings, as well as diverse geography, through the placement of the Member at the core of the team. Leveraging existing best practices in our network and coupling those programs with enhanced IT support, analytics, and Health Neighborhoods will provide optimal support and care for Members.

Growing evidence that Member engagement improves health outcomes and reduces health care costs has fueled health providers' focus on Member portals as an additional access point for personal health information and Member-provider communication.[4] However, in 2016, several studies reported that older adults, Medicaid recipients, and non-English speaking Members were less likely to interact with Member portals.[5] Health Colorado, understanding the needs of our Medicaid Members in southeastern Colorado, will provide additional Member training on the benefits and uses of Member portals through care coordinators, Member Service Representatives (MSRs), and our provider partner staff. Our goal is to further enhance communications with providers and care coordinators through access to the Health Colorado portal that includes:

- Individual specific health information
- Wellness and prevention materials
- Linkages to community resources
- Information on provider and community events and programming

Care Coordination Enablement Technology
Health Colorado operates all of our functions using a wholly owned and operated technology infrastructure provided by Health Colorado's Administrative Services Organization, Beacon Health Options, Inc. (Beacon). This system, CONNECTS, is a comprehensive management information platform comprising a suite of fully integrated applications designed to provide innovative data management and reporting capabilities. This integrated computing environment, detailed in our response to *Offeror's Response 7*, provides the tools to support population health management including:

- Integrating the Department's selected stratification system at the Member and population level
- Providing current health risk assessment data electronically to the individual PCMP and care coordinators
- Identifying Members whose stratification level changes, particularly for Members in higher risk categories
- Supporting proactive health promotion programs at the provider, care coordinator, and Member level

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[4] Applying Multiple Methods to Comprehensively Evaluate a Patient Portal's Effectiveness to Convey Information to Patients. Jordan M Alpert1, PhD ;Alex H Krist2, MPH, MD ; Rebecca A Aycock2, PhD ; Gary L Kreps3, PhD- JMed Internet Res. Vol 18, No 5 (2016): May
[5] Taya Irizarry, BSN, MSN, Annette DeVito Dabbs, RN, FAAN, PhD and Christine R Curran, RN, PhD. J Med Internet Res. 2015 Jun; 17(6)

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- Providing a database of community health and social service programs and activities targeted to population health and our specific interventions
- Supporting self-management interventions aimed at engaging the targeted populations
- Providing one unified database for evaluation and analytics to track progress, identify challenges, and report to providers, stakeholders, management, and the Department

CONNECTS comprises a suite of fully integrated applications built on a single platform. Data can be organized at the Member, provider, population, or any other level required by the Department. This means that our platform is truly an enabler of care coordination, rather than a barrier. Because of the integrated nature of CONNECTS, it facilitates partnering with regional stakeholders, such as health community partners, social services agencies, specialty providers, hospitals, and Sheriff's departments that are critical to successfully managing population health.

MONITORING AND EVALUATION

Managing a successful Population Health Management Plan requires a formal evaluation strategy to ensure that program objectives are described and measured. Health Colorado has the capabilities through technology as well as seasoned management and analytics staff to ensure that the Population Health Management Plan is reviewed at least annually based on objective, documented outcomes and health status in the community. In addition, we commit to running the stratification methodology on predetermined intervals, ensuring Members are receiving interventions as described based on analysis and evaluation, and submitting revised plans to the Department when there are changes to our strategy.

We will evaluate the process and outcomes of the Population Health Management Plan regularly. Process evaluation focuses on analyzing how program activities are delivered. On a monthly basis, we will measure, analyze, and report on:

- Who delivers the program/intervention and how often
- To what extent was the program implemented as planned
- What population was reached through the intervention comment, (e.g., the number of Members targeted, how many Members actually receive the intervention, and characteristics of the Members receiving the intervention by geography, ethnicity, age)

Data will be aggregated on a quarterly and annual basis to look for trends. In addition, on a quarterly basis, we will assess the following issues:

- How the program received by the target group and program staff
- What the barriers to program delivery were
- How providers are being engaged in the interventions and what additional support they need
- What was learned that led to program improvements/refinements, and what changes were made

As demonstrated throughout this response, Health Colorado is committed to a continuous performance improvement process. Especially during the first year of implementation, it will be crucial for us to understand each of the interventions in the Population Health Management Plan

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from a process perspective to determine if there is need for additional resources, training, materials, provider support, or other structural changes to ensure the most effective outcomes.

These questions enable practitioners to also assess the quality of implementation, which is critical to maximizing the program's intended benefits and demonstrating strategy effectiveness. Process evaluation also provides the information needed to make adjustments to strategy implementation to strengthen effectiveness.

Outcome/Effectiveness Evaluation

On an annual basis, we will measure the Population Health Management Plan's impact by assessing progress in achieving outcome objectives. Each intervention has a specific measurable outcome that will enable us to assess the impact of our proposed strategy on Member health and well-being. Some interventions (e.g., increasing annual well-visits, prenatal visits, dental services, immunizations, flu shots and decreasing emergency department visits for ambulatory sensitive conditions) can be measured objectively in the short- and long-term. Other interventions that address general health and wellness (e.g., reducing the incidence of smoking and obesity rates) are long-term interventions. We are committed to working in the long-term with our community partners such as the local Departments of Public Health, religious institutions, schools, and other community organizations to address the social determinants of health in our community. With local partner organizations whose longevity in some cases exceeds 50 years, we have demonstrated a commitment to these communities and our intention to be part of the solution for the long-term. In fact, the "newest" partner in Health Colorado has been working in the community for 22 years.

Impact Evaluation

We commit to assessing program effectiveness and measuring achievement across the following components:

- To improve the health and well-being of Medicaid Members in Region 4
- To further enhance Member-centered team-based care
- To engage and empower Members
- To strengthen and support community partners, community partnerships, and the Health Neighborhood
- To turn data into decisions by collecting and analyzing data that documents program impact per setting and sector across the RAE and in our communities.

Results will be shared with the Department, communities, and the public through formal reporting, success stories, the Member Advisory Committee and Regional Program Improvement Advisory Committee (PIAC), trainings, and in community partnerships.

Stakeholder Involvement

To ensure the success of our Population Health Management Plan, all key stakeholders will be involved in the development and revisions of the final plan. This includes engaging Members and network providers. Members will be engaged through the Member Advisory Committee that holds open, well-publicized meetings that are accessible to all Members, and through more informal conversations with network providers, care coordinators, and MSRs. Network providers

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and community stakeholders will be able to participate through the Regional PIAC and through our provider services staff.

Health Colorado's approach as described in this response is oriented towards supporting Members and providers in building a person- and family-centered care system that is coordinated within a practice and has the tools to support providers. The Department and other statewide representatives will be involved through the Statewide PIAC. We value input into our processes and will continually work to ensure that our systems are transparent and accessible.

Staffing and Implementation

The Population Health Management Department will be led by our Director of Population Health, Care Coordination, and Innovation. This individual will report to the Chief Clinical Officer. Together, they will develop, refine, and execute the Population Health Management Plan and manage the stakeholder feedback loop to refine and enhance the plan throughout the RAE contract.

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OFFEROR'S RESPONSE 16

Describe in detail how the Offeror will provide the required Care Coordination interventions to support the Offeror's Population Health Management Plan, including how the Offeror will:

a. Design, deliver and track Care Coordination activities across the full continuum of care
b. Align and collaborate with care coordinators from different systems to reduce duplication and Member confusion.
c. Outreach, intervene, and monitor Members who meet the criteria for inappropriate overutilization of health care services.

Health Colorado, Inc. (Health Colorado) believes care coordination will improve Member, provider, and payer outcomes by addressing system fragmentation and the physical and psychosocial needs of Members. Broad care coordination approaches include: teamwork, care management, medication management, health information technology, and the Patient-Centered Medical Home™ (PCMH™).[1]

For more than 20 years, there has been a concerted effort to improve care coordination at the payer and provider level through PCMHs and accountable care organizations. In order to achieve their promise, these models require additional support to meet Member needs. These supports include care management, behavioral health services, health education and coaching, and addressing Members' psychosocial needs.

In Colorado, the PCMH model and care coordination addresses interrelated behavioral, developmental, educational, financial, physical and social needs to optimize health and wellness outcomes. As defined by the Colorado Care Coordination Resource guide, care coordination is a person and family-centered, assessment-driven, team activity designed to meet the needs and preferences of individuals while enhancing the care giving capabilities of families and service providers; matching the level, type and timing of care coordination to families' needs.[2]

Care teams, as a care management approach to support PCMH and accountable care organizations, are increasingly recognized as an effective tool to improve Member outcomes and reduce cost. States such as Vermont, North Carolina, and now Colorado have developed robust statewide care management programs with regional implementation. These programs provide

Health Colorado's partners are in the community supporting Members at home or through transitions. They work across the Health Neighborhood and with Members and families to coordinate care and respond to individual health and psychosocial needs, improve health outcomes, reduce unnecessary utilization, and reduce overall health costs.

How we help: *An elderly Member was assessed as a fall risk, and in need of social services and home health care. Our health navigator sat with the her at home keeping her safe and helped her arrange for services to come into the home, and obtain a Life Alert. This woman remains living independently in her own home, avoiding a potential nursing facility placement.*

[1] AHRQ. Care coordination. n.d.; Available from: https://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/index.html.
[2] Hoover, S., *Colorado Care Coordination Resource Guide* June 2013, University of Colorado School of Medicine and JFK Partners: Denver, CO.

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centralized oversight, predictive modeling, and health information system infrastructure to regional or embedded care management teams.

HEALTH COLORADO'S CARE COORDINATION PROGRAM

Health Colorado's Care Coordination Program is informed by shared practical experience, clinical input, and evidence-based research regarding local and national best practices regarding care coordination. Our care coordination program is also built on a well-established existing, successful person and family-centered model established within the integrated care Medical Home providers in Region 4 or provided within communities close to the site of care.

Consistent with Colorado's definition of care coordination, Health Colorado's care coordination program addresses interrelated behavioral, developmental, educational, financial, medical and social needs to optimize health and wellness outcomes. Its program builds the existing, successful Member- and family-centered model established within the integrated care Medical Home providers in Region 4.

Core Elements of our Care Coordination Model

Health Colorado's care coordination strategy supports NCQA PCMH standards and care coordination process measures, AHRQ care coordination principles and the collective experience of the Health Colorado partners. Its strategy incorporates the "Quadruple Aim of Health Care" to improve health outcome, improve Health Colorado Members' health care experience, improve provider experience and reduce costs of health care.

Further, *Health Colorado's care coordination strategy integrates with our Population Health Management Plan*. As integral members of the Region 4 community, we have deep understanding of the social determinants of health affecting our Region and participate actively at the state, regional, and local level in programs and initiatives to support Health Neighborhoods.

Our care coordination program includes a range of activities to organize and facilitate the appropriate delivery of health and social services that support Member health and well-being. Our approach is characterized by care coordination teams that are empaneled within provider sites/practices or located in the community supporting providers/practices who may not be able to include a care coordinator on-site. In this way, we work in a team-based environment to ensure the Department of Health Care Policy and Financing (the Department) that our program includes provider interventions to coordinate with other aspects of the health system as well as to

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provide interventions over an extended period of time by care coordinators designated to coordinate Members' health and social needs.

Finally, Health Colorado's partners have designed our care coordination program to align with the work of the Colorado Health Opportunity Project, the 10 Winnable Battles initiative, relevant Colorado state agencies and other Colorado initiatives such as the Colorado Super-Utilizers Pilot program to improve the health and well-being of Colorado residents.

Components of our Care Coordination Program

Health Colorado's Care Coordination Model reflects the approach championed by The Leadership Team for the Care Coordination Community of Practice convened by University of Colorado School of Medicine. Typical of our active engagement in local, regional and state-wide initiatives, representatives of Health Colorado were participants in the stakeholder group providing input into building this model. The model includes the following components:

- Team-based, partnership approach embedded in practices to the extent possible
- Care coordination delivered locally and coordinated within a practice
- Person-centered and family-centered approach
- Maximizing technology to facilitate sharing of pertinent and appropriate information (between all providers and the family)
- Use of culturally responsive practices
- Recognition that Members and families have different levels and types of care coordination needs
- Care coordination services are available and accessible as needed over time

The components of our care coordination process center on these five essential qualities:

1. Relationship Building
2. Culturally Competent Care
3. Family Focused and Strengths-Based Services
4. Active Interagency Collaboration/Information and Referral
5. Outcome Evaluation

We are committed to providing care coordination through provider practices offering team based care. Medical homes, when given accurate and timely information about Members, are best positioned to both improve the quality and control the costs of health care. In addition, in Region 4, our partners and the other Essential Community Providers are leaders in implementing fully integrated PCMH with embedded care coordination. Each of Health Colorado's clinical partners has lengthy experience providing person- and family-centered care in a team-based environment supported by fully integrated care coordination.

To support the entire PCMP community in Region 4, our provider partners made a commitment and have implemented community-based, high quality care management services to small and medium size providers who do not have the capacity to offer their own care management services. Through the RAE contract, all of these providers will have access through one data repository, in addition to Business Intelligence and Data Management (BIDM), to care

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coordination data on Members who might move across providers or across regions. Our partners in Region 4 are joined by other key Accountable and Collaborative providers that we will work closely with to allow them to continue to offer their care coordination services to the Members they serve via contracts that will pay them for the efforts they are making, reward them for the outcomes they achieve, and manage their activity through supportive but transparent, accountable, and objective measurements and reporting. These local providers include Pueblo Community Health Center, High Plains Community Health Center, local hospital systems like Centura (Catholic Health Initiatives) and local family practices and clinics that continue to dutifully serve Medicaid.

> ***How we help:*** *A longtime behavioral health Member with many chronic health issues was struggling to manage her diabetes and her health had deteriorated. The health navigator helped the woman create a health journal. The journal included a calendar with a schedule of all her appointments, daily reminders to take her morning and night insulin, a daily pedometer reading, a daily blood glucose reading, and a food journal. The Member uses the journal and is better able to manage her health.*

Health Colorado has aligned our provider financial support methodology to support Member-centered care coordination offered at or close to the practice site. We believe our financial support plan will give providers adequate payment to support the care coordination and care management activities they provide. We have established a new model, illustrated below, that classifies providers into groups based on their scope, scale, needs, and ability to influence the greater provider community in the region.

PMCP Value-based Contracting Model

Contract Type	Scope of Service	Earning Potential	
Accountable	Attributed memberships drive a significant proportion of regional membership and Providers possess the greatest level of capability to impact the regional KPIs.	Maximum PMPM payment by the RAE.	Eligible for share of $4 PMPM bonus earnings.
Collaborative	Provides enhanced services and may be on a path to Alternative Payment Model with HCPF. Delegates Care Coordination and Population Health activities to the RAE.	Premium PMPM payment by the RAE.	
Contributing	Meets minimum Medicaid PMPM requirements & provides basic services. Small Medicaid panel size. Not enough volume to drive regional performance outcomes.	Meaningful payment by the RAE.	

Health Colorado will drive accountability not only as the organizing body, but by engaging and empowering the highest volume and most influential providers to establish regional norms that align with the quality measures (KPIs) defined by the Department to steer regional performance.

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Providers will be incentivized to co-locate care coordinators in their practices and leverage the data, tools and actionable analytics of the Department and Health Colorado. Our provider partner organizations will fill any regional gaps and provide community-based care coordination for those providers that are unable to manage these functions internally so that all Members of Region 4 have a care coordination entity at the ready for their needs. Together, the Health Colorado partners have demonstrated the ability to design, deliver and track care coordination activities across the full continuum of care.

Care Coordination Teams and the Role of the Care Coordinator

Health Colorado has a system in place in which care coordination is offered locally and, in many cases, embedded within the provider site. Practices can contract with Health Colorado to embed care coordinators within their practices. This system is in place and working successfully at our partner, Valley-Wide Health Systems, Inc. (Valley-Wide), and the other Federally Qualified Health Centers (FQHCs) in the region. We anticipate that a group of other larger practices will also use this model. Our four Community Mental Health Center (CMHC) partners also support sophisticated networks of care coordinator/care managers, peer counselors, and navigators within their sites and in related community sites such as hospitals. The community mental health centers also support care coordination teams that are embedded in a local PCMP office for practices that choose to contract for the service. Health Colorado is able to offer one system across the region that is already established in the community and meets the Department's requirements and needs of all Medicaid Members in the region regardless of their health status.

The goal of the program is to assist with health care needs to ensure that Members are a part of the treatment team and work toward health care goals, including taking medicine as agreed, and assisting with sharing health care information to ensure they receive the best care possible.

Health Colorado provides training to all care coordination staff on the following topics on a regular basis:

- Health equity, diversity and cultural competency
- Communication and motivational interviewing
- How to identify Members in the system/setting
- How to provide care coordination services in the system/setting
- How to communicate with contact people in the system/setting to plan transitions, coordinate services, and address issues and Member concerns
- Community resources and the central Community Resource Directory
- Social Determinants of Health Plan
- The Population Health Management Plan
- Building a Health Neighborhood
- State initiatives, programs, and requirements
- Data sources and uses of Department data, local data etc.
- Member portal, Provider portal and maximizing communication channels
- HIPAA compliance
- 42 CFR Part 2

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In addition to centralized training, care coordinators/care managers receive training within the communities by the CMHCs and FQHC on specific needs of the community and the population being served. This includes focused training on serving Members with special needs, which include, but are not limited to, the physically or developmentally disabled, foster children, youth and families receiving wraparound services, the aged, non-English speakers, Members in need of assistance with medical transitions, those being released from the criminal justice system, and Members with complex behavioral or physical health needs. In addition, specialized care coordinators who will be working with high-risk, behavioral, intellectual/developmental disabled, or other Members with specialized needs will receive additional training in the area(s) in which they are providing care management services.

Each care coordination/care management team has staff dedicated to meet the needs of one or more special populations. For example, San Luis Behavioral Health Group has assigned one full-time staff to work with forensic referral parties to help Members referred to behavioral health services. In each of Health Colorado's care coordination units, our experts will be available to also support our Accountable and Collaborative contracted PCMP providers who are providing care coordination themselves so that they have specialty support for working with the elderly, adults residing in nursing homes and assisted care facilities, and can focus on providing addiction and recovery services, drug testing/monitoring, and working with those who are on probation.

We work with Members where they are regardless of their physical health location or health/behavioral health needs. Our teams are both mobile and trained to address specialized care needs for all Members. Care coordinators provide services to Members in nursing facilities and assisted-living residences and are members of the treatment team at these facilities. We are able to share information and communications with staff, Members and families and also provide education and training to staff about the special needs of our Members. Our community-based model enables us to support Members more easily as they transition into the community. By supporting Members, families and facilities in our Region, we are able to support Members in their homes as they transition and reduce future need for hospital care or hospital emergency department visits.

Health Colorado's program is accessible to all Members, addresses both short and long-term health needs and is culturally and linguistically responsive. The care coordinators' role may include any of the following based on the Member's needs and goals:

- Provide information around purpose and function of recommended referrals, services and supports
- Identify barriers to care and intervene to overcome them when possible
- Deliver interventions or enroll in interventions form the Population Health Management Plan

> *How we help: A Member with diabetes had a HbA1C of over 13. The Member was living in her car and did not have access to appropriate food storage. With care coordination support linking her to primary care and community resources, she now has stable housing and SNAP benefits. With her PCMH team, she has learned how to manage her medication and nutritional needs. At her last visit, she had a HbA1C of nine.*

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- Coordinate resources to insure that necessary services are provided at the most appropriate times the level of care
- Identify situations that may put the Member at risk and intervene to minimize the risk when possible
- Support and facilitate transitions across levels of care and in and out of care coordination
- Share knowledge and information and facilitate communication among participants in family/individual care
- Provide a single point of entry into multiple services and coordinates across agencies and programs. When appropriate, we work as part of a team with other agencies such as the Department of Human Services, Managed Service Organizations (MSOs), Area Agencies on Aging and designate the appropriate care coordinator to be the "lead" on the case.
- Provide access to information on Community resources including recreation, transportation, spiritual, legal, and education, and facilitate obtaining these services.
- Update the comprehensive written plan of care regularly with the family/individual based on the communication with the individual, family, providers and the full team serving the individual.
- Identify gaps in basic needs such as utilities, food, transportation, and childcare and facilitate the services with appropriate community agencies.

To support care coordination with the Member's providers across medical, specialty or behavioral health practices, care coordinators conduct regular clinical team meetings with providers to review the progress of each Member and makes adjustments as needed to the plan of care. We have developed fully integrated practices and our team meetings promote communication by including physical health and behavioral health providers, as appropriate. PCMPs may sit in on these meetings with behavioral health specialists, care coordinators, and other members of the care team participate fully in developing person- and family-centered care plans including care coordination or care management. Within this context, care coordination plans address the Members short and long-term health needs, Member and family goals and reflects their cultural preferences.

Health Colorado care coordinators are located in the community and understand behavioral health, medical, social issues and treatment planning, as well as the complexities of services provided by community and state agencies. Health Colorado Members can be involved with multiple service agencies (for example, the criminal justice system, LTSS, the developmentally delayed, youth and family services.) It is easy for Members to become confused about whom to turn to for help and it is easy for agencies to assume someone else is conducting care management activities or to provide duplicative services.

Health Colorado will work closely with our Members and other care coordination and case management entities to develop a care coordination plan that makes sense for the Member and is integrated with all services and systems involved in their care. We are committed to reducing duplication and promoting continuity by collaborating with the Member and the full Member's care team including sister agencies to identify a lead Coordinator for Members receiving care coordination from multiple systems. The relationships and pathways of communication exist and do not have to be created with County Departments of Human Service, MSOs, Area Agencies on Aging and other organizations serving the needs of Members. We will maintain and enhance

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these relationships as we move into the RAE contract to promote physical and behavioral well-being for all of our Members

We work with the lead agency throughout the process. We also remain in contact with Members to make sure their health needs are being met and identify ways in which we can support them in the context of a multi-agency team approach. We ensure that the care plan identifies the lead organization, defines services, roles and responsibilities of each care manager, and then ensure the Member understands the roles and responsibilities of each care manager. We are already embedded in the community and have MOUs with a number of agencies which further define roles and reduce duplication of services.

Intensive Care Management (ICM)

For Members involved with multiple systems or who have specialized health care needs, using a well-tested model currently in place, we support an Intensive Care Management (ICM) service that assists primary care physicians, child welfare case workers, long-term care facilities, and other agencies. ICM services have been part of our program for many years for Members with the most complex care needs. These Members are typically assessed to be at the highest risk within the health population for negative clinical outcomes related to mental health/substance use disorders and co-morbid medical issues. The primary goals of the ICM program are to help individuals maintain community tenure, regain optimal health, improve life functioning capability and promote resiliency and recovery. Interventions include needs assessments, referrals and appointment reminders, care coordination and overall monitoring of treatment engagement. ICM is based on the premise that individuals are more likely to access appropriate services and remain engaged in treatment when they feel that their needs are understood and met. Additional ICM program goals include:

- Promoting effective identification of Members with high risk and/or complex medical/behavioral health conditions
- Delivering intensive, individualized care management through appropriate outreach including assessment, assistance, coordination, and consultation related to health care benefits
- Coaching Members to develop optimal self-care health management skills
- Involving the Member, care givers, and treatment providers in the development of a mutually agreed upon care plan (using person centered recovery model)

We commit to participating in special work groups created by the Department or other state agencies to improve services and coordination of activities for populations served by multiple systems.

Health Colorado's partners are actively addressing the Opioid Epidemic that has struck Region 4 and will work hard to provide substance use disorder outpatient treatment and medication-assisted treatment (MAT) for opioid dependent Members through our partners and residential substance use disorder treatment by coordinating with Signal Behavioral Health Network and AspenPointe Health Network, the Region 4 MSOs, and Health Solutions' Opioid Treatment Center and Medication Assisted Recovery Center.

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Our strength is in our ability to collaborate and develop partnerships. All of the CMHCs in Region 4 are partners in Health Colorado, and these CMHCs manage the Colorado Crisis Service Centers in Region 4. Health Colorado will have policies and contracts in place that clearly define the responsibilities of delegated services including crisis services with follow up care. Health Colorado will work with Signal Behavioral Health Network and AspenPointe to execute a contract based on the same model that is currently in place through the local Behavioral Health Organization (BHO). We expect to continue our long-term relationship with these MSOs and continue collaborative programming.

Staffing

Health Colorado will be staffed with a seasoned team of professionals from our partner organizations who have a long history of managing care coordination and care management programs through the Regional Care Collaborative Organization (RCCO) and BHO. Our Chief Clinical Officer will be responsible for strategic oversight of all programming. That position will be supported by a Clinical Director and Clinical Quality Director and a quality staff whose responsibility will be to design and implement the training programs referenced above that provide guidance to care coordinators about their role, communication, reporting and the multiple responsibilities of the position.

Through CONNECTS, the Health Colorado staff will have access to the Members medical record, electronically maintain case files, identify cases for review, monitor implementation of the population health management plan, and address all components of the care coordination process including case identification, assessment, care plans, outreach, and community engagement. The Health Colorado staff shall assist care coordinators within the contractor's network with bridging multiple delivery systems and state agencies. Similarly, Health Colorado's team will intervene when the systems and providers engaged with a Member's complex care require leadership and direction. Health Colorado understands and commits to providing care coordination tools, processes, and methods to be available and used by network providers as described in this RFP.

The Clinical Director will meet on a regular basis with regional Medical Directors at local provider sites with empaneled care coordinators to review reports, progress toward meeting goals, the Population Health Management Plan, and case outcomes. The Clinical Director and the Quality Director will also meet regularly with the Department, participate in all related departmental and state wide meetings related to care coordination, special workgroups created by the Department or other state agencies to improve services and coordination of activities for populations served by multiple systems. They will be responsible for providing the interface between the Department and other statewide committees and local care coordinators, primary care providers and medical directors. They will communicate through a variety of mechanisms including the provider newsletter, the care coordinator newsletter, the provider portal and direct face-to-face meetings held within the region.

Our provider partners and Beacon Health Options, Inc. (Beacon) are experienced care coordinators who currently employ and manage a combined staff of over 100 care coordinators, care managers, peer specialist, navigators, and related team members. These are highly trained staff who live and work in Region 4, have extensive knowledge of the health, behavioral health,

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and social needs of the Medicaid membership as well as the community resources available to serve these Members. Our staff are located across the region in CMHCs, 14 clinics across Valley-Wide's catchment area, 15 primary care practices, co-located in hospitals, and staffing 24/7 mobile crisis units, drop-in centers, and crisis living rooms. They have worked with Beacon's administrative systems in some cases for more than 20 years. They are all trained and committed to providing person-and family-centered care in community settings as part of integrated health teams.

The care coordination system is supported by state-of-the-art technology that supports regular communication between care coordinators and the practitioners delivering services to the Members. Care coordinators have access to the Electronic Health Record that supports the provider and Health team. It supports care coordinators documentation, tracking database, the care management plan, and messaging to enable clinicians to access to care plans, receive reminders and facilitate communication along the care team. Care coordination activity is tracked and monitored through the EHR systems in place at the providers. These data are linked to Beacon's CONNECTS system. Through CONNECTS, we have access to care coordination data on a case specific and aggregate basis to supports monitoring and evaluation, described in more detail below.

Member Identification

We utilize a multi-modal system of case identification that considers a variety of factors including chronic disease criteria, utilization patterns, gaps in care, Members who are at risk for or have experienced care coordination issues or poor engagement with providers; and Members who are at care transitions (e.g., emergency department visit, inpatient discharge to home). Another factor is whether Members will be receptive to care management, and have health care patterns that can or need to be changed.

A relatively small group of health care users utilizes a disproportionate share of health care resources. In some cases, this disproportionate use is appropriate. We expect those who are sicker, have multiple chronic health conditions, have disabilities and/or experience acute health episodes to use more health resources and to have higher health costs. In 2013, across all health plans, about one percent of the U.S. population accounted for about 21 percent of U.S. health expenses. Five percent of the U.S. population accounted for almost half of health care expenses. Our local experience and data shows that two to three percent of the Medicaid population will present with complex behavioral and physical health conditions that will benefit at least initially from intensive, complex care coordination/case management.

In 2012, of the top one percent of Medicaid health care utilizers, 83 percent had at least three chronic conditions and more than 60 percent had five or more conditions. Often, Members in the one percent or five percent bracket have multiple providers, complicated health regimens, and may need to make lifestyle changes to improve their health. They may have mental health or behavioral health disorders and are experiencing psychosocial factors such as, lacking stable housing or are homeless, needing food assistance, are unable to pay for prescriptions, or lack reliable transportation to health care appointments. These conditions prevent them from being able to address their health issues fully. As such, these Members may experience a fragmented

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health care and social service system. Members with a history of high utilization who demonstrate these needs are supported through care coordination.

Some Members require care coordination to overcome short-term problems or address immediate needs. This could include transportation, lack of family support, assistance in accessing their PCMP, help in understanding their health regimen whether it is medication, nutrition, or exercise. We strive to help these Members as well and are in the community working with local providers and sister agencies to respond quickly and with compassion. Our goal is to provide the Member with the right level of care management at the right time.

We have developed a population-based, Member level, detailed data driven strategy using BIDM stratification, Beacon analytic capabilities, our Population Health Management Plan, and input from providers and referral sources to identify Members for inclusion in care coordination. This is a multi-modal approach that is founded on the belief that there is "no wrong door" to care access. Members will be assessed for care coordination if they meet one or more of the following criteria:

- Results of BIDM stratification identifying Members in the highest risk quadrant
- Results of stratification for Members who may demonstrate high risk in either physical health or behavioral health, but not necessarily in both
- Enhanced predictive modeling through CONNECTS via our machine learning and natural language processing technology
- Cases that support Population Health Management Plan interventions requiring care coordination
- Adults with two or more chronic conditions
- Members with multiple admissions, readmissions, emergency department visits
- Members with chronic behavioral or physical health conditions with emergency room visit, related inpatient admission, or medication adherence gaps
- Super-users (e.g., Members with utilization patterns similar to the definition for the Client Overutilization Program)
- Polypharmacy
- Five or more medications prescribed simultaneously
- Two or more opioids prescribed at the same time from more than one physician
- Pregnant women who have presented late in their pregnancy, are high-risk, or have been identified as needing further support
- Transitions of Care identified through referrals from hospitals, post-acute settings, CORHIO, criminal justice system, etc.
- Members who have been identified with difficulties accessing care across the spectrum (e.g., primary care, behavioral health care, specialists, dentists) due to transportation, child care, LTSS service needs, and other agency involvement
- At-risk Members whose status is identified through changes in the "wrong direction" through the stratification system or whose Health Risk Assessment suggests need for care coordination services
- Children enrolled through special aid categories such as Foster Care Children
- Children with chronic conditions and included in high physical health risk or high behavioral health risk quadrant

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- Physician referral
- Self-referral
- High-risk Members with one of the above categories referred by community agencies (e.g., Department of Social Services, churches)

Providers have access to Health Risk Assessments, BIDM stratification scores and other methods of assessing Members to enable them to identify Members in need. Care managers receive case lists that prioritize Members for care management services.

This process of population identification is intended to be a bi-directional activity. Beacon uses the data to develop a longer-term picture of Member status and health. Care coordinators then add to that data, based on their needs, knowledge of their population and insight gained through their experience of working with Members. The process has been designed with full input of the Health Colorado Population Health Management Plan and will be coordinated with those priorities and interventions.

Care coordination teams have the latitude and flexibility to prioritize outreach efforts based on their knowledge of the community and Member needs. Thus, care coordinators often work to help Members address barriers to receiving care, particularly transportation to and from appointments.

Role of the Member Services Team

Our Member Services Representatives are also critical component in the care coordination team. We have a fully staffed unit of highly trained Member Services personnel who have worked with Region 4 and understand the needs of the Medicaid Member. They have access to the centralized registry of community resources for Region 4, and equally important is the fact that they have been providing this first line service for many years and have hands-on experience working with the broad range of community resources in our region.

From the San Luis Valley across the region to the Frontier Counties of the eastern plains, we have served Region 4 Members who call seeking assistance. Sometimes it is straightforward request such as asking for a new ID card or asking for an explanation of a benefit. Often, Member calls represent much more complex need. For example, the Member may be having difficulty accessing a primary care physician, a dentist, or is unaware of how to access services for themselves or a family member. Our Member services team is trained and has experience in referring cases immediately to care coordination that require this level of service and communicating Member needs to the care coordinator completely and with a fully written case note.

There are also cases in which the Member Services coordinator is able to quickly resolve the issue by providing information to the Member on a requested community service (e.g., where is the nearest WIC office), identifying their PCMP and helping them make an appointment, or identifying the nearest Medicaid dentist or dental clinic. In this way, the member services representative works as an integral component of the team supporting Members and improving access to the health system. All Member Services calls are monitored and tracked and

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supervisors are able to intervene at any time to obtain emergency services for a case that requires more immediate attention.

Addressing Emergency Department Over-Utilization

For some Members, especially those without a strong PCMP relationship, the emergency department becomes the de facto health provider. For others, it may simply be the only convenient or accessible place of service. Members may also use the emergency department for inappropriate purposes such as obtaining pain or other opioid medications. Hospital discharge can lead to hospital readmissions if the Member does not understand discharge instructions or cannot implement them.

> *How we help: A Member with respiratory problems was discharged from the emergency department. The Member was unable to fill a prescription for a nebulizer. The health navigator found assistance to obtain the prescription so the Member could complete breathing treatments at home. The Member avoided possible pneumonia and a hospital readmission.*

The unification of physical and behavioral health data, shared at the Region 4 level creates windows of opportunity for Health Colorado to have a timely impact on Member care before they are at risk of being admitted into higher (and costlier) levels of care. Health Colorado will use its exemplary data management systems to take advantage of these opportunities to improve care and reduce costs. Our advance analytics tool for example has been able to predict certain inpatient admissions with ***221 percent better***[3] accuracy than tools that rely on total medical expense or historical claims.

Health Colorado conducts ongoing analyses to determine when Members are overusing health resources such as using the emergency department for inappropriate or non-emergent purposes or are ready for a transition of care. Care managers can then intervene with the Member to address overuse, educate Members about appropriate use of the emergency department, promote the Nurse Advice Line, or help Members implement their hospital discharge plan. Health Colorado also will work with long-term care facilities to proactively address health and behavioral health issues. In this way, Health Colorado can help ensure emergency department use by those residents is appropriate.

Assessment

Care coordination is designed to support the Member along the care pathway to improve coordination of care and ensure access to needed services. Core elements of Health Colorado's care coordination approach begins with a comprehensive person- and family-centered assessment. Health Colorado will utilize a uniform set of assessment tools to gather the information needed to develop a personalized whole-person care plan for each assessed Member.

Assessment data will be collected either directly into Beacon's CONNECTS systems (if selected by the provider), in the provider's EHR system or in their care coordination system, and regardless of the method of data entry and collection, care coordination data required for reporting, supervision and auditing will be uploaded into CONNECTS to create one unified data base.

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[3] ACAP (Association for Community Affiliated Plans), Vendor Education Webinar, June 6, 2017

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Using the Member- and family-centered approach that permeates our entire system, Members and family members are crucial in assessing current needs, considering their preferences and goals and identifying resources within the health or social system to obtain needed services or links to community resources. Core elements of the assessment include:

- Evaluation of the presenting medical and psychosocial/behavioral problems
- The Member's readiness to change if applicable, disease states, cognitive status, safety level, language requirements, transportation needs and other related factors
- Medications, family support, psychosocial barriers, lifestyle factors, behavioral health needs, transitions of care, and before medical history
- Cultural and linguistic family characteristics
- Sources of referral services and supports to identify needs and assure that the plan supports connections and communication with multiple agencies, heath care partners and other agencies
- Desired outcomes from the Member and the family.

The following is a high level outline of the components of the assessment process and assessment tools that are available to care coordinators and care managers. The scope of the assessment is individualized and reflects the needs of the Member:

Acuity Assessment/ Stratification	Health Care Benefit/ Resource Availability	Psychosocial Resources/ Barriers to Care
Behavioral Health Utilization: Inpatient and Emergency Room admits in the past six months	Health Status	Safety – Danger to self/others
CANS	Housing/Stable Living Arrangement	SF-12
Clinical History	Legal Issues	Social Support
Cultural/Linguistic Support	Medical Conditions/Health Status	Transportation Issues
Disabilities (Hearing, Vision, Mobility, Intellectual)	Medication Safety, Knowledge, Adherence, Reconciliation Need	Treatment Participation
Engagement	Mental Health/Substance Use	Opioid Risk
Financial Barriers	PHQ-9	
GAD-7	Presentation	

Developing and Implementing a Care Plan

We are committed to a Member-centered model and building care plans that reflect the goals, preferences and needs of the Member. Our whole-person care plan:

- Serves as the primary "road map" for the care management services to be provided to each Member within the context of a larger health care delivery system
- Includes the guidance and input of physical and behavioral health providers
- Is developed in conjunction with the Member and family as appropriate
- Addresses medical and non-medical activities/needs

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- Reflects the Member's and/or family's goals, Member's strengths and needs.
- Establishes accountability
- Identifies potential gaps in meeting the Member's interrelated medical, social, developmental, behavioral, educational, informal support systems, financial, and spiritual needs in order to achieve optimal health, wellness, or end-of-life outcomes according to Member preferences

For Members with behavioral health conditions that compound their risk and affect their ability to manage their physical health needs, trained behavioral health clinicians are there every step of the way working with the Member and the family and provide focus on recovery, resiliency, and independence to maximize the Member's own skills and abilities. As illustrated below, the execution of the care plan establishes continuity of care along three dimensions: Informational, Interpersonal, and Care Management.

Care coordinators work across the spectrum, assisting clients with medical, behavioral health and community/social providing client care coordination, as well as within the community, client homes, doctors' offices or wherever the client needs assistance.

The care coordination process is designed to match the level of care coordination required to meet the specific needs of each individual and includes the following functions:

- Assess with the Member and family strengths and unmet needs across life domains
- Identify the range of services, and supports currently engaged with the individual and facilitate connections with these sources and others as needed
- Manage communications across the full range of health, behavioral health, and social services
- Develop a comprehensive written plan of care and services with the family/individual that addresses Family and or individual goals
- Reassess and modify the comprehensive written plan of care regularly including the individual, the family, and members of the care team
- Establish an accountability or negotiate responsibility for desired outcomes
- Provide information concerning all aspects of the individuals care plan

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- Support and facilitate transitions—whether across levels of care, across regions, in and out of systems
- Provide one accountable central resource for the individual and family including providing access to resources information
- Coordinate with other agencies regardless of who is designated as lead Care Coordinator.

Care Coordinators support the client where there is need, including but not limited to: assisting with medical care, providing education and materials on wellness and prevention, coordinate with interventions in the Population Health Management Plan, family issues, social needs, educational needs, legal, financial, behavioral health counseling, transportation, clinical groups, medication management, coordinate across agencies and programs.

Our care coordinators and peer specialists work wherever they are needed to support the Member and their family:

- Care coordinators coordinate with Members in emergency rooms and inpatient hospitals to support transitions of care
- Care coordinators are linked to the corrections system and support Members being released from county jails
- One Care coordinator leads tobacco cessation programming
- Care coordinators across the region working as a Health Colorado team are have developed a pilot anti-bullying program addressing early adolescents to reduce bullying, teen violence and potentially provide early identification of depression
- Case Managers in our Crestone Program at the Montebello location provide the full range of services and emphasize legal issues with many clients due to the large number of referrals from jail, probation and district court. Because of the number of cases with substance use issues, two of these Case Managers are Colorado Certified Addictions Counselor II
- Colorado Certified Addiction Counselors are included on Case Manager teams across the Region
- Respite Care Case Manager works closely with one to two client(s) while the client is in this 24-hour service in which they can stay up to 14 days. This case manager helps with teaching daily living skills, provides education addressing any areas of concern and helps the client prepare to return home. She also addresses any concerns and issues for anyone living with the client in preparation of the clients' return
- Case Managers on Mobile Early Intervention Services teams have their "office" in mobile units where they provide services with a therapist on twelve hour shifts regardless of where there is need
- Care coordination teams have designated drivers who deliver medication to the client at their homes to help them maintain medication adherence. This support is crucial for some Members to enable them to live successfully in the community
- Case Managers in specialized Pueblo Youth and Family Services programs provide outpatient care coordination work with families with the Department of Social Service, and coordinate with physical health teams to insure our youth get their "Yearly Well Child Checks" as an example of care coordination

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- The Chinook site Crisis Team has 11 Peer Specialists working in the Crisis Living Room. This service is available 24 hours a day, every day of the year. Anyone from the community can receive help from peers at several Crisis Living Room sites.
- Care Coordinators are embedded in hospitals in our region including Parkview Medical Center and St. Mary Corwin Medical Center Clinics
- Care Coordinators are also embedded in primary care offices across the region. We have Care Coordinators located in communities and/or in provider offices at over 45 sites across the Region

Documentation

The care plan is fully documented in either the providers' EHR or in CONNECTS, depending on the provider's preference. In either case, information to support reporting, monitoring, auditing, and evaluation will be uploaded into CONNECTS so that Health Colorado has a care coordination activity record for all services performance in the region under the oversight of the RAE. Consistent data sharing, reporting, and integrations will be a key to our success in managing Accountable and Collaborative providers and their care coordination activities against our expectations so that we can measure effectiveness against the key performance indicators and refine our programs to achieve incremental successes throughout the term of the RAE program.

The CONNECTS platform supports documentation of assessment, care planning, outreach, face-to-face encounters and referrals, and communication by each user as well as providing the underpinning for a continuous performance improvement process.

Addressing the fourth component of the Quadruple Aim, improving provider experience, CONNECTS provides state-of-the-art transaction capabilities for network providers. The user-friendly provider web portal, ProviderConnect, along with the support and educational tools we offer, ensures optimal use of online systems, resulting in increased use of web-based technology, a decrease in administrative burden for providers and enhances our ability to monitor performance.

Beacon's care management platform within CONNECTS provides a dedicated place for clinicians and care coordinators to document and manage care plans in an efficient, standardized, and comprehensive manner. This module accommodates multiple levels of treatment plans, including intensive case management and integrated care management, while achieving the following objectives:

- Streamlining workflows and incorporates efficiencies, producing sequential and cohesive documentation in line with the program work processes
- Incorporating industry best practices, meeting contract and market expectations for intensive case management and integrated care coordination programs
- Including a case stratification process to inform resource allocation
- Supporting care coordination functions from assessments, care planning, coordination between providers/specialists, etc., transitions of care, outreach, reporting
- Supporting outcome and operation management reporting

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Health Colorado's partnership model allows data management systems to be compared, contrasted, and leveraged to the advantage of the partnership. Each partner has their own expertise, experience, and sophistication. By sharing these, Health Colorado is able to normalize the quality and consistency of the data that is used in reporting to the state.

Protecting Member Confidentiality

Health Colorado is committed to protecting each Member's right to privacy and ensuring HIPAA requirements are enforced. All coordination of care is performed only with the Member's consent and a current release of information to the Medical Home, to the behavioral health provider, or to other providers.

Consent procedures have been streamlined and woven into the workflows to reduce administrative burdens as much as possible. Health Colorado's robust grievance procedure will enable us to identify any weaknesses in our safeguarding process and opportunities to better inform Members regarding confidentiality and information sharing among care coordinators and providers.

Outcomes

Our evaluation framework is designed to measure our success at meeting program goals, to ensure that Health Colorado's care coordination program:

- Meets the needs of all Members in the region as defined above
- Is compliant with state and federal regulations and program requirements
- Supports and enhances the implementation of our Population Health Management Plan
- Supports the establishment connectivity of the health neighborhood and
- Further enhances providers meet the Department's stated KPIs

In our existing contracts for behavioral and physical health care management and Region 4, with the support of administrative systems provided by Beacon, we have successfully met program requirements and improved care coordination in the Region. In recent Health Services Advisory Group (HSAG) audits, the care coordination system has been recognized:

Care coordination activities have evolved to be tightly integrated with practice transformation and quality improvement activities across the region and provide an essential conduit between diverse local environments and leadership

HSAG noted that care coordinators appeared to more widely embrace the comprehensive care coordination requirements of the RCCO contract—i.e., they addressed more than referrals to specialists, including attending to numerous behavioral and social needs. Record reviews demonstrated that care coordinators routinely assisted Members with securing: transportation, housing, food, clothing, and financial assistance with utilities and prescriptions.

Quality Improvement

At the administrative level and at the partner level, our quality improvement system is based on a continuous performance improvement model. We have developed and will continue to support a

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robust evaluation process at the provider level working with care coordinators and supervisors to regularly assess the effectiveness of care coordination plans for individual Members. As part of our commitment to Continuous Quality Improvement, case assessments are regularly scheduled and focus on the following:

Components of Case Assessments

+ Measure clinical goals, functional improvement, satisfaction with services and cost-benefit of treatment plan

+ Is/was the plan of care realistic, collaborative, and mutually beneficial to all involved?

+ Are/were the established time frames realistic?

+ Are/were the best possible and most cost-effective treatments used?

+ Are/were the individual educational opportunities maximized?

Health Colorado is also engaged in Continuous Quality Improvement that:

- Collects and analyzes quantitative data measuring outcomes
- Collects and analyzes qualitative data including (CAHPS) surveys of Members, family members, community partners, and providers to assess satisfaction with program elements and implementation
- Based on data outcomes, addresses clinical programming processes
- Provides training, new programs, and corrective actions to address findings
- Establishes alliances with community partners, including aligning transition support services to fill gaps
- Collaborates with families, providers, the Department, other state agencies and community agencies to improve systems of care

Quality improvement is more than using data to improve current practice. Health Colorado partners are well-known innovators and early adopters. Health Colorado will stay current in emerging best practices to determine if and how new initiatives or pilots should be tested. Further, Health Colorado's Quality Director will participate in all State and Department meetings to stay up to date on the latest State and Federal initiatives so we can coordinate with practices, care coordinators, stakeholders and other agencies and implement improvement projects for the Region 4 Members.

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Care Coordination Program Oversight and Management

Health Colorado's Quality Improvement Director will be responsible for providing ongoing training, advisories, and support to care coordinator supervisors across the region. He or she will provide ongoing updates from State-level meetings about initiatives that will assist with keeping care coordinators advised on working with multiple delivery systems and state agencies.

Further, the CONNECTS system is an electronic interface that enables Health Colorado to communicate with providers, medical directors, care coordinators and other team members across the region. Through this mechanism, we can add new policies and procedures, memos, information about community resources or programs and any necessary material to support the system.

In addition, Health Colorado will provide regular training as described above, meetings on community programming, updates on state policies and initiatives, and review the Population Health Management Plan, including reporting and evaluation results. Health Colorado will develop and provide all staff procedure manuals and other guidance materials in order to ensure a common understanding of terms, procedures and policies.

The Systems Integration Team will address system level barriers to effective care coordination. Furthermore, demographic analyses of community within the identified service areas will be conducted to assess how cultural, geographic, and economic factors impact Members' health care utilization and overall health.

Dashboards

An added benefit for the Department, Health Colorado's providers, and other qualified stakeholders is access to Beacon's real-time, online dashboard reporting. The secure, password-protected online portal enables access to our Web-based reporting and analytics in real-time from a desktop.

The Department and other dashboard users will be able to create personalized dashboards and conduct a variety of analyses across a full range of inpatient and outpatient utilization features, including data regarding Member enrollment, care coordination, encounters, and authorizations. Drill downs on individual sub-group and clinical trends—including division, level of care and diagnosis—will also be available to users. By using dashboards, the Department can monitor key metrics on a regular basis. Our evaluation and outcome measurement are supported by the BIDM system, State audit findings, as well as Beacon's CONNECTS platform.

As described within our response to *Offeror's Response 7*, Health Colorado operates all of our functions using a wholly owned and operated technology infrastructure provided by Beacon. The CONNECTS system, which has been in place to provide both RCCO and BHO functions in Colorado, is owned by Beacon and is updated on a regular basis. Graphically depicted on the following page, CONNECTS is specifically designed to meet the Department's data management and reporting requirements.

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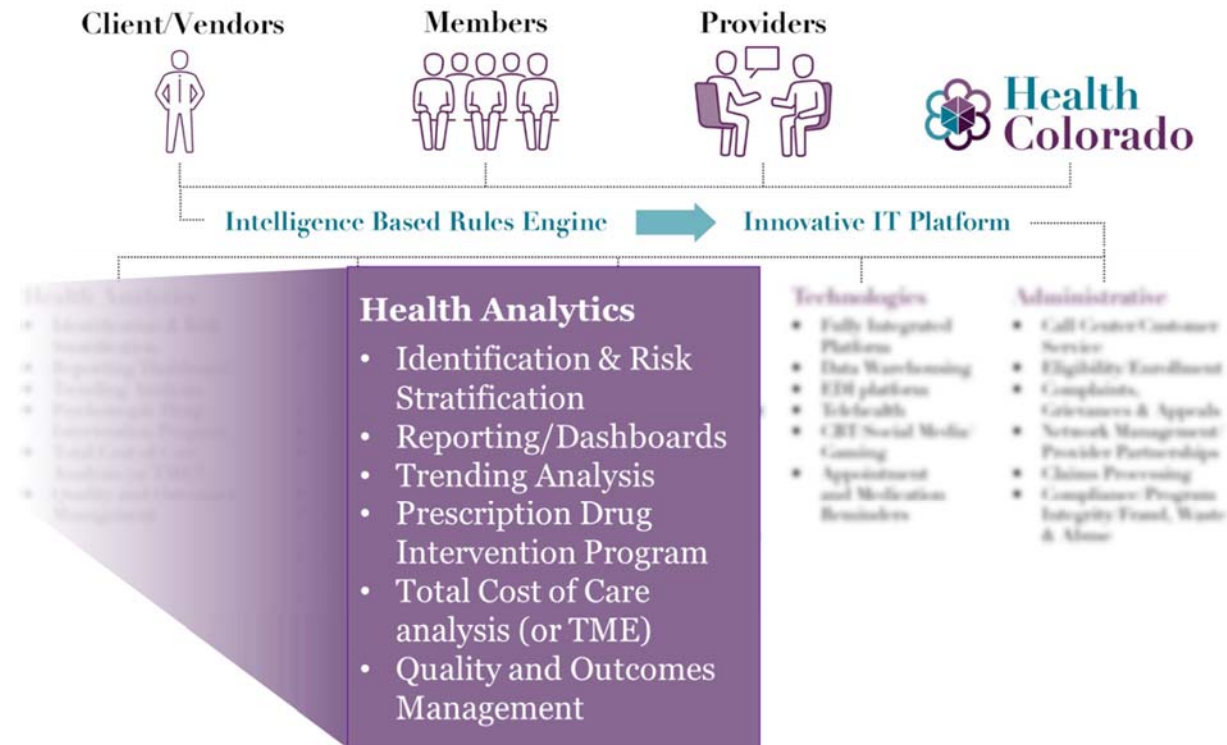
Once data are gathered, analyzed, and integrated into our information management system, they are available for reporting and further analysis through IntelligenceConnect, Beacon's proprietary, secure Web-based reporting.

Reporting

Health Colorado understands our reporting responsibilities and takes them seriously. In fact, our Administrative Services Organization, Beacon, has a well-established record in Colorado of producing high quality, on time reports that meet or exceed the Department's contractual requirements. As such, we commit to fulfilling each of the specified RFP reporting requirements and attest that we will have trained dedicated staff to meet each of the reporting requirements. These reports are also critical to our internal management and quality improvement processes. These required reports will be reviewed and monitored on a regular basis by the Clinical Director and Quality Improvement Director.

We will provide reports that meet the Department's timelines and requirements listed in *Section 5.9.4.1 through 5.9.4.1.5*. Through Beacon, we will create a care coordination activity report in a format agreed to by the Department and Health Colorado. The report will include care coordination activities performed by network providers and subcontractors. The report will contain, at a minimum, narrative and statistics that include the number of unique Members for whom care coordination was provided by Health Colorado and PCMPs during the reporting period by the following categories:

- Deliberate provider interventions to coordinate with other aspects of the health system
- Care coordination delivered over an extended period

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The Care Coordination Activity report will include narrative descriptions of how Health Colorado and our network providers provided care coordination for enrolled Members, including basic, one-time activities and long-term interventions. These descriptions will demonstrate how network providers are using team-based care approaches to deliver care coordination, activities we have undertaken with its Network Providers to increase and improve care coordination at the point of care, and examples of care coordination activities performed during the previous quarter.

As required, the report will include narrative descriptions of how we coordinated transitions of care in the following situations, including the number of unique Members who received coordinated transitions of care services:

> *"We make a living by what we get, but we make a life by what we give."*
>
> –*Winston Churchill*

- Transitions of Members from one RAE to another RAE when Members are actively engaged in care coordination and/or receiving covered services through the Capitated Behavioral Health Benefit.
- Transitions of Members from institutional settings to community-based services
- Transitions of Members from inpatient hospital stays to the community
- Medicaid-eligible Members transitioning out of the criminal justice system
- Children involved with Child Welfare

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OFFEROR'S RESPONSE 17

Describe in detail how the Offeror will support Network Providers in accordance with the requirements in Section 5.10, including descriptions of the types of payment arrangements the Offeror will make available to PCMPs and Health Neighborhood providers to support achievement of the Accountable Care Collaborative goals.

Health Colorado, Inc. (Health Colorado) will serve as the central point of contact for network providers regarding Health First Colorado Medicaid services and programs, regional resources, clinical tools, and general administrative information. Our Regional Accountable Entity (RAE) network support strategy provides a full suite of communication/education tools, services, and opportunities for providers, all of which will adhere to Colorado Medicaid's brand standards.

Our strategy is mindful of the different types and specialties of providers, as well as the transformational needs as providers move along the integration continuum, particularly in rural and frontier counties. As such, we will provide needed support for providers that are interested in integrating primary care and behavioral health services. Health Colorado staff will continue to enhance the delivery of team-based care, as our staff has done for the last 22 years in southeastern Colorado, by incorporating Member navigators, peers, promoters, and other lay health workers into our network strategy. Our network management strategy is underscored by state-of-the-art health technologies that are designed to advance the providers' business practices while maintaining our focus on improving Members' health and experience of care.

As we discuss in detail throughout our response to this section, our network support strategy will be documented in our practice support plan, which will be submitted to the Department of Health Care Policy and Financing (the Department) within 30 days of the effective date, for review and approval. This plan will outline the:

- Types of information and administrative support, provider trainings, and data and technology support that Health Colorado offers and makes available to network providers
- Practice transformation strategies we offer to help practices progress along the integrated care continuum via the State Innovation Model (SIM) framework for integrated, whole-person care
- Administrative payment strategies Health Colorado will use to financially support providers

This practice support plan will be updated annually and submitted to the Department by July 31 of each year by Health Colorado's Program Officer on behalf of the Director of Provider Relations or their designee. Our Director of Provider Relations will also serve as the liaison between the Department and our partners, network providers, and subcontractors to ensure that all provider support is coordinated, does not duplicate existing service, and keeps the Department informed of our support activities.

GENERAL INFORMATION AND ADMINISTRATIVE SUPPORT

In addition to the Provider Relations Director, Health Colorado will use a team approach to manage activities for network provider support within the region. We will empower providers to use self-service tools and connect directly to the appropriate departments for assistance on Member-specific cases. We will provide contacts for key services, such as Medicaid Member attribution, authorizations, a list of contract responsibilities, quality audit descriptions, or care

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coordination services. In the event of service issues or if the provider encounters challenges in achieving a resolution or a trend arises, our Provider Relations Representatives will be available as a liaison between the provider and the applicable Health Colorado department. This will result in timely resolution of any issues that the provider was unable to resolve using self-service tools.

Our practice support plan will reflect how we intend to communicate to network providers to link them to any existing resources and communication materials for the following topics:

- General information about Medicaid, the Accountable Care Collaborative 2.0 (ACC 2.0) Program, and Health Colorado's role and purpose as the RAE
- The Department's process for handling appeals of physical health adverse determinations
- Our process for handling appeals of behavioral health adverse determinations
- Available Member resources, including the Member provider directory that will be available 24/7 via our website and hardcopy on request
- Clinical resources, including, but not limited to: screening tools, clinical guidelines, practice improvement activities, templates, trainings, and other resources
- Community-based resources, such as child care, food assistance, elder support, housing and utility assistance, and other non-medical supports

Our provider support call center, which is currently open from 8:00 a.m. to 5:00 p.m. during regular business days, is staffed by representatives who understand and have been a part of the transformation of the Health First Colorado Medicaid program that has taken place over the last 22 years. Our staff, which are the same staff that have supported providers in the Regional Care Collaborative Organization (RCCO) Region 4, are fully trained to answer questions or respond to requests for administrative and technical support from physical, behavioral, and oral health providers. Additionally, representatives have access to subject matter experts in key departments who they can consult with regarding specific, in-depth questions and provide a response in a timely and comprehensive manner. As the RAE, we will ensure that network providers are aware of, and have access to, a wide array of informational services and supports as the Community Behavioral Health Services Program, Primary Care Case Management, and Long Term Services and Supports (LTSS) programs are transitioned to the RAE.

Our provider support services are tailored to the needs of the entire network, including the essential community providers (i.e., Federally Qualified Health Plans [FQHCs], Community Mental Health Centers [CMHCs]) and individual practitioners. We will ensure that any information gaps that exist are identified, researched, and tracked so that the provider can be linked to the existing resource or so that training can be developed. This will inform our approach to network training, while not duplicating existing materials or services.

Health Colorado's general information and administrative support communication tools include, but are not limited to:

- Provider newsletters, handbook, and email alerts
- Automated texting system for providers who subscribe
- An informational website that includes screening tools, clinical guidelines, proactive improvement activities, templates, Member educational materials, and trainings
- Achieve Solutions, our award-winning, online library of health and wellness information

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- Health First Colorado Medicaid information
- Annual trainings
- Informational training on roles and responsibilities
- Medicaid updates
- Live WebEx trainings on technical applications and available in printed form when needed
- Recorded WebEx trainings posted to our website
- Business Intelligence and Data Management (BIDM) system and data access portal trainings

Provider Relations Representatives will communicate with providers and office staff regularly and will ensure providers are adhering to program requirements. Staff will also provide any necessary information, training, or other feedback as part of their outreach. Provider support staff will be responsible for the initial recruiting in their territory of the region, but also ongoing recruiting to fill gaps that develop in their area, education and trainings, and managing provider inquiries that are routed from the call center. The teams will use traditional methods of network management, but also introduce new ideas to maximize efficiency, including:

- **Point of Contact:** Provider relations staff will begin by requesting each provider office designate a representative as a liaison. The liaison will be the point person for each office and will handle all program related activities with our Provider Relations Department. This method will minimize miscommunication and increase overall efficiency.
- **Practice Assessments:** Provider relations staff will conduct periodic assessments of the physical and behavioral health provider offices to identify training needs or additional supports based on the level of care and services they provide. We will use Beacon's proprietary Network Assessment and Action Communication (NAAC) Tool to document the assessment results and provider transformation plan, as well as communicate between the interdisciplinary team. Using this proprietary tool, our provider relations staff may submit and track providers or practice staff referrals to subject matter experts to conduct tailored training, technical support, or implementation. The NAAC tool will also track the outcome of conducted interventions and progress of the provider transformation plan.
  Provider Service Line: Health Colorado's Provider Relations Department will manage provider calls coming into the toll-free number. Staff are available from 8:00 a.m. through 5:00 p.m., Monday thru Friday, except on observed holidays. Trained staff are able to assist with general questions, offer guidance on how to access the suite of clinical and operational tools and systems that promote quality care. Staff will have access to the CONNECTS system, our fully integrated care manage system, which will enable them to address inquiries related to Medicaid provider enrollment, eligibility, obtain a list of attributed Members, authorization and referrals, Member assignments, and questions related to Medicaid benefits such as Early Periodic Screening, Diagnostic and Treatment (EPSDT). They will have contacts and resources at the Department, developed by Health Colorado, to assist providers with questions or concerns, as appropriate. In addition, representatives will spend much of their time in the field meeting with providers. A representative can be dispatched to conduct in-person, personalized provider support for complex provider needs.
- **In-Person Connection:** Staff will use continuous contact with provider offices to build strong relationships to maximize communication and efficiency. This, in turn, should help reduce the number of providers terminating from the network while also providing increased dialogue to encourage providers to remain in network. Staff will also be equipped with laptops and smartphones to access the system remotely so they have real time access to

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provider information and communication while in the field. This process will also alleviate the need for duplicative field and office staff; however, the office will continue to have support staff to manage administrative tasks. Effectively, provider relations representative will be an "office on wheels," able to meet provider and program service goals in real time, with strong customer orientation.

- **NAAC Tool:** The NAAC tool is Beacon's proprietary electronic tool that will be used to ensure communication between the interdisciplinary team. It allows individuals and departments to document and share key interactions with provider, track transformation assessments, and completed activities such as visits or trainings. It allows for support of previous and ongoing practice activities in a coordinated manner between the department and with the provider. Provider relations staff will be able to pull information when speaking with a provider and aware of transformation activities that are occurring throughout the region across the various departments that assist in the practice transformation efforts. They will be able to use the tool to reinforce information delivered, provide additional support or request additional interventions to assist provider in their practice transformation.
- **Communication Tools:** Staff will have a variety of communication tools at their disposal to facilitate relationship building and interaction with providers. Provider relations staff will use well-established methods such as the website, provider manual, and newsletters to inform providers of Medicaid program information, their roles and responsibilities, available resources, and communication materials available through Health Colorado and state and federal resources. We have an established marketing policy to ensure all provider communications meet Colorado's brand standards.

  Our staff also has the capacity to send network providers email communications when there is actionable information that benefits their practice from the Health Colorado, the Department, or CMS, such as system disruptions or updates, operational process changes, and upcoming trainings.

When a provider is new, transitioning, or had key staff turnover, our provider support team works with them in person, on the phone, or online via WebEx. Once a provider is contracted and credentialed, we initially focus on annual trainings, resolving any communication barriers, and communicating the availability of ongoing supports. Information on initial trainings and the availability of materials will be communicated to all network providers, to ensure that providers are aware, at a minimum, of the following Colorado Medicaid program information:

- Eligibility and covered benefits
- Home- and community-based waiver services
- Claims and billing procedures
- State Plan services, including EPSDT
- Capitated behavioral health benefit

Our initial training will also ensure that all network providers are well informed of the Department's key contractors, their roles and responsibilities, including:

- BIDM system
- Enrollment broker
- Utilization management
- Non-emergent medical transportation administrators
- Colorado Medicaid's fiscal agent
- Pharmacy Benefit Management system
- Oral health contractor
- Healthy communities
- Community center boards

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- Case management agencies
- Single entry points
- Nurse advice line
- Crisis services system

In addition, Health Colorado will outreach to and educate specialty and other Medicaid providers regarding the ACC Program, its structure, Health Colorado's role as the RAE, and the support we will offer. Our provider support staff will assist providers in resolving barriers and other issues that may arise while navigating the Colorado Medicaid system, including, but not limited to: Medicaid provider enrollment, eligibility and coverage policies, services authorization and referrals, Member and Primary Care Medical Provider (PCMP) attribution, and EPSDT benefits.

The team system will provide a manageable number of providers for each team and allow for an effective flow of information between the RAE and network providers. This will also allow our staff to work with network providers not in Region 4 who need assistance, determine which Members are attributed to their practice.

Strategic Partnership with Network Providers

Network providers identified as strategic providers will work directly with a Provider Relations Manager. They may be identified as strategic providers due to their membership volume, impact to quality metrics for the region, unique specialty or geographic service location, and/or participation in innovative or pilot programs. The Provider Relations Manager's focus is on building highly collaborative relationships with providers to drive provider performance improvement, year-over-year through education and data. They serve as primary point of contact for assigned strategic providers who may need help working with Health Colorado, including receiving inbound questions from the provider and filtering those questions to proper internal departments as appropriate. Additionally, the Provider Relations Manager will collaborate with the Quality Department to monitor and interpret provider utilization data, oversee data analysis, develop provider profiles to understand root cause of an outlier utilization, and engage providers help remedy outlier utilization. The Provider Relations Manager will communicate these clinical issues to Health Colorado's clinical teams and assist in addressing concerns.

Provider Relations Managers will have a range of expertise, available tools, and access to other subject matter experts to support network providers to enhance the delivery of care. The partnership between the Provider Relations Managers and network providers allows this dedicated team to consult with the providers over the life of the contract. Each team will contact their assigned provider offices regularly to obtain demographic updates, determine if any problems exist, assess any training needs, and share any relevant information or data such as the number of Members each provider has on their active roster. Should any needs be identified, our Provider Relations Managers will provide the necessary training or refer the provider to an expert through the NAAC tool.

Administrative Support for Clinical Management

Health Colorado will provide to our network providers medical management, clinical, and operational tools that are designed to ensure optimal health outcomes and control costs for Members. Our suite of tools, resources, and evidence-based practices offer a continuum of support for providers, specialists, and ancillary Medicaid providers. Through our comprehensive training program, we will ensure providers are aware of evidence-based practices to use while

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treating Members. We will promote fidelity to those evidence-based practices to ensure that services provided are effective, in both health outcomes and cost.

For those evidence-based practices identified as our "core" evidence-based practices, annual fidelity reviews will be conducted to determine whether the program is being implemented as designed. For programs that have fidelity scales readily available, we will use those measures. If fidelity tools are not readily available, we will develop a Problem/Fidelity Custom Assessment that will delineate each program's core components. We will also use the Colorado Client Assessment Record (CCAR) measures to promote fidelity.

Implementing evidence-based practices with full fidelity in rural areas is sometimes not possible due to limitations in personnel, vast geographic areas, and resource shortages. According to the Western Interstate Commission for Higher Education – Mental Health Program, several approaches can help improve the quality of care offered or scientifically demonstrate that an innovative treatment approach developed in rural regions can be successful. This includes:

- Applying to rural programs "core components" of existing evidence-based practices that show the most clinical effectiveness
- Developing hybrid models that comprise core components of multiple existing evidence-based practices as appropriate to a given rural setting, its resources, and the relationships among various physical and behavioral health care providers or other community agencies that exist
- Identifying rural-specific promising practices that can be developed into evidence-based practices

Through our partners' Behavioral Health Organization (BHO) experience in southern Colorado, our staff have assisted providers to adapt existing evidence-based practices into practical applications using these approaches wherever full fidelity has not been feasible. If a program is adapted for specific needs, a fidelity review will be conducted to ensure maintenance of the core components to ensure success.

PROVIDER TRAINING
Health Colorado will establish self-service tools and multiple interactive training platforms to enhance communication with the provider offices. This will allow providers to select a modality that best fits their practice and ensure all providers receive same level of training. This approach will especially benefit smaller practices or those located in rural and frontier areas, who may not be able to travel or leave their offices to complete training. We describe each modality in detail in the following paragraphs.

Webinars
Provider Relations will continue to use webinars to educate network providers on Colorado Medicaid program information, inform them of their roles and responsibilities as part of the network. A webinar can be taped, and a separate podcast may be recorded and placed on the Health Colorado website. These training videos can then be used by providers as self-service training modules or shared with staff new to the practice. The added benefit is that anyone in their practice can take the trainings on their own schedule and pace, as well as, revisit should they need refresher training.

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Webinar trainings may focus on general information and administrative supports and may include Medicaid Program information on eligibility, covered benefits and services, operational procedures, and their roles and responsibilities. Special attention will be placed on ensuring providers access available tools and resources to support providers to provider quality care such as clinical and operational tools and systems (e.g., BIDM, CCAR, MMIS, ProviderConnect, Health Colorado website).

Webinars will also be used to provide annual trainings to update or remind network providers of their contract responsibilities or changes that impact their practice including, but not limited to:

- Colorado Medicaid eligibility and application processes
- Medicaid benefits
- Access to care standards
- EPSDT program information, including assessment, treatment, and resources
- Quality improvement initiatives
- Population Health Management Plan
- CCAR and use of the CCAR mobile application
- Cultural responsiveness
- Member rights, grievances, and appeals
- Principles of recovery and psychiatric rehabilitation
- Trauma-informed care
- Other trainings identified in consultation with the Department

We will ensure that trainings on the topics above are made available for network providers at least every six months. We will also offer training via webinars to cover the Disability-Competent Assessment Tool. This tool is used to help ACC PCMPs provide optimum care for Members with disabilities and to help Members with disabilities locate providers that are best able to meet their needs. The need to support practices in disability-competent care is especially important now that the ACC is serving Medicare-Medicaid Members. The tool assesses PCMPs in the following areas:

- **Communication Access:** To what extent do providers offer varying methods of communication to accommodate Members' needs? Are providers able to adjust communication methods for those who are hard of hearing or those with intellectual disabilities? To what extent do providers give Members information about the accommodations available for those with disabilities?
- **Programmatic Access:** Are there policies or procedures in place to ensure Members with disabilities receive the same quality of care as others? Are extended appointment times available? Can Members bring service animals with them?
- **Physical Access:** Are there access physical barriers on site that limits the ability to care for Members with disability?

Provider Online Services
Health Colorado has an online, provider self-service application that contains a multidisciplinary, curated library of practice support tools based on contract requirements, provider feedback, and identified needs. It currently houses an array of information and tools, including:

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- Provider resources with overview information on Medicaid, the RCCO and ACC Program key performance indicators (KPIs), PCMP choice, and available support
- Member education materials on coverage options and immunizations
- An exhaustive resource of clinical tools for providers treating Members of all ages with physical and behavioral health needs, including screening tools and guidelines, resources and helpful pamphlets, and referral and release forms. Several of these documents are available to download in English and Spanish.
- Operational practice support forms and procedures
- Educational materials for specific conditions that can be downloaded in English and Spanish (e.g., depression, diabetes, teen smoking)
- The provider directory and handbook
- A link to Achieve Solutions, our online library of health and wellness information

Health Colorado's ProviderConnect platform and website will be leveraged, to incorporate required content per the RAE contract. It will link providers to state and local resources, where appropriate, to streamline communication of content. Types of covered content may include:

- Medicaid eligibility
- State Plan services, including EPSDT
- Capitated Behavioral Health Benefit
- Business Intelligence Data Management
- Enrollment broker
- Utilization Management
- Non-emergent Medical Transportation administrators
- Case Management Agencies
- Single Entry Points
- Crisis Services System
- Community-based resources
- Nurse Advise Line
- Medicaid covered benefits
- Home- and community-based waiver services
- Claims and billing Procedures
- Colorado Medicaid's fiscal agent
- Pharmacy Benefit Management System
- Oral health Contractor
- Healthy Communities
- Community Center Boards
- Appeals and grievances for physical and behavioral health adverse benefit determinations

Town Halls

Health Colorado will establish travelling, training-specific Town Halls that will be conducted every six months. The topics for training will be driven from provider assessments for practice transformation, quality and utilization data, Learning Collaborative feedback, and identified trends or provider requested training topics. An example of topics includes:

- Quality Improvement Initiative, including developing a Population Health Management Plan
- Cultural Responsiveness
- Member Rights, Grievances and Appeals
- Principles of Recovery and Psychiatric Rehabilitation
- Trauma-Informed Care and Working with Individuals with Brain Injuries: Beacon conducted two training sessions on the implications of trauma on people with traumatic brain injuries
- Other trainings based on best practices and promising modalities include Motivational Interviewing for Behavior Change and Better Health, Value of Peer Specialists in Recovery Support and the Zero Suicide Initiative.

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These sessions will be hosted by our Chief Clinical Officer and Health Colorado will invite experts and diverse presenters who can offer unique perspective, testimonials, innovative best practices and first-hand experience. This may include physical or behavioral health providers who can provide peer-to-peer training and share experience in adopting new tools or processes.

Through experience obtained adopting the RCCO and BHO models, we recognize the importance of encouraging the providers and their practice staff to determine the best way to interact with us. In order to engage with providers in a meaningful way via the Town Halls, we plan to travel to different parts of the region to maximize in person attendance. The Town Hall will also be available via a live-broadcast where participants can interact with the presenter through question or comments. Additionally, a recording of the event will be posted on the website for providers to view or revisit at their own schedule.

Health Colorado has multiple subject matter experts that are tuned-in with the best practices in practice transformation, as well as understanding regional needs. All training materials will be developed in collaboration with other departments including, but not limited to, quality, care coordination, clinical, and provider relations to create new training materials or gather existing materials and deliver training. We will leverage existing materials and guide providers to existing resources available through reputable entities, whenever possible, to avoid duplication and streamline communication.

Annual Seminars

Health Colorado sees the benefits of having seminars with physical and behavioral health providers to focus on the successes and challenges in serving the Medicaid population in the contract region based on quality outcomes. The forum will allow open discussion on how to build on the lessons learned and develop regional plans for overcoming barriers to improve quality of care outcomes and customer service experience. The results of these conversations would carry over to our efforts to strengthen Health Neighborhoods, increase active participation of providers in committees, and strategies to improve KPIs.

Learning Collaboratives

Health Colorado's Quality Department will lead a regular provider forum on topics selected through KPIs, performance measures, Member satisfaction survey findings, and/or provider feedback. In this forum, we will partner with providers to focus on a subject to develop joint solutions to solve the subject at hand. This forum will be attended by highly motivated providers who will share experiences that spotlight the regional challenges and offer opportunities to troubleshoot the issues. In turn, Health Colorado will present information on local, state, and national best practices. Together, we will develop regional solutions and best practices to impact these challenges or topics that will include tools, training materials, and other supports that we will then include in our training platforms. Provider relations staff will participate in these forums to inform future provider trainings, communications, and Town Halls.

Continuing Education Units (CEUs)

We understand the multiple priorities and demands that our network providers face to provide quality care to our Members. We will use an array of communication tools to promote the trainings and encourage participation including the website, newsletter, provider email alerts, and

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during routing interactions. Additionally, we aim to make the trainings and presentations meaningful and offer providers a tangible benefit they can take with them after they spend time on a training, Town Hall, or seminar. Through consultation with Beacon, we will work to create training content that meets CEU criteria, whenever possible. This will enhance the experience of the providers and attract them to engage and participate more readily through one or more of the platforms that will be available.

Monitoring our Training Effectiveness

The training program's goal is to provide superior service to Members in the region. All of these communication and training tools will provide a streamlined process to improve communication while providing a more transparent system for working with providers. This system will promote cooperative work between the network and providers, enhancing the benefits value for Members.

To ensure that our training is delivering on its intended goals, we will ask all training participants to complete a sign-in sheet and evaluation after the training. We will use our SharePoint system to track all the trainings delivered, topics presented including the materials used, and number and type of participants who attend. In addition, our webinar system has the capacity to download a report of the demographics of the participants in the training. Information can be made available to the Department on request. We will collect the data in a report to review with the Provide Network Committee (PNC) quarterly. This process will assist us in assessing the effectiveness of our training topics and methods and inform future trainings.

We will also maintain a record of training activities we offer and will submit this information to the Department on request. This includes all Health Colorado-developed provider materials and trainings related to the ACC Program or Colorado Medicaid. We will submit this information 10 business days after the date the materials or plans are requested by the Department, and 10 business days after the request by the Department to update documents.

DATA SYSTEMS AND TECHNOLOGY SUPPORT

Our Provider Relations Department will also use the team approach described earlier to manage data systems and technical support for providers within the region. Staff are assigned to territories to be in contact with providers over the life of the contract. Each team will contact their assigned practices regularly to obtain demographic updates, determine if any problems exist, and assess any training needs, including use of our data systems and technology.

Provider relations staff are will inquire about the assigned practice's use of data systems and technology that show the use and adoption rate of the technology. This includes ensuring the practice staff has access to the available systems or technology, measuring level of comfort in navigating the systems, gauging ability to pull data reports, and the ways in which data are used in practice to inform Member care. Based on this information, they will identify opportunities to overcome barriers so the practice successfully adopts the system. Our provider relations staff will also be knowledgeable on how to use the system so they can support practice staff in navigating the system and increasing the staff comfort level in using it. Provider Relations staff will have direct access to our IT Department staff who have the expertise to tackle issues that are more detailed related to the Health Colorado CONNECTS systems, including ProviderConnect and the CareConnect care coordination module.

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Staff will have resources and tools available to educate providers on the data reports and systems available, as well as being prepared to walk practice staff through how to use the data and system to improve Member care. Health Colorado will ensure that our staff develop expertise in the systems and recognize the technological investments from the Department such as the BIDM system so that they can counsel and support providers in the adoption and use of these assets.

Providers will also have access to staff through our toll-free number to answer questions and troubleshoot issues with the systems and technology. This may include sharing the desktop screen so together they can navigate the systems and conduct real-time training. Providers will have self-service provider online services via the Health Colorado website, which will have links to training modules for state-supported Health Information Technology (HIT) systems. Additionally, staff may schedule additional onsite meetings for one-on-one training for those that require more attention to adopt the technology.

Actionable Provider Analytics

Health care is highly localized and practice patterns reflect that. By aligning providers against uniform and objective performance measures with a goal of a specific outcome, we put in place a solution for the result, versus the process by which we get that result. PCMPs know their Members and each individual and community needs a different approach. We are not here to show providers how to practice medicine, but rather to align with tangible, objective outcome targets, reward their performance for achieving excellence and keep them up to date and aware of the new tools available to make their job in doing this, easier.

Through our partner's experience via the current BHO and RCCO contracts that cover Region 4, we have learned that all providers need access to real-time actionable data and a library of tools and practice support assets. However, provider use of such assets depends heavily on their current performance, Medicaid panel size, and their focus. To this end, we have considered the technical needs of all types of providers and established provider types, graphically depicted on the following page, that align with the tools, services, and supports we will make available to them. Our model supports all types of providers regardless of their scope, scale, or needs, so that we can influence the greater provider community in the region and align them with the quality measures (KPIs) defined by the Department to steer regional performance.

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Provider Support Scenarios

	Provider Type 1	Provider Type 2	Provider Type 3
Provider Status	"We recently implemented an expansive EMR system (e.g., Epic, Cerner) and built care coordination modules and workflows into this system. We do not want to access another system."	"We primarily serve Medicaid members and could benefit from access to a Care Coordination system and integrated health record that feeds us the viewing actionable analytics and alerts we should respond to."	"Our attention right now if focused on areas other than technology upgrades. We have some home-grown systems in place but these have been in use for many years are not up to date on all of the HL7 standards."
RAE Technology Provided	CareConnect platform and HL7 Data Interchanges	CareConnect platform and Spectrum unified Member record and actionable alerts.	CareConnect platform and FileConnect custom EDI data transfers
Provider Data Workflow	Providers access RAE information in their EMR system via existing workflows. RAE sends and receives all information to the EMR via HL7 standards.	Providers access the CareConnect platform and Spectrum Unified Member Record and Alerts for those Members in which they have access to view.	Users have access to information via a custom data load to their system and RAE receives information from user via custom file exchanges.

Provider Type 1. This provider type describes the most technically advanced providers that have made significant investments in their electronic medical record (EMR) infrastructure and business processes. Their workflows have been designed and implemented for consistency and efficiency and their EMR is their single system for all clinical operations. These providers are not interested in accessing another system from one payer and often serve multiple payers and lines of business such as Medicaid and Medicare, and commercial health plans. For this type of provider, seamless integration with their EMR system is a must. In fact, most of these providers have already established system integration with other partners to share clinical information. They also publish data for subscribers in standard formats like HL7. For Persona 1 Providers, Health Colorado will offer our CareConnect platform and standard HL7 data interchanges using our scalable EDI infrastructure.

Provider Type 2. This provider type describes providers that are interested in using an external system. Many of these providers have had access to systems in the past by other local partners, but have chosen not to make the investment on their own. Health Colorado will offer these

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providers access to the CareConnect platform with a single unified Member record with the appropriate role-based security and access to allow the provider to see, enter, and share information/data with other users. These providers may serve a single payer, like Medicaid, and conduct care coordination functions above and beyond the basic provider expectations whereby a care management system will assist them with consistent delivery of assessments, use of standardized screening tools, and development of a Member-centric care plan. Providers will receive alerts from the CONNECTS system when a clinical or coordination need presents itself for one of their Members. These email alerts will direct the provider to access the system via a link and review alerts for any of their Members. Actions are documented directly in the system.

Provider Type 3. This provider type describes providers that are comfortable with the system they have in place (e.g., custom software solution, older or more basic non-meaningful use level 3-conforming platform or some other tool) and either are not interested or do not have the capacity to make a change. In this case, we will still pursue integration with the provider and will offer them the ability to send and receive actionable health information about their Members. For these providers, we will evaluate their IT capabilities and develop custom data transfer programs to send and receive information. These files will likely be CSV or Pipe delimited flat files and transferred on a regularly scheduled basis. While these are not real-time data exchanges, they offer an integration path for all providers not just those that prefer a specific type of tool.

The personas and models above ensure that no provider is left behind or unable to accrue value from the RAE. This supports our commitment to the quadruple aim allowing all providers to acquire the information they need from us to improve performance without creating a new distraction from the delivery of care such as the required adoption of new technology and workflow systems from Health Colorado.

Prescription Drug Intervention Program

In addition, we will activate our Prescription Drug Intervention Program (PDIP) for all PCMP providers to give them real-time actionable alerts adherence to guideline medications, sub-optimal dosing, gaps in care, excessive dosing, and, if applicable, Suboxone treatment or medication assisted therapy (MAT). For the populations in which each algorithm is applicable, PDIP has generated significant positive clinical and financial outcomes, including:

- Adherence algorithms:
  - 16 percent increase in Medication Possession Ratio (MPR)
  - Savings of $4 per member per month (PMPM) on inpatient admissions
  - Savings of $1 PMPM on emergency department visits

ACTUAL PER MEMBER PER MONTH (PMPM) SAVINGS

Medication Adherence Interventions

| Inpatient Admissions | Emergency Department Visits |
| $4 PMPM | $1 PMPM |

Polypharmacy Interventions

| Emergency Department Visits | Prescription Medications |
| $7 PMPM | $111 PMPM |

- Polypharmacy algorithms:
  - 55 percent success rate
  - Savings of $111 PMPM on prescription changes
  - Savings of $7 PMPM on emergency department visits

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- Sub-optimal dosing algorithms:
  - o 51 percent success rate
  - o Savings of $23 PMPM on prescription changes

Successful network management is not only accomplished through managed care functions like contracting with the best clinically performing and cost-effective providers and utilization management discipline, but also through partnership with providers to allow them to focus on the activities that matter most in the delivery of care to Members.

To further assist providers in the use and adaption of the health care technology offered by Health Colorado as well as state-provided technology systems, our Provider Relations Managers in Region 4 will directly support provider relationships with *Accountable, Collaborative, and Contributing Providers*, who we described in greater detail in the financial support section of this response. These staff will conduct practice performance management activities and auditing to ensure that the provider continues to meet all of the delegated activities they have agreed to provide to their attributed Members or other local Members. In addition, our staff will also train providers and guide them through practice performance assessment information and improvement activities. This direct interaction between our provider relations staff and local providers is essential to assist providers collaborate with Health Colorado as the RAE, leverage all of the actionable analytics and data available to them, and help them focus on the areas of their practice that can have the greatest community impact. Population health battles are won one Member at a time, but practice transformation activities that tackle problems within cohorts allow providers to make quick, but significant improvements.

To prevent duplication, the team will be fully aware of the Department's training and guidelines. We have a certified NCQA Patient-Centered Medical Home™ (PCMH™) Content Expert as part of the team who will be working with providers with a variety of educational activities to support practice transformation into a medical home and will work to maintain the certification. Additionally, the PCMH Content Expert will train other staff to build capacity and program expertise to partner and support providers in their practice transformation.

We will support the practice's transformation activities and supplement the University of Colorado Anschutz Medical Center practice transformation experts when working with one of the seven Integrated sites in Region 4, as well as the 21 practices participating in the C-PACK program. Additionally, we will provide similar support to any practice expressing interest in implementation of the model but not a part of the SIM Cohort 1 or 2 and involved in practice transformation activities.

Our Practice Transformation alignment and support activities will give providers support for each of the 10 building blocks. These activities are defined in detail throughout our proposal and summarized in the table below and on the following pages.

Building Block	Health Colorado Support
1. Engaged Leadership	Our Chief Clinical Officer, Director of Provider Networks, and NCQA PCMH Content Expert are available to leadership at practices wishing to transform. In addition, Health Colorado's provider partners have deep

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Building Block	Health Colorado Support
	experience in Practice Transformation with Southeast Health Group being one of the state's SIM providers.
2. Data-Driven Improvement	Health Colorado will provide training, support and expert guidance on the adoption and use of population analytics from the Department (BIDM) and Health Colorado's supplemental machine learning and natural language processing investment.
3. Empanelment	In addition to supporting the adoption and use of BIDM, which is expected to allow providers to view and understand their patient panels, we will manage attribution, assignment and re-assignment activities, and work directly with providers to identify additional resources for Members.
4. Team-Based Care	Health Colorado promotes team based care and providers working at the top of their ability by delivering state of the art tools and technology that allow providers to take action on information and interface with the RAE in a seamless and simple manner. Our three Provider Type Integration and Support Model allows all providers to accrue value from the RAE without the need to reinvent their workflows or reinvest in technology assets.
5. Member-Team Partnership	Health Colorado has invested in technology assets that can be used by all providers across the regions. Our digital health solutions like Ieso that allows access in a virtual manner to cognitive behavioral therapy allows rural and frontier providers to serve their patients complex needs in real-time and increase the likelihood of follow-up care occurring. For example, our virtual health improvement tools like our texting (Care4life) programs can help Members manage their Diabetes.
6. Population Management	Health Colorado offers the provider community and Members of Region 4 unlimited access to population health tools and technology such as educational content and behavior change programs that can be accessed anytime and anywhere from the Member's mobile phone. Our Member Engagement and Population Health Management solutions (Text4baby, Text4kids, Text4health, and Text2quit) have been highly successful in helping Members manage their care and change behaviors. These programs will be supplemented by a wide range of population health interventions that address social determinants of health and local risk factors.
7. Continuity of Care	Health Colorado will promote, support and protect the PCMP, Member relationship and continuity of care. We will also provide PCMPs with actionable alerts and notifications when transitions of care occur that could result in the Member's clinical care plan being altered by another professional (such as discharge plans and prescriptions). Our care coordination program will offer care transitions interventions to smooth these transitions, reduce fragmentation in care for Members whose providers do not perform these duties.
8. Prompt Access to Care	Health Colorado's large and diverse competitive network will attract, recruit, and retain multiple providers per ZIP code and providers with extended hours so that Members can access care when and how they need.

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Building Block	Health Colorado Support
9. Comprehensive Care Coordination	Health Colorado will provide the provider community with multiple care coordination options that are aligned with our provider financial support models. A provider may be compensated by Health Colorado to perform these functions, may perform these functions using software provided by Health Colorado or may delegate these activities to Health Colorado. In any case, all Members will have someone in the system looking out for them, monitoring their utilization and needs and interacting with them when appropriate.
10. Integration and Compensation Reform	Health Colorado will support the Department's transition to more comprehensive value-based payment models. Health Colorado has designed its own provider financial support model to align with the direction of the Department. More importantly perhaps, Health Colorado is built upon a flexible and dynamic nationally tested infrastructure that can adapt to new models of payment with traceability to outcomes.

This allows providers to gain experience with practice transformation and see the impact of adopting medical home standards can have on Member care and customer service.

Region 4 Integration of Primary and Behavioral Health Care Activities

Under the current RCCO contract in Region 4, Health Colorado has four partner providers participating in the following initiatives:

- Valley-Wide's and San Luis Valley Behavioral Health's Integrated Care Planning Team (ICPT)
- Southeast Health Group's Opiate Chronic Pain Program
- Health Solutions' HEDIS®[1] gap measures with a focus on well-child checks

We detail these programs in the following paragraphs.

Valley-Wide's and San Luis Valley Behavioral Health's ICPT. This project laid the groundwork for a community care team in Region 4. In the beginning phase of the project, the team comprised representatives from Valley-Wide staff, Beacon's quality staff, and the Care Coordination Supervisor from San Luis Valley Behavioral Health who represents care coordination and behavioral health communities. The population comprises Members who are attributed to Valley-Wide or San Luis Valley Behavioral Health and use services at both providers, and who have been identified through data analytics or physician referral as having a condition or combination of conditions that would benefit from an ICPT model. The population is chosen through data analytics and is predominantly complex chronic Members with a high illness burden and complex social, physical, and emotional needs. Initially, our staff focused on Members with behavioral and physical health co-morbid conditions regardless of diagnoses. As the project progresses, we will add increasingly complex Members as staffing and capacity allows, culminating in the inclusion of complex chronic Members who are high cost, high utilizes and require multiple disciplines for effective care planning.

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[1] HEDIS is a registered trademark of NCQA

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Health Colorado staff currently provides the treatment team with a Member list that includes clinical and non-clinical data pulled from a combination of Truven and internal data warehouses. We also include additional information on each Member (e.g., gaps in care, including well-child checks, postpartum follow-up, and HEDIS gaps).

Southeast Health Group Opiate Chronic Pain Program. The key population and area of focus for this integration project are adults, age 18+, with an opioid prescription or opioid dependence diagnosis who are participating in the chronic pain program at Southeast Health Group facility in La Junta, and who have received a diagnosis of chronic pain and/or have been court ordered. Southeast Health Group's doctor will take on the role as a prescriber and consultant to the original designated PCMP, and in some cases, will prescribe Suboxone and/or Vivitrol.

An integral piece of the program provided by Southeast Health Group for Health Colorado Members is the OpiSafe application developed by RxAssurance from the University of Colorado. It is a comprehensive Web and mobile-based, pain medication management platform. It provides clinically-validated assessments of pain, function, and risk combined with medication diary questions to easily create quantifiable Member summaries. If physician-specified Member event takes place, care providers can enable alerts that will notify them about the event.

Health Solutions HEDIS Gap Project. This project is a result of Health Colorado's partners' quality staff discussing the challenges around well-child checks (for the RCCO) and EPSDT screenings (for the BHO). Health Solutions provides care coordination for 32 independent practices in Pueblo and surrounding areas. Care coordinators are embedded in most of the practices, while others provide services to the Members attributed to the practices remotely. The first phase of the project focused on children who had not had well-child checks in the previous 12 months.

Children identified as having no well-child check in the previous 12 months are attributed to one of the 32 PCMPs for which Health Solutions coordinates care. To qualify, children must have a minimum of five behavioral health claims within the previous eight-month period. The purpose of this parameter is to ensure that children have an established therapeutic relationship with a provider at Health Solutions. Once these children are identified, the Member list is forwarded from Health Colorado's quality staff to the care coordination supervisor at Health Solutions who divides it between the care coordinators based on attribution of the children. Care coordinators then reach out to the Health Solutions' behavioral health provider who has the established relationship with the Member/family and requests that the behavioral health provider introduce them personally to the family and assist with engaging the family for the purposes of getting the child in for a well-child check. The second phase of the project expanded to include children who had not missed their well-child check yet, but had one due in the next 60 days. This prevented children from showing up on the KPI metric as not having a well-child check. The next phase of the project is planned to incorporate other gaps in care such as mammograms, cervical and colo-rectal screenings, and comprehensive diabetic checkups (HEDIS measures).

Provider Assessment
Willing practices will be assessed based on the level of care and services they provide. Staff will discuss with providers on the opportunities to improve their practice for a more

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integrated medical home using their strengths and the practice's overall operational strategy and goals.

Integration Practice Assessment Tool (IPAT): In April 2013, the SAMHSA-HRSA Center for Integrated Health Solutions released "*A Standard Framework for Levels of Integrated Healthcare*" authored by Dr. Bern Heath, Dr. Pam Wise Romero, and Kathy Reynolds. This brief expanded, updated, and re-conceptualized previous integration to produce a national standard with six levels of collaboration/integration, graphically depicted below, that span Minimal Collaboration to Full Collaboration in a transformed integrated practice.

Integration Standardized Framework

COORDINATED Key Element: Communication		CO-LOCATED Key Element: Physical Proximity		INTEGRATED Key Element: Practice Change	
LEVEL 1 Minimal Collaboration	**LEVEL 2** Basic Collaboration at a Distance	**LEVEL 3** Basic Collaboration Onsite	**LEVEL 4** Close Collaboration Onsite with Some Systems Integration	**LEVEL 5** Close Collaboration Approaching an Integrated Practice	**LEVEL 6** Full Collaboration in a Transformed/ Merged Integrated Practice

Under the current BHO contract for the South/West Service Area, Beacon facilitates a Chief Clinical Officer (CCO)/Integrated Care Directors' meeting with Colorado Health Partnership, LLC (CHP's) eight partner CMHCs. During this meeting, staff discuss each individual center's integration projects, their goals, and progress on those goals using the IPAT as the measure of progress. Each CMHC has developed individualized integration goals to address the unique needs of their areas. The CMHC's integration projects and their progress are reviewed in a written report provided quarterly to Beacon, which are then compiled and provided to the state as a contract deliverable.

Beacon continues to support the integration efforts of Health Colorado's CMHC partners through the regular meetings where progress, data, and barriers to integration are reviewed. Additionally, through the psychiatric access programs (i.e., C-PACK and PSYCHline) administered by Beacon, we are able to identify community providers who are in need of integration support from the CMHCs and we are able to connect the two organizations and facilitate integrated practices.

Practice Transformation Plan

The results of the assessment and the provider discussion will be pooled, in consultation with the interdisciplinary team under Provider Network Committee, to develop a practice transformation plan that will connect the provider to:

- Educational materials on the principles of practice transformation and its benefits
- Available resources, tools and data systems and technology to advance practice transformation goals
- Trainings on best practices, clinical tools, utilization of data systems and technology, and technical assistance to access when needed or requested

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The practice transformation plan will be in alignment with the practice goals, medical home standards, and Health Colorado's focused social determinants. The interdisciplinary team will track the provider's progress in achieving their practice transformation plan using available data and population analysis. We will consider developing visual representation of the practice's progress or opportunities for improvement, which will assist the team in identifying practice needs for targeted trainings or supports, changes to provider transformation plan, or other interventions to ensure the practice is successful in achieving practice transformation. The team will work in collaboration with other parts of the Provider Network Committee (PNC) to leverage webinars, town halls and seminars to deliver best practices on practice transformation into a medical home and drive the goals of the ACC. Providers will receive training and support on how to use team based care, strategies for behavioral health integration in a physical health practice, techniques to leverage peer specialists and patient navigators for care coordination and improve quality measures. They will also receive coaching on how to reduce utilization or delivery of low-value services through the emergency room.

Provider relations leadership and our PCMH Content Expert actively participate in regional and statewide forums such as "Transforming the Primary Care Practice" conference presented by the Institute for Healthcare Improvement, Introduction to Patient Centered Medical Home 2017-NCQA, Advanced PCMH 2017-NCQA, and Introduction to Patient Centered Specialty Practice-NCQA. They also attend the statewide forums such as the Medical Home Community Forum and Colorado Children Healthcare Access Program (CCHAP) meetings. CCHAP's mission is "To support primary care medical homes to improve health outcomes for children and advance health equity." The Medical Home Community Forum promotes the Medical Home Initiative and serves as a resource to those organizations committed to the medical home model. The information obtained through these regional, state and national forums is disseminated to practices through the various established communication structures and training forums to ensure practices have the actionable and timely information and tools. Below we provide examples of provider support and practice transformation information provided in past forums:

- Practice Transformation Toolkit Demonstration
- Zero Suicide Presentation
- Strategies to Access Care Standards and Appointment Availability
- Member Enrollment, Attribution and Disenrollment process
- Updates and Changes to State-run Systems
- Cultural Competency in Health Care

Provider Relations staff will continue to encourage providers to participate in State-funded initiatives such as SIM, CPC+, and enhanced primary care factors. They will educate providers on the available incentives using Incentive Factsheets and other State-developed materials and work with the providers to support them to identify areas where they meet the incentive, as well as offer strategies, tools, and training they can implement to achieve them.

NAAC Tool: As providers engage with the multidisciplinary team in their practice transformation, Health Colorado will need a centralized communication tool that allows individuals and departments to coordinate efforts and avoid duplication. The NAAC tool is an electronic system that allows individuals and departments to document key interactions with provider, including track transformation assessments, review the practice transformation plan,

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and document other related activities such as visits or trainings. It allows for support of previous and ongoing practice activities in a coordinated manner documenting the communication between the department and the provider. Provider Support staff will be able to review and pull information when speaking with a provider and share information on transformation activities that are occurring throughout the region across the various departments that assist in the practice transformation efforts. They will be able to use the tool to reinforce information delivered, provide additional support or request additional interventions to assist providers in their practice transformation.

Colorado Children Healthcare Access Program (CCHAP): CCHAP is a statewide recognized non-profit organization established in 2006 to support pediatric and family practices integration of behavioral health, care coordination, and preventive care. CCHAP has an established relationship and dedicated expertise with pediatric practices where the organization provides coaching to impact Member care at the pediatric medical home, advocacy at the local, regional and state level to influence health care policy, and promote innovative models of care. Beacon has partnered with CCHAP to inform and coach pediatric practices on Medicaid programs and integrated behavioral health. This included assisting them on transitioning to the RCCO and instruction on how to use data to improve their practice activities. They initiated training materials and tools targeted for pediatric medical homes, which was then incorporated in practice transformation materials.

Practice Support Plan

Health Colorado will develop a report that describes the plan for practice support for providers in Region 4. This plan will align with the Department's goals in promoting the ACC program and educate both providers and staff members about needs of Medicaid Members. This plan may be updated throughout the year based on program needs, progress made towards meeting plan goals, and educational opportunities. The plan will target items related to operational support, clinical tools, client materials and data systems and technology that support and enhance provider capacity to impact quality KPI outcomes, improve care coordination and system integration, and target social determinants. Examples of activities in previous Practice Support Plans include:

- Selection and dissemination of clinical screening tools such as depression and substance use based on identified need and practice patterns
- Monitor and aggregate data regarding use of Achieve Solutions website
- Registry for adults with diabetes and adults with chronic pain management issues
- Create and implement strategic package of training and education for non-medical staff within PCMP practice to contribute in the practice transformation efforts

The Health Colorado partners have experience in this region and its rural and frontier areas and will continue to invest in building local community capacity to provide appropriate physical and behavioral health care to the Medicaid membership. We will implement strategies to recruit oral health providers and high-demand specialists in the region to treat Medicaid Members. The specialists and oral health providers will be an essential part of our network and Health Neighborhood. These relationships will allow our established provider network to better coordinate care with specialists, oral health providers and community supports. This will help create a continuous and coordinated care for Members to impact utilization, overall costs and increase health outcome.

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Transformation Performance Improvement Activities

All quality/performance improvement activities are data driven, iterative processes that use all available data and reporting sources including BIDM, our internal data warehouses, and behavioral health claims to guide program development, track progress, evaluate outcomes, and inform decisions about targeted interventions that will positively impact Member care. Quality and performance improvement activities are based on a review of relevant data that is combined with anecdotal information from providers and care coordinators, knowledge of regional and sub-regional characteristics as well as feedback from Members and other stakeholders.

Quality/performance improvement staff analyze data regularly including State generated reports, internal reports and ad hoc reports to identify opportunities for improvement as well as areas that are excelling where best practice principles can be shared across the region to help improve other partners' performance. Data is reviewed regularly within the Performance Improvement Activity Committee (PIAC) and Quality committee structures including the Member/ stakeholder KPI sub-committee where Members, providers, outside agencies and other stakeholders have an opportunity to provide feedback on performance, assist in troubleshooting problems identified in the data and devise creative interventions to improve performance. Data is shared monthly with Care Coordinators to assist them with population health management tasks. KPIs are used as a starting point for identifying performance issues, including, but not limited to:

- **Total cost of care:** KPI that Health Colorado's staff have been working on for more than two years. Care coordinators outreach Members who are high utilizers of services, particularly emergency departments, and provide Member education and referrals to steer Members towards more appropriate types of services through their PCMP. Member services outreach to special populations such as Members who need breast/cervical cancer screenings, colo-rectal cancer screenings, and well-child checks to ensure Members are getting proper preventative care. Referral protocols are in place to ensure proper utilization of specialty services. Population health management strategies identify groups that could benefit from additional care coordination support, such as those with one or more chronic conditions or Members with co-morbid behavioral/physical health issues.
- **Emergency department visits for ambulatory sensitive conditions:** Admit/discharge/ transfer (ADT) data is used by care coordinators to identify Members who have had an emergency department visit or transitioned from one level of care to another. ADT data is real time, so timely outreach is accomplished to assess Member needs and identify barriers. We have had a positive impact over the past two years working on this KPI.
- **Wellness visits:** There has been a strong focus on well-child checks for the past five years under the RCCO contract, including a successful Quality Integration Project that leverages both behavioral and physical health resources to engage Members. Member services provides outreach to those who need preventative screenings, such as breast/cervical and colo-rectal screenings. Claims data is used to identify Members who have not had a PCMP visit in the previous 12 months so care coordinators can outreach those Members and engage them in their health neighborhood.
- **Prenatal care:** The Colorado Opportunity Project (Colorado Opportunity Framework) is being piloted in Pueblo and is currently focused on impacting healthy birth weight in babies born to our Members through referrals to appropriate providers, engagement with their health neighborhood, as well as providing education to OB/GYN providers about engaging with care coordinators to ensure Members receive proper support and referrals.

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- **Health Neighborhood:** Quality supports the Provider Relations staff in implementing the Specialist Physician Compact through monitoring and providing feedback on the performance of participating providers.

Quality staff provide ongoing training for care coordinators and other applicable staff regarding best use of data supplied to them by Health Colorado. Quality staff also provide onsite training for partners/providers/care coordination staff in accessing and using data to improve efficiency and performance. In addition to training topics related to BIDM, KPIs, and use of data and reporting, quality staff also provide trainings for care coordinators on integration, population health management, and External Quality Review Organization (EQRO) audit requirements.

Whole Person Care

Our model for helping practice's promote whole person care is through our Health Neighborhoods. Whole person care focuses on the coordination of physical and behavioral health and social services. Our Practice Transformation Coordinators focus on building on provider strengths to achieve better health outcomes. We will use registries to help practices target populations, share data with the health team, and coordinate care within our Health Neighborhoods in real time.

Real time data and information and continual evaluation of populations and outcomes are essential to effective and timely care coordination, particularly when addressing transitions of care. Claims-based data, such as KPIs, is by necessity at least three months old due to claims lag. It is useful for overall trending, identifying performance issues at the RAE and practice level, and drilling down to the Member level when identifying population health elements. However, there are Member needs that require immediate attention, such as transitions related to emergency department visits, inpatient admissions/discharges, and transfers. Effective care Coordination outreach to Members experiencing these types of transitions must be immediate.

Health Colorado will be able to support our Care Coordinators with the information they need by using Beacon's reportable, mobile "Action Alert" tool. Building on existing data available from daily Colorado Regional Health Information Organization (CORHIO) feeds, Beacon has developed a tool that extracts CORHIO ADT data and electronically delivers an alert to the appropriate Care Coordinator via a secure cell phone. Within 24 hours of a Member being admitted, discharged, or transferred, the Care Coordinator receives an alert that contains a link using a secure login. Once logged in, the Care Coordinator can view the ADT information, including Member identifying information and the location where the admission, discharge, or transfer occurred. Care Coordinators can then provide appropriate and timely outreach and support to the identified Member. Once the initial follow-up contact has occurred, the Care Coordinator will go into the alert system and select the "completed" indicator that confirms the follow-up was accomplished. Documentation of specific follow up information including action steps and plan will be entered into the care coordination tool. There will be reporting capabilities built into the technology that allows Health Colorado quality and care coordination staff to monitor the tool's utilization and effectiveness.

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KPIs that would be positively impacted using Action Alerts include:

- **Total cost of care:** The ability to engage Members at the time of transitions is vital to ensuring all needed supports and services are in place. A timely needs assessment and linking individuals with services increases the likelihood of a successful transfer and decreases the likelihood of a readmission or emergency department visit.

  Often, readmissions result from not having necessary supports in place. For example, Members with COPD who do not receive needed durable medical equipment for their breathing condition often are either re-admitted or present to the emergency department within a few days of discharge. Other considerations that can lead to a readmission include not having a timely follow-up appointment with a PCMP or specialist, not having transportation to follow-up appointments, not having enough medication to last until their appointment, and not having home health in place upon discharge. These are all avoidable circumstances that drive up the total cost of care and negatively impact Member care and experience. Immediate intervention by a care coordinator who can provide a timely needs assessment and link Members to needed supports will have a significant impact on this KPI.

- **Emergency department utilization:** High emergency department utilization is driven by several factors including poor health literacy, not understanding the appropriate setting for their care, not having a relationship with a health neighborhood/PCMP or care coordinator, drug seeking, and behavioral health conditions. Care coordinators who are able to engage Members at the time of their emergency department visit, or within 24 hours, are able to perform an assessment to determine the underlying cause of the emergency department visit(s) and provide appropriate education, referral and follow-up that will decrease future emergency department utilization

- **Behavioral health engagement:** Timely linkage to services promotes recovery. Facilitating engagement as transition occurs means the Member will have the support needed to address immediate needs, such as housing, food, or medication. This support allows the Member to focus on recovery and aftercare services with less stress and less likelihood of readmission.

Provider Network Committee (PNC)

Health Colorado's PNC, which reports to Quality Committee, will, in addition to network development functions, oversee the network management activities to ensure that providers receive appropriate technical support and training, as well as, support for practice transformation. The PNC will include representation from Health Colorado's partners, Provider Relations, Quality, Care Coordination, and Member Services Departments. The PNC will meet on a monthly basis and, in order to ensure that sufficient deliberation is allowed for the various components of compliance with access to care standards, each month during the quarter will have a different agenda. For example:

- **First Month:** Assess network Development needs and opportunities. Information resulting from monitoring efforts will be analyzed by the Provider Network Committee to address network weaknesses, as well as development opportunities, and assess availability and access to care to ensure network adequacy based on Medicaid standards.

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- **Second Month:** Assess provider support programs for network providers and identify training opportunities based on best practices, data driven needs or regional trends.
- **Third Month:** Develop and evaluate activities to engage new providers or improve existing practice transformation organizations.

Agenda	Meeting Month
Network Development	January, April, July, October
Provider Support Programs	February, May, August, November
Practice Transformation Plan	March, June, September, December

For the purposes of this responding to this question, the following section will focus on PNC functions conducted on the second and third months of each quarter.

Provider Support Programs

Health Colorado views the engagement and development of the Network Providers as an essential component to ensure providers have the support, tools and resources to provide quality physical and behavioral health care to Medicaid beneficiaries. The PNC will use the meeting of the second month of every quarter to assess the provider support programs underway to ensure we meet and exceed contract requirements. Specific activities will include:

- Review reports of completed trainings of providers through the various training platforms such as webinars, on-site visits, Town Halls, and annual seminars. Additional trainings may be considered in this review, such as invitations from the State or other entities to speak at their events or seminars.
- Analyze results of the training evaluations to monitor the effectiveness of the materials and training platforms. The PNC may provide guidance on the training modality, content, or delivery system to improve the participation, information retention and implementation.
- Staff regularly review and monitor provider inquiries to identify technical support or training needs such as credentialing, Medicaid revalidation, complaints data regarding timeliness of claims and authorization processing.
- Review available data on provider inquiries, compliance audits, KPI and other health outcomes, systems and data utilization, to discover opportunities for enhanced or targeted training, development of new tools or training topics, and innovative platforms or collaborations.

Evaluate and Develop Strategies on Practice Transformation

Health Colorado will work closely with physical health and behavioral health providers in our Medicaid program to support their practices to improve performance as a Medical Home and in their participation in alternative payment models. The PNC will use the meeting of the third month of every quarter to develop and evaluate practice transformation activities to ensure we meet and exceed requirements from contract with the Department. Core components of our provider partnership approach include:

- Periodic review of the Practice Support Strategy in the Practice Support Plan to evaluate efforts and strategies to address provider support needs including:
  - Identified training needs based on best practices or data driven needs

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- o Administrative concerns for authorization and claims processes or understanding of Medicaid and ACC Programs
  - o Patterns in requests for system and technical support
  - o Engagement in the Practice Transformation and incentive programs
- Analyze provider data related to KPI's, trending reports, or special requests to identify outliers and improvement opportunities and communicating results to individual providers to improve performance
- Develop program/provider initiatives that expand and promote integration
- Bring innovative thinking and approaches to the provider community by identifying high-performing providers who may be interested in new and innovative payment or program models and helping those providers implement the new concepts.
- Take best practices and high-quality program ideas/designs about practice transformation and incorporate them into the training platforms and provider visits to drive high levels of value
- Present provider assessments and practice transformation goals established in collaboration with the practice, based on their overall operational strategy. The representatives with varied expertise will provide recommendations to develop a comprehensive, multidiscipline practice transformation plan. They will dispatch their department experts to provide the training.
- Review reports depicting findings and recommendations for corrective action and/or concerns. The data can then be compiled and reviewed in order to track changes and trends; and identify providers who are not meeting program requirements, as well as provide an opportunity to share information about providers who are exceeding performance expectations.

Health Colorado has an array of subject matter experts that are always available to meet directly with providers and to serve on local boards and professional organizations, all of which builds strong ties with the provider community and local agencies. Further, our physical presence in the regions we serve promotes our role as a local partner in helping to improve health care systems.

FINANCIAL SUPPORT

As a national managed care organization, Health Colorado's partner, Beacon, brings deep experience in the creation and management of value-based program and payments with providers that goes far beyond our Colorado experience. In total, Beacon manages over $275 million in value-based payments across the US and, as depicted in the table below, performs this work in nine separate states.

State	Value-Based Model	Description
Colorado	Shared savings	Sub-capitation to providers through partnerships with behavioral health plans
New Hampshire	Full risk capitation	Capitated payment arrangements with 10 CMHCs
Kansas	Full risk capitation	County block grants for indigent care
Florida	Full risk capitation with reward payments	Currently with three providers, this arrangement focuses on clinical operations and reporting.
New York	Full risk capitation	Case rate for an inpatient facility
Kentucky	Full risk capitation	Pilot project with health plan partner for foster care youth

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State	Value-Based Model	Description
Illinois	Full risk capitation	Case rate for Members with SMI: Pilot with Thresholds
Massachusetts	Full risk capitation	REACH program
Virginia	Full risk capitation	Case rate for Members with SMI: Pilot with the Community Service Boards in Virginia

This demonstrated experience means that Health Colorado is well-positioned to support the Department's progress towards value-based payment models in all places of service. We have studied the Department's plans and have designed our payment arrangements with PCMPs and Health Neighborhood providers to align with each stage of the Department's payment transformation strategy. We created and used the following diagram as our guide to understanding the future for Medicaid providers across all services and for consideration in the design of our own financial support models.

Alignment with the Department's Value-based Roadmap

In each place of service, a volume-based fee-for-service model is graduated, where one part of the total payment is set aside for services rendered, and the remaining payment is based on the achievement of value-based performance metrics.

Through Beacon's experience with value-based payment models and payment reform, we have learned that any changes in a complex and interdependent system leads to expected and unexpected consequences that must be understood and managed appropriately. Our managed care approach to financial support for PCMP and Health Neighborhood providers builds on the lessons learned. Across the continuum of payment models, we understand that there is a risk of over or under treatment depending on where the payment model falls. As graphically depicted on the following page, in cases of fee-for-service only payment models, the risk exists for over treatment, as all services are compensated. These risks are mitigated through benefit design and utilization management. At the other end of the spectrum (e.g., global payments), there lies the risk in under-treatment because the difference between the payment and services delivered represents earnings.

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Payment Models and Associated Treatment Risks
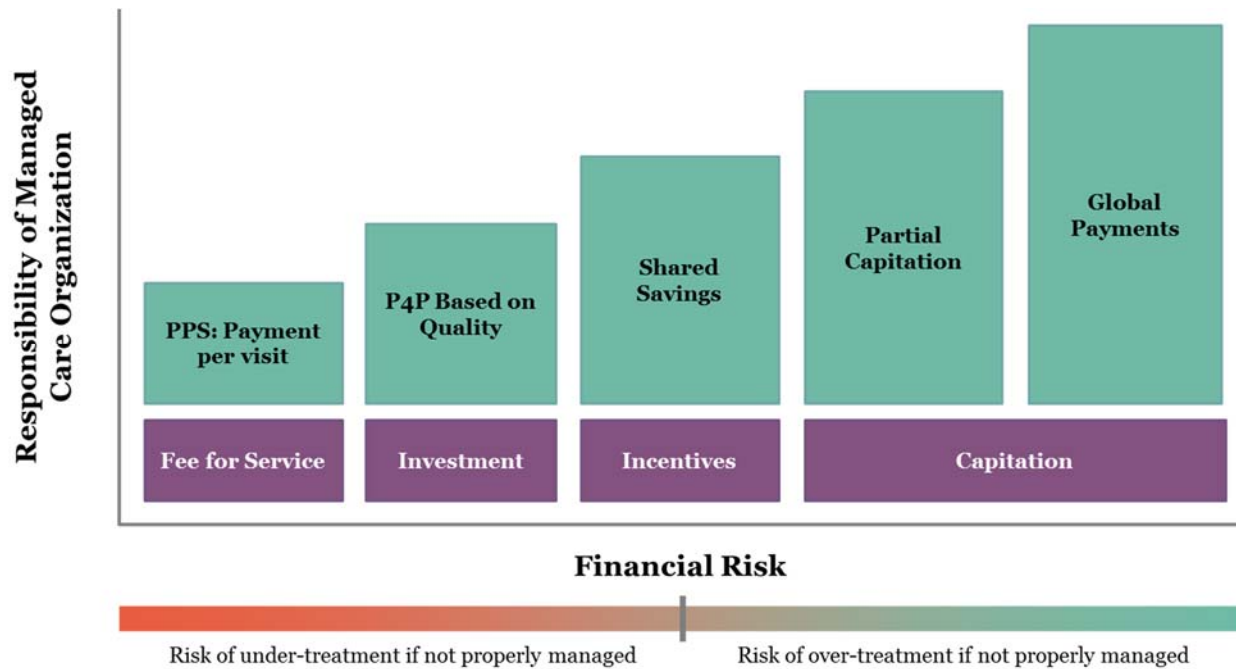
With the Department's strategic direction, current progress and lessons from other markets in mind, we built our payment model based on four core concepts so that we could avoid these pitfalls and accelerate progress towards improvement in the Quadruple Aim:

1. Health Colorado PCMP contracting and payment strategy is aligned with the Department's Alternative Payment Model methodology
2. Health Colorado will align the care coordination payment structure with high standards of care to achieve Quadruple Aim for the Department
3. Providers will earn more as they provide more and achieve more, within an environment that is transitioning from fee-for-service to value-based
4. Our provider contracts will include objective, traceable, and measurable metrics, which providers will report and be used to measure performance so that, as the RAE, we are accountable to the Department, and providers are accountable in the provision of their services to the RAE.

Payment Arrangements Available to PCMP and Health Neighborhood Providers

We have designed three types of PCMP payment arrangements to align with the Department's payment reform goals and to distribute rewards in harmony with provider performance and outcomes in Region 4. We have also developed models for financial support for the Health Neighborhood. All of our models are performance and activity driven providing the greatest earning potential to those that perform the most work and contribute to the regional outcomes. Our payment model will distribute more than the required 33 percent to the PCMP and Health Neighborhood providers. Depicted on the following page, this model is distinguished between *Contributing, Collaborative, and Accountable* Providers.

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- **Accountable Providers** are our most advanced Medicaid providers in the region. These providers not only serve Medicaid at scale, but they do so efficiently, and have a demonstrated track record of embracing integration and other innovations.
- **Collaborative Providers** are more advanced practices that will receive a larger care coordination payment from Health Colorado to reward them for increased collaboration that will lead to better coordination across the entire Health Neighborhood and system of care for their Members.
- **Contributing Providers** are fee-for-service Medicaid providers who will receive the support of Health Colorado and will receive a supplemental payment to encourage and reward their participation in the Medicaid program. These providers contribute the overall Medicaid network, provide access in areas of the region that are underserved, and give our Members additional choice in where to seek care.

These Accountable Providers take ownership for their attributed Members' care coordination and are focused on our core KPI metrics to drive increased quality of care, health of the local population, and clinical outcomes, while decreasing total cost of care.

> *Accountable Providers not only receive the largest payment from Health Colorado, but they are also eligible for a share of the $4 PMPM KPI Bonus Pools when achieved and earned by Health Colorado.*

PMCP Value-based Payment Model

Contract Type	Scope of Service	Earning Potential	
Accountable	Attributed memberships drive a significant proportion of regional membership and Providers possess the greatest level of capability to impact the regional KPIs.	Maximum PMPM payment by the RAE.	Eligible for share of $4 PMPM bonus earnings.
Collaborative	Provides enhanced services and may be on a path to Alternative Payment Model with HCPF. Delegates Care Coordination and Population Health activities to the RAE.	Premium PMPM payment by the RAE.	
Contributing	Meets minimum Medicaid PMPM requirements & provides basic services. Small Medicaid panel size. Not enough volume to drive regional performance outcomes.	Meaningful payment by the RAE.	

Our provider-contracting model distinguishes between Contributing, Collaborative, and Accountable Providers, and sets the level of total reimbursement based on the provider's ability to meet service expectations and quality metrics.

A summary of our PCMP contracting model is detailed on the following pages, and describes the requirements and expectations of each type of provider contract.

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Accountable Providers

Accountable providers meet all of the requirements to serve Medicaid Members as defined in *Section 5.7.2* of this RFP, as well as meet the attributes of Contributing Providers as previously described. In addition, Accountable Providers:

- Accept and use Care Compact for referrals to other Health Colorado network providers
- Perform all care coordination functions for their attributed Members.
- Have acquired and implemented their own care coordination tool, either from a previous RCCO, an EMR vendor, or another sources, and chooses to continue to use that product for the delivery of care coordination
- Share care coordination data with Health Colorado in prescribed format (i.e., HL7, CCD/CCDA, or mutually agreed upon flat file) to demonstrate their care coordination activity and interventions delivered in support of Health Colorado's performance objectives and KPI measures
- Follow standard care coordination guidelines established by Health Colorado for quality, and are subject to audit and inspection
- May be a APM Level 1 or Level 2 certified provider or a SIM provider

Accountable Provider Payment Model

Accountable Providers receive the most generous payment of all providers from Health Colorado. These providers are also eligible to receive additional earnings from the $4 PMPM KPI bonus pool.

Contributing Providers

Contributing Providers meet all the requirements to serve Medicaid Members as defined in *Section 5.7.2* of this RFP, including:

- Enrolled as Colorado Medicaid Provider
- Licensed and able to practice in State of Colorado
- Practitioner holds an MD, DO, or NP provider license
- Practitioner is licensed as one of the following specialties: pediatrics, internal medicine, family medicine, obstetrics and gynecology, or geriatrics, or is a qualified CMHC or HIV/infectious disease practitioner and all other criteria is met
- The practice, agency, or individual provider, as applicable, renders services using one of the following Medicaid Provider types: Physician (Code 05), Osteopath (Code 26), FQHC (Code 32), Rural Health Clinic (Code 45), School Health Clinic (Code 51), Clinic-Practitioner Group (Code 16), Non-physician Practitioner Group (Code 25)
- Provides 24/7 phone coverage with access to a clinician that will triage/assess Member needs
- Has adopted and regularly uses universal screening tools including behavioral health screenings, uniform protocols, and guidelines/decision trees/algorithms to support Members in accessing necessary treatments
- Tracks the status of referrals to specialty care providers and provides the clinical reason for the referral along with pertinent clinical information
- Has weekly availability of appointments on a weekend and/or on a weekday outside of typical workday hours (i.e., Monday to Friday, 7:30 a.m. to 5:30 p.m.) or school hours for school health clinics

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- Uses an electronic health record or are working with Health Colorado to share data with the Department
- Uses of available data (e.g., Department claims data, clinical information) to identify special Member populations who may require extra services and support for health or social reasons. The practice must also have procedures to proactively address the identified health needs.
- Provider delegates the following required criteria to Health Colorado:
  o Delegates all care coordination activities and some population health activities and interventions to Health Colorado.
  o Delegates certain data analytics functions such as the identification of specialty populations not identified by the BIDM system, until time at which the BIDM system does identify and related interventions to proactively address the identified health needs of this sub-population to the RAE
- Other expected attributes:
  o Provider is not a APM Level 1 or Level 2 certified provider or SIM provider
  o Provider may only serve a small number of Medicaid Members and does not wish to engage in a larger relationship with Health Colorado

Contributing Provider Payment Model

Contributing Providers receive a meaningful PMPM rate from Health Colorado that is commensurate with their current RCCO experience, but benefits from additional innovations, provider support services, and analytics from Health Colorado.

Collaborative Providers

Collaborative Providers meet all of the requirements to serve Medicaid Members as defined in *Section 5.7.2* of this RFP, as well as the attributes associated with Contributing Providers detailed above. In addition, Collaborative Providers are willing to participate in defined referral process with Health Colorado and other key providers using the Care Compact or similar uniformly accepted method and practice. Collaborative Providers:

- Delegate care coordination, care management, and population health to Health Colorado for their attributed Members, or use care coordination technology provided by Health Colorado
- Share care coordination data with Health Colorado in a prescribed format (i.e., HL7, CCD/CCDA, or mutually agreed upon flat file) to demonstrate their care coordination activity and interventions delivered in support of Health Colorado's performance objectives and KPI measures
- May be a APM Level 1 or Level 2 certified provider or a SIM provider

Collaborative Provider Payment Model

Collaborative providers receive a premium payment from Health Colorado for their care coordination activity and ability to meet supplemental requirements as defined by Health Colorado.

Identification of Accountable and Collaborative Provider Relationships

Using our local experience and knowledge of the provider community and our Colorado-specific analytics tools, we have identified the following providers as initial candidates for Accountable or Collaborative Provider relationships.

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Our primary target list for Accountable and Collaborative Provider relationships includes 42 PCMP sites who serve more than 80 percent of Region 4's attributed Members. These sites represent 26 distinct providers. Each one of these PCMP sites serves over 600 Members, with the largest PCMP site serving nearly 20,000 Members. The median number of Members at these PCMP sites is 999, with an average is 1,813 Members.

As depicted in **Attachment 19**, nearly 40 percent of Region 4 membership is concentrated among the top six PCMP sites; 66 percent of whom already provide or have a contractual relationship with a local partner to provide care coordination services. These providers include our FQHC partner, Valley-Wide Health Systems, Inc. (Valley-Wide) in Alamosa and La Junta, as well as Pueblo Community Health Center, High Plains Community Health Center and Centura Health with whom we expect to maintain deep and highly integrated Accountable relationships. At this time, 13 of the top 62 PCMP sites provide or have a contractual relationship with a local partner to provide care coordination services. Health Colorado will expand access to care coordination for these target sites and any other willing providers that would like to build this capability internally or delegate to Health Colorado.

> ***Region 4 Members are served by over 450 PCMP sites.***
>
> - *The top 28 PCMP sites by volume serve 70.22 percent of the Members*
>
> - *The top 42 PCMP sites by volume serve 80.24 percent of the Members*
>
> - *The top 62 PCMP sites by volume serve 90.12 percent of the Members*

Progression Plan

Our PCMP payment model is progressive. We will support practices as they transition from one level to another. Through that transition, we will be able to build a financial glide path for them, from one payment model to another. This financial modelling support will help practices evaluate and understand their true costs in practice transformation and enhancement. For example, if a practice is considering an upgrade from their existing care coordination system to a new system, we can provide them with preform financial models based on their progression from a Collaborative to Accountable Provider contract with Health Colorado so that they can use that revenue differential to understand their investment against the opportunity. We believe this level of financial support exceeds the requirements of the RAE, and is directly in the spirit and purpose of the RAE.

Shared Accountability

As the RAE, we believe one of our key functions will be to align the provider community across different locations and places of service to those performance metrics that are most important to the region. Alignment will come from provider network management and outreach, Member education, care coordination, population health management, and through our financial support model and value-based design. We aim to encourage all providers to maximize their earnings by providing broad services and support to the Medicaid community and will pay more than the required 33 percent to the PCMP and Health Neighborhood community. However, we will do so in a practical and pragmatic approach whereby we prioritize those practices with the greatest scope and scale, or ability to influence and impact their local population with the most generous payments from Health Colorado, with the expectation that these payments will reflect our expectations as described above.

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Through the use of our business intelligence systems, we can profile Region 4 providers to access the practices that would fit into our categories, model our payments to see how we would stand against the 33 percent minimum requirement, and begin to predict the contracting goals at the Operational Start Date so that we have enough providers working on the same KPI measures across the region to achieve Year 1 success for the program. Perhaps most importantly, we believe that by allowing the Accountable Providers to share in the KPI earnings achieved by Health Colorado and receive supplemental earnings on top of their payments, we can create the right incentives for providers to work with each other in achievement of the next round of performance measures. An aligned community of Accountable Providers can and will share best practices and support each other in achieving these clinical and financial goals.

In short, Accountable Providers will not only be accountable to Health Colorado, but also to each other since KPI funds are only available if the entire region meets it performance metrics. If one Accountable Provider falls short, the others will have an incentive to attempt to affect change.

Flexibility in Model Design

While we have established what we believe is a traceable, accountable, and value-based model, we understand that not all practices will fall into one of our convenient groups. Therefore, we have planned for this and expect to evaluate practice needs on a case-by-case basis if they do not fit into one our categories and require an alternate payment arrangement. For example, we have proactively identified practices that are associated with a larger organization that they will be able to delegate their care coordination services to. In this case, the individual practices will qualify as Collaborative Providers and their delegated care management funding will be directed to their parent organization that will be held accountable, by Health Colorado, for the provision of the care management services. This removes the burden on the individual practices from managing the provision of these delegated activities allowing them to focus instead on the delivery of cost effective and clinically appropriate care.

Health Neighborhood Provider Payment Arrangement

In addition to PCMP providers, Health Colorado also intends to financially support Health Neighborhood Providers and stakeholders that need assistance to work through specific business challenges that may be a barrier to serving the regional Health First Colorado membership. In our pro-forma budget and business plan as the Region 4 RAE, we have included an innovation fund with the intention of using these funds to invest in people, process, technology, and Health Neighborhood projects. Health Colorado's Regional PIAC meetings and provider forums will be used to gather ideas from the community and to present investment options back to those stakeholders for selection and implementation in Region 4.

In addition, we will also implement a community re-investment program whereby a portion of the bonus earnings are re-invested into the local region and communities we serve. Health Colorado's Governing Board will determine which projects are funded. Initiatives may include assisting Health Neighborhood providers or agencies with one-time grants or start-up costs for new programs or service expansions, funding of grants or funding of existing programs like the provision of housing vouchers in support of addressing social determinants of health.

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OFFEROR'S RESPONSE 18

> Describe how the Offeror will administer the Capitated Behavioral Health Benefit within the broader Accountable Care Collaborative while ensuring the continued delivery of sufficient Behavioral Health services and successfully managing the financial risk. Specifically address how the Offeror will:
>
> a. Administer the Capitated Behavioral Health Benefit according to the principles outlined in Section 5.12.4.
> b. Deliver services in multiple community-based setting.
> c. Ensure compliance with federal managed care regulations.

Health Colorado, Inc.'s (Health Colorado) partners' experience administering the Capitated Behavioral Health Benefit for two Behavioral Health Organizations (BHOs) provides us with detailed practical knowledge and experience. This knowledge and experience will be leveraged should be we selected as the Region 4 Regional Accountable Entity (RAE) so that we can seamlessly transition Members and providers and continue to offer services without interruption on Day 1. We are confident that we will meet all of the administrative requirements outlined in *Section 5.12.4*, continue to deliver services in multiple community settings, and ensure compliance with federal managed care recommendations. We will also continue to meet and exceed the Department of Health Care Policy and Financing's (the Department's) quality expectations while providing all administrative services within the targeted administrative budget defined by the medical loss ratio (MLR) requirements.

a. ADMINISTERING THE CAPITATED BEHAVIORAL HEALTH BENEFIT

Health Colorado and our provider partners are fully prepared to administer the Capitated Behavioral Health Benefit within the context of the Accountable Care Collaborative 2.0 (ACC 2.0) Program model. We will ensure the uninterrupted delivery of all medically necessary State Plan and 1915(b)(3) behavioral health services while also managing the financial risk and maintaining program quality. All services will be delivered according to the principles outlined in *Section 5.12.4* of this RFP.

We are uniquely positioned to deliver on these commitments. In fact, we are the only bidder whose partners have already met this requirement by serving within both Behavioral Health Organization (BHO) and Regional Care Collaborative Organization (RCCO) programs in the counties that comprise Region 4. For example, our Administrative Services Organization, Beacon Health Options, Inc. (Beacon), has been working in southeastern Colorado and the Pikes Peak regions for more than 20 years through Colorado Health Partnerships, LLC (CHP) and other various organizational structures. Likewise, they have been partners in Integrated Community Health Partners, LLC (ICHP), the Region 4 RCCO, since its inception in 2010. Within these partnerships, Beacon has consistently delivered on key outcome and process metrics, ensuring program compliance, integrity, and quality for the over 140,000 covered lives in Region 4.

Similarly, our provider partners have also met the requirements of this section. Each of our Community Mental Health Center (CMHC) partners (i.e., Health Solutions, San Luis Valley Behavioral Health Group [San Luis Valley Behavioral Health], Solvista Health, and Southeast Health Group) have a proven track record for delivering high quality behavioral health services in their region. They offer Health First Colorado Members a comprehensive continuum of behavioral health services that are closely coordinated with other medical services. Our CMHC

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partners have been leaders in their communities for nearly 60 years, and they are seen by Members and stakeholders as the provider of choice for integrated behavioral health care and medical care.

Our Federally Qualified Health Center (FQHC) partner is the third pillar in this efficient model of care. Valley-Wide Health Systems, Inc. (Valley-Wide) has been a community mainstay for decades and has taken a leadership role in the more recently established RCCOs. For many Health First Colorado Members, they are the source of primary care medical services and, increasingly, a key resource for behavioral health services. Valley-Wide has demonstrated their ability to develop and maintain a wide array of innovative and relevant prevention and intervention programs within an integrated care model.

At the foundation of all our services, Health Colorado and our provider network are committed to several key principles. First among these principles is a Member-centered service philosophy that supports Member recovery and resilience. Services are designed specifically to support Member and family empowerment, increased competency, and self-efficacy. Members are the leaders in their own recovery, yet they are supported fully by a team of caring professionals and para-professionals. Members define their own treatment goals and help set their own pace for change. They may work with therapists, care coordinators, case managers, peer specialists, psychiatrists, and other medical professionals to develop and implement a treatment strategy that is created to meet their unique needs and goals. We have had particular success with the use of peer specialists and Member advocates. These staff are individuals who have "lived experience" with mental illness, substance use disorders, or those who have chronic or acute medical conditions that affect their mental health. These team members often serve as role models for successful coping and recovery.

We are also committed to providing services within a trauma-informed care perspective. We recognize that Members have often suffered trauma, and this experience has affected their ability to cope with daily stressors. This perspective results in an increased understanding of the whole person, rather than simply seeing them as a collection of symptoms or behaviors. Trauma-informed care is respectful, welcoming, safe, and non-stigmatizing. It acknowledges a person's capacity for recovery and resiliency. Below, we have developed a governing statement listing our guiding principles for trauma-informed care.

Elements of our Family-Centered and Trauma-Informed Care

Family-Centered Care

- Focusing on dignity and respect for Member/family
- Maximize family involvement in care
- Respect Member/ family wishes for interdependence and privacy

- Integrated in every Member interaction
- Share information with Member and family
- Encourage family participation
- Building upon family strengths and needs
- Cultural competence and sensitivity

Trauma-Informed Care

- Minimize potential for distress during medical care
- Address distress in the course of treatment
- Promote emotional support
- Encourage return to daily activities when possible

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We are committed to delivering behavioral health services in the least restrictive environment. We recognize that timely intervention and crisis stabilization services can mitigate the need for inpatient or residential treatment, and Members can get the treatment they need while remaining in their homes and communities. Through our extensive provider network, we offer home- and community-based treatment that is equal to or more intensive than residential services, yet provided in a familiar home setting. Examples of home-based services include our Assertive Community Treatment (ACT) for adults and the Virtual Resident Program (VRP) for youth.

Health Colorado's services are sensitive to the cultural traditions and language needs of our Members. As partners in a BHO and RCCO, Beacon and their partners developed and maintained a comprehensive cultural competency plan to ensure that all providers are aware of Members' cultural differences, how they might impact treatment, and how to treat Members within culturally sensitive boundaries. Our network includes a large number of providers who work with Members who do not speak English as their primary language. We have providers who often work in the Member's primary language, or can use interpretation services effectively.

Health Colorado emphasizes the importance of prevention and early intervention services. We offer a full continuum of clinical services that includes several prevention and early intervention components. These services focus on two primary goals: education and empowerment of Members and the identification of Members who need more support. We accomplish these goals through a variety of means, including data analytics, provider and Member education, community networking, and Member advisory committees. These efforts have resulted in reducing the stigma associated with behavioral health care and attribution to primary care physicians rather than the use of emergency department for routine care.

Covered State Plan Services

Health Colorado is fully capable of providing all of the required State Plan Services identified in *Sections 5.12.5.6 through 5.12.5.7.16* the RFP. These services are offered in multiple settings throughout the service region. In many cases, a Member will receive multiple services that can be well-coordinated because they are provided by care teams from a single provider organization and in a single location. Each of these services is described briefly below.

Screening and Assessment Services

Health Colorado is capable of providing individualized assessment throughout its entire region. Its existing network of providers, who are already credentialed through Beacon's BHO contracts, is adequate to meet the access to care requirements for routine, urgent and emergent clinical needs. Members may initiate care by calling our dedicated Access to Care line, or by calling one of our provider partners, or another network provider. For network providers, most assessment procedures do not require prior authorization, thereby streamlining and facilitating the process for Member engagement. Each Member is offered a comprehensive and holistic assessment, which includes exploration of mental health and substance use disorder symptoms and history, developmental history and disability factors, mental status, co-existing medical conditions, and more. The assessment process results in a preliminary plan of care and referral for additional services, when appropriate. In addition to reviewing a Member's behavioral health treatment needs, the assessment may help identify other challenges that affect daily living and treatment outcomes. These factors might include needs such as housing, food security, recreation, child

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care, employment, need of medical care, and transportation. We have a variety of referral tools, including Beacon's proprietary provider directory available online via ReferralConnect, to help Members identify and access the most appropriate provider to meet their needs.

Individual, Family and Group Psychotherapy

Health Colorado and our treatment network is capable of providing individual, family, and group psychotherapy to its Members. Individual therapy is provided in sessions that are 30 minutes to less than two hours in duration; brief individual psychotherapy is provided for intervals up to and including 30 minutes. Family therapy is a face-to-face therapeutic intervention with two or more participants who are part of the Member's family or primary support group. Group psychotherapy is a treatment intervention with two or more Members and it is typically one to two hours in duration.

Through our current partnerships, we have implemented a variety of evidence-based outpatient programs over the last several years. Some of these programs have been so successful that they have been offered continuously for more than a decade, with best practices updates as needed. These programs were chosen because they provide Members with high-quality treatment interventions that have demonstrated efficacy for specific sub-populations or conditions. The following list includes examples of the specialized individual, family, and group psychotherapy programs we have supported in one or more parts of our service area. These programs often address key service needs of specific communities and each is aligned with our core treatment philosophies. A sample of these programs includes the following evidence-based treatments or promising practices:

- Dialectical Behavioral Group Therapy (DBT) is designed to teach coping skills that promote resiliency
- Functional Family Therapy is a family-based prevention and intervention to treat high-risk youth and their families
- Multi-Systemic Therapy (MST) is a family and community-based treatment program that has proven effective for individuals who are involved in multiple systems, including juvenile justice services
- Seeking Safety assists Members in attaining safety in their relationships, thinking, behavior, and emotions and is a model program for integrated treatment of mental health, trauma, and addiction issues
- Columbia University Program for Oppositional Defiant Disorder includes group, individual, and family therapy and education to promote pro-social behavior change among children and adolescent Members diagnosed with oppositional defiant disorder
- Integrated Dual Diagnosis Treatment uses multiple clinicians working together, in a single setting, to provide coordinated mental health and substance use disorder interventions
- Parenting programs, such as Incredible Years and Parenting with Love and Limits, include developmentally-based curricula for parents, teachers, and children that are designed to promote emotional and social competence and prevent, manage, or treat behavioral or emotional problems in children
- Trauma-Focused Cognitive Behavioral Therapy (CBT) and Eye Movement Desensitization and Reprocessing are two programs that are specifically designed to address Posttraumatic Stress Disorder and other symptoms of trauma.

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- Moral Reconation Therapy is a group for adults or juveniles involved in the criminal justice system. This therapy offers a cognitive-behavioral approach that leads to enhanced moral reasoning, better decision making, and appropriate behaviors. The goals of the program are to confront beliefs & behaviors, assess current relationship, reinforce positive behavior, create positive identity formation, enhance one's self-concept, decrease in pleasure-seeking, develop frustration tolerance, and improve one's moral reasoning.
- Strong Families…Strong Futures is a high-fidelity wraparound program that uses individual and family strengths identified via family assessment to help families emotionally connect, satisfy their own needs, and to identify existing support networks to better motivate the entire family unit to resolve conflict.

These are just a few examples of the evidence-based programs our partners have implemented in the last several years, but they are representative of our ongoing efforts to improve Member outcomes through the range of outpatient services we offer within our care network.

Medication Management and Other Psychiatric Services

Psychiatric services in our network may be provided by:

- Board certified, licensed psychiatrists
- Licensed and supervised psychiatric physician assistants
- Masters-level psychiatric nurse practitioners with Colorado prescribing authority and the appropriate collaborative agreements with supervising psychiatrists
- Registered Nurses, Licensed Practical Nurses, and case managers work with our prescribers to ensure medication management, monitoring, and adherence. Member education is an essential part of our psychiatric care.

Medication management services are critical to good quality care. Access to psychiatric care is a critical problem throughout the state in both urban and rural areas. Due to unmet demands for psychiatrists across the state, fees have escalated and many psychiatrists have limited their practices to cash paying and compliant Members. High no-show rates and stringent documentation requirements further make Medicaid Members unpopular with private sector psychiatrists, who are in high demand. Our staff have worked to increase capacity for psychiatric services throughout the counties that comprise Region 4 and to reduce inefficiencies related to no-shows and missed appointments. Some of our innovative approaches have included same-day or walk-in access to psychiatric appointments, automated reminder calls, use of mid-level prescribers and physician extenders, telemedicine services, and transportation assistance to appointments.

Health Colorado has also taken definitive steps to eliminate access barriers for Members who are referred from their primary care providers or other specialty medical providers, who have already assessed the Member in their medical home setting. We are evaluating alternative referral mechanisms that prioritize primary care referrals and eliminate the need for a full behavioral health intake prior to treatment by a psychiatrist. We are committed to working with primary care providers to improve our responsiveness to referrals.

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Additionally, as current partners of the BHO contract, our staff have taken proactive steps to eliminate barriers to recruitment and retention of psychiatrists in our care network. Our provider network is open to any willing psychiatric physician and we also are willing to contract for single case agreements. Our fees are re-evaluated on no less than an annual basis. We do not require prior authorization or continued treatment reviews for most psychiatric services. Additionally, we have reduced other administrative burdens that might be a deterrent to psychiatric network membership.

Examples of steps taken to maintain qualified psychiatrists in our network include:

- We take a responsive approach to problems our psychiatrists have with claims processing or credentialing
- Our Chief Medical Officer will personally contact and recruit psychiatrists, as well as provide support and consultation, as needed
- Several of our partner CMHCs have enrolled in the federal student loan repayment program that financially incentivizes providers to work in rural or underserved areas
- We have developed a robust tele-psychiatry capacity that allows us to bring highly qualified psychiatrists into our care teams through tele-video connections

Because of these efforts, we have built a robust psychiatric provider network, which allows us to continue serving Members without interruption. This network of psychiatric providers is larger than it otherwise would be, if we had not implemented and maintained our recruiting efforts.

Processes for Psychiatric Services. Psychiatric services include:

- Comprehensive diagnostic and whole person medical assessments
- Prescribing appropriate medications
- Member/guardian medication education regarding risks and benefits (e.g., effects and side effects)
- Ordering and review of necessary laboratory work
- Ongoing medication monitoring and adjustments
- Provision of direct care in psychiatric inpatient hospital and Acute Treatment Unit (ATU) settings and Residential Treatment Facilities
- Consultation with primary medical providers

Access to psychiatric services is obtained by several means. Members and/or their family can:

- Access services from any independent provider network psychiatric service directly without referral or prior authorization
- Access services as a part of a comprehensive treatment program offered through a provider
- Call Health Colorado's Engagement Center operated by Beacon in Colorado Springs and obtain referral assistance to nearby psychiatric service providers with their contact and office information. This information is available at our toll-free number 24/7.

Members who already have a psychiatric provider and wish to keep their provider, can request a Single Case Agreement (SCA) for that provider to continue working with them.

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As previously noted, Health Colorado has an established network of psychiatric care givers located within the urban, rural, and frontier communities throughout Region 4. We will require every psychiatric provider to provide emergency services, as needed, closely monitor, and actively respond to complaints from Members regarding timely access. We have implemented several innovative interventions to ensure Members have timely access to psychiatric services, including physicians who travel to multiple offices to provide easier access for those living in remote areas, use of locum tenens physicians for areas in which psychiatric physicians are difficult to recruit, the addition of psychiatric nurse practitioners and physician assistants as physician extenders, flexible scheduling, and widespread use of telemedicine. Many of our CMHC partners have introduced walk-in or same-day access to psychiatric clinics that reduce no-show rates and increase Member access to psychiatric services.

Outpatient Day Treatment Services

Day treatment services are a structured, non-residential program of therapeutic activities lasting more than four hours and less than 24 hours per day. These services are available to Health Colorado Members through our provider/facility network. Day treatment services for youth are typically provided in a school setting with specialized therapeutic supports, including individual, family, and group therapy. Members participate in a therapeutic milieu that offers real-time intervention and redirection. Our staff members will work closely with school and program staff to identify treatment goals and to monitor progress. Treatment can be tapered to allow the Member to gradually transition back to a regular school setting with appropriate Special Education supports, if needed. Day treatment services are available for adults, as well. These services are typically used as a diversion from inpatient hospitalization or as a step-down for Members who require an extended period of intensive treatment, but do not meet the medical necessity criteria for the inpatient level of care. Adult day treatment services have been used successfully by our provider partners for clinical populations that require specialized care, such as eating disorder treatment.

School-based Services

Reviews of studies of children's access to mental health services indicate that schools and health care settings are important portals of entry into treatment. In fact, children are more likely to access mental health services through primary care and schools than through specialty mental health clinics (National Child Traumatic Stress Network, 2009). Engagement in non-traditional treatment settings, such as schools, may be especially important for Members from minority racial and ethnic cultures. School-based treatment may be seen as less stigmatizing and an ideal forum for psycho-educational interventions.

Our network provides a variety of innovative on-site, school-based, behavioral health services. We have local agreements to provide behavioral health services at 182 different schools in 57 different school districts throughout the Region 4. The most common school-based services that our partners provide under the BHO/RCCO contract are assessment, counseling, consultation, prevention, and early-intervention activities. School-based behavioral health providers routinely observe at-risk students' behavior in the classroom, provide consultation to the students' families and teachers on problem behaviors and work closely with physicians and other medication prescribers in school-based health clinics. School-based therapists also provide resource information to families and assist in the coordination of needed services. Family therapy services

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are available at provider offices, in schools, or in the students' homes after school hours. Services for students do not stop with the end of the school year, but are continued during school breaks and summer vacation. Services may be provided in traditional school environments or as part of special education or alternative school programs for students with identified special education needs.

School services allow our providers to serve more Members and increase penetration rates among Members and their families, offer more specialized therapeutic services than school counselors can typically provide, and assist school personnel in managing their students' behaviors. This often decreases a school's need for suspension and expulsion as a way to handle problem behavior by offering effective alternatives for behavior modification.

For nearly 60 years, our Health Colorado partners have built relationships with school administrators, teachers, and other stakeholders throughout our communities. These relationships are critically important. By having such an extensive onsite presence in community schools, Health Colorado and our school-based providers understand and are sensitive to the cultural issues and variables unique to specific schools and regions. Many schools operate school-based health clinics, and Health Colorado's behavioral health providers are able to work alongside medical providers in these clinics. This is yet another way we have integrated health care services in Region 4.

Health Colorado's provider partners also offer services in Head Start and Early Head Start pre-schools across this service region. Early childhood behavioral health care specialists consult with early childcare educators and families, as well as providing consultation to childcare staff, facilitating community outreach for young children, and promoting cross-system program collaboration. Our provider partners are active participants and leaders in early childhood councils across the region.

As part of the service planning process, the provider and family discuss the family's goals and develop a plan of action aimed at achieving the family's objectives regarding both physical and behavioral health care. This plan may include:

- Having a clinician in the classroom for observation and consultation with the teacher
- Having the youth involved in onsite support, therapy, and social role playing groups
- Providing individual counseling sessions on school grounds
- Utilizing Member and family advocates to assist families with Individualized Education Program (IEP) and 504 plan proceedings
- Bringing parents to the school for education on psychiatric illness, behavior problems, and parenting interventions
- Integrating the behavioral health clinician into IEP meetings with special education staff members

Targeted Case Management Services

Health Colorado views case management as the mortar between the bricks, tying together the array of behavioral health services we provide to many Members and integrating this treatment with the other medical and non-medical services the Member receives. Our network providers are experts at using case management services in conjunction with care coordination to assure

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the full spectrum of total care is addressed with individuals and families in need of targeted case management. We use this key intervention to keep treatment on track and maintain Members in the least restrictive setting that is possible.

Targeted case management comprises four specific services:

1. **Assessment of Needs**: Assessment of needs is a critical part of case management. It ensures Members receive all of the services they need, resulting in better outcomes.
2. **Care Plan Development**: After the assessment is complete, a Health Colorado case manager is responsible for developing a Member-centered care plan. The care plan documents treatment goals, cultural issues, and Member goals, and it lists the actions necessary to provide the Member with all necessary medical, social, and educational services he or she may need.
3. **Referrals/Connections:** After a care plan is developed, the Member is referred to care providers for the required services. Depending on the needs of the Member, the referral process can also include assisting the Member to schedule an appointment and even arranging for transportation.
4. **Follow-Up:** Monitoring and follow-up activities are essential for ensuring the care plan is effectively implemented and addresses the needs and goals of the individual. Follow-up may include the individual, family members, providers, or other entities, and is conducted as frequently as necessary. Changes are made to the care plan, when needed, to ensure the Member is getting the level of assistance required.

We have enhanced our targeted case management services by training and hiring peer specialists and advocates throughout the service region. Trained peer specialists and recovery coaches, who meet the competency guidelines approved by the Department, are employed at partner provider offices. Peer specialists have a unique understanding of the service delivery system, having used services themselves. They are able to help other Members navigate the system, find services, and advocate for themselves. Most importantly, they are able to act as role models and mentors, empowering Members to achieve their own personal goals.

Case management services for substance use disorders are those services aimed specifically at special groups of enrollees, such as those with co-morbid developmental disabilities or chronic mental illness, who are being treated for substance use or dependency issues. Our substance use disorder case management services will focus on these groups:

- Those at risk for re-incarceration for legal infractions due to substance use
- Those at risk for re-hospitalization due to severity of relapse
- Those with co-occurring substance use disorder and mental health disorders who are not yet able to identify symptom reoccurrence, master coping skills, or implement an action plan that impedes relapse or symptom exacerbation
- Those with advanced physical health deterioration due to substance use disorder
- Families at-risk of having their children in out-of-home placement due to substance use in the family

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Rehabilitative Services

Rehabilitation is defined as "the process of restoration of skills by a person who has had an illness or injury so as to regain maximum self-sufficiency and function in a normal, or as near normal manner as possible." This is the daily goal for our partners and network providers, a goal that is fully aligned with our overall mission and vision.

Health Colorado, through our partners' BHO contracts, already has the capacity to provide all of the services that are defined in this requirement. This includes long- and short-day services, as well as individual and group services. We also provide medication assessment and monitoring, case management, vocational services, and peer support services.

We will offer a comprehensive array of traditional, evidence-based, and promising practices that focus on increasing the level of functioning of Members, so they may feel confident interacting, living, and working in their communities.

Examples of the specific rehabilitation services we provide include:

- Individual, individual brief, and group therapy using evidence-based interventions such as cognitive behavioral therapy, dialectical behavior therapy, trauma-focused CBT, and co-occurring substance use disorder and mental health treatment
- Disease management interventions for those with co-morbid mental health and medical illnesses
- Group therapy involving peer mentors that focuses on rehabilitation skills such as social interactions, independent living skills, living without drugs and alcohol, communication skills, personal appearance, income management, and symptom management skills including early warning signs, medication management, and action plans when one is in need of additional support.

Vocational Rehabilitation

Vocational rehabilitation services include school-to-work preparation and job seeking groundwork such as resume writing, job application completion, volunteering, interview techniques, and interview rehearsal. Our providers also engage in job coaching and interventions with employers. Job-related skills training includes teaching the Member techniques for working with colleagues and supervisors, and on-the-job problem solving.

Recovery-based Psychosocial Rehabilitation

Our providers will adhere to the Boston University Psychiatric Rehabilitation Model, which consists of a set of methods for determining rehabilitation readiness, setting an overall rehabilitation goal, conducting a functional assessment, and providing skills training. After the evaluation is complete, a plan is developed with the Member using his or her strengths, supports, preferences, and choices. For example, if a Member is living in a residential setting, and his goal is to live independently, his plan may include individualized instruction on how to manage banking and finances. This could include instructing him how to make deposits, pay bills, read bank statements, and balance his checkbook. Another Member may construct a plan that teaches her how to manage the symptoms of her mental illness, and how to recognize when her

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symptoms are becoming unmanageable. This will allow her to live more independently because she will have learned how to manage her illness.

These methods are consistent with our fundamental philosophies related to recovery, resiliency, Member-centered care and trauma-informed practice. They emphasize Member empowerment, advocacy, a Member-centered planning process, and Member choice.

Psychosocial plans also may include:

- Assistance in understanding and coping with one's illness
- Crisis planning
- Skill development to counter stigma
- Daily living skills (i.e., using public transportation, managing finances)
- Education on topics of mental illness, medications, treatment options, and choices
- Recreation and leisure time use
- Social interactions and information on peer related resources such as peer-related mutual support groups or drop-in centers

Substance Use Disorder Assessment

Health Colorado is fully capable of providing all of the substance use disorder assessment and treatment services required by this contract. We have an extensive provider network that is anchored by the CMHCs throughout Region 4. Members will have access to services within their local communities. Providers work closely with other relevant stakeholders, including county Departments of Human Services, probation and parole authorities, and local law enforcement agencies. This coordination is essential to help Members satisfy the assessment and/or treatment requirements imposed by these entities.

Each Member seeking substance use disorder treatment will receive a comprehensive assessment to determine the most appropriate level of care. Our level of care and utilization management decisions are based on the criteria established by the American Society of Addiction Medicine (ASAM), the extent of drug or alcohol use or dependence, related behavioral and lifestyle problems, and the comprehensive treatment needs of the Member. Our substance use disorder provider network includes a range of professionals, including licensed counselors, social workers, psychologists, psychiatrists, and certified and licensed addiction counselors.

Alcohol/Drug Screen Counseling

Our Members will have easy access to drug screening and monitoring services (e.g., blood or urine assays to detect drug use) throughout the service region. Laboratory work is covered by the medical Health First Colorado benefit, while the associated counseling services are covered by Health Colorado. Our Members will have an opportunity to discuss screening results with a qualified counselor, and this information is used to plan treatment, achieve long-term sobriety and prevent relapse.

Medication-Assisted Treatment (MAT)

MAT is an evidence-based intervention for addressing opiate dependence and its associated symptoms and impairments. Methadone or other controlled substances are administered to the

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Member to decrease or eliminate dependence on opioid drugs. Members will have access to a wide range of psychiatric medications, including Methadone, Vivitrol, and Suboxone, for the treatment of substance use disorders. These services are available through our provider network, and they are integrated with other behavioral health and primary care services. Medication therapies are used as one part of a holistic approach to treatment that typically includes other interventions such as medical care coordination, group therapy, individual therapy, or case management services. MAT is provided by a licensed physician who carefully monitors the Member's treatment progress and adherence.

Social Ambulatory Detoxification Services

Our detoxification services are provided on a residential basis in facilities that are licensed by the Colorado Department of Human Services, Office of Behavioral Health, according to ASAM criteria, and have less than a 16-bed capacity. Services are supervised by a licensed physician and rendered to Members whose level of intoxication requires the structure and support of a 24-hour program but does not require inpatient hospitalization. Treatment staff provides face-to-face medical monitoring of the physical process of withdrawal from alcohol or other drugs. The focus of this service is to stabilize the Member and return him or her to the community and the appropriate level of care.

Processes for physical assessment of detox progression. Health Colorado's detoxification services are provided in a residential setting and are supervised by a licensed physician. The physician, or other designated medical staff, completes a physical assessment of the Member's withdrawal symptoms. This service is repeated throughout the course of the care episode, allowing the treatment team to keep close tabs on the Member's progress.

Processes for level of motivation assessment. Our level of motivation assessment covers multiple domains related to a Member's motivation for treatment. It is completed by trained and appropriately credentialed staff in one of the partner CMHCs, or by an independent provider in our network. This service can be provided in a variety of settings, and it is often a key component of social detoxification treatment. Areas of assessment include an evaluation of the Member's reasons for seeking treatment, past success or failure with treatment, family's response to treatment, potential obstacles to treatment, and more. The level of motivation assessment also is enhanced by our use of the evidence-based practice of motivational interviewing.

Processes for provision of daily living needs including hydration, nutrition, cleanliness and toiletry. For some Members, alcohol or drug addiction can be so devastating that it compromises their ability to manage the usual activities of daily living. Without appropriate support during their recovery, such individuals may deteriorate significantly and experience dehydration, malnutrition, or other problems related to their incapacity to maintain cleanliness. These Members may benefit from personal care services that can be provided in their home environment. As with other services, this need is assessed by Health Colorado treatment staff during the initial phase of treatment and then periodically reassessed throughout the course of treatment.

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Personal care services to meet daily living needs are provided in the Member's home environment. These are often supplemented by skills training or classes in cooking, nutrition, and other self-care skills. The need for these services is often identified during the initial assessment, but could be identified at any stage of treatment. These services are typically short-term and are needed only until the Member is sufficiently stabilized to meet these needs independently.

Processes for safety assessment. As part of the assessment process, all Members have access to a face-to-face safety assessment. This assessment identifies risk factors and protective factors that affect the Member's potential for self-harm or harming others. When significant risk is identified, it is addressed immediately through crisis services, or if the risk is not imminent, it is addressed through treatment planning and intervention.

A safety assessment is completed by an appropriately credentialed network provider who is working within the scope of their training and supervision. The safety assessment is initially completed during the intake process, but can be repeated at any time during the course of treatment, particularly when the Member experiences relapse or other crisis. Safety assessment includes the development of a safety plan that can help prepare the Member for a future crisis.

Outpatient Hospital Services

Health Colorado has the capacity to provide the required outpatient hospital services, including services typically described as partial hospitalization services. These services are an intermediate level of care that often serve as either a diversion from inpatient care or a step-down from that level of care. The services are provided within a cohesive program structure in a health care facility (i.e., hospital), but the Member does not remain in the facility 24 hours per day.

We acknowledge that, if awarded this contract, we will be responsible for outpatient hospital services based on the diagnosis and billing procedures of the hospital, as outlined in this RFP. Health Colorado will be fully compliant with these expectations and has billing and technology solutions in place to guarantee our compliance.

Emergency and Post-Stabilization Care Services

We have an emergency response program that includes a telephone crisis support line that operates 24 hours a day, seven days a week, and is supported by trained clinicians strategically located throughout the service area. ***Our call center consistently maintains an average call answer speed of less than five seconds and a call abandonment rate that is less than two percent***. When a psychiatric or substance use emergency arises, early and effective intervention prevents disruption of Members' lives, promotes rapid stabilization, reinforces strengths and hopes for recovery, and fosters family resiliency.

Our rapid response system sets the standard for reliable and responsive service. Our goal with these rapid response services is both to resolve the current crisis and to foster resiliency as protection against future crises. Health Colorado's providers, along with our care management crisis line, will function as the foundation and hub for intensive emergency services throughout our service area.

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Processes for emergency services. Emergency services may be readily obtained 24/7 by:

- Calling our emergency services line
- Calling the State's Crisis Hotline
- Calling your provider or the Nurse Advice Line
- Going directly to a hospital emergency room
- Going directly to a detoxification center
- Going directly to the CMHC crisis centers in Colorado Springs or Pueblo
- Calling any of the partner CMHCs
- Calling the Member's private network therapist

Through our partners' current contracts with the Department, we operate a crisis support line 24 hours a day, seven days a week. This line is monitored by licensed, clinical staff members who are both trained and experienced at responding to emergency requests and crisis situations. The clinician documents all information captured during the call in our CareConnect electronic records system. This information is used to assist in the initial assessment of a Member and in all subsequent care. Members may seek emergency services from any hospital emergency room, and these are covered services that do not require prior authorization.

In addition, our provider partners have walk-in appointments available and 24/7 emergency assessments. State rules mandate a response to emergency assessment requests within one hour in urban areas and within two hours in rural and frontier areas.

We do not limit where clinical staff can go to perform a mobile emergency assessment. In fact, we have the capacity to perform emergency assessments in homes, schools, nursing homes, jails, primary care physician offices, and public places such as under bridges where some homeless Members reside or congregate. Our only requirement is that arrangements must be made for the personal safety of the staff members who respond.

In addition to the emergency triage services provided by Health Colorado's clinical staff, independent private practitioners who are under contract with Health Colorado are required to provide emergency coverage 24 hours a day, seven days a week. A sample of contracted providers is called each quarter to ensure compliance with this expectation. Emergency services include 15-minute telephone response, face-to-face assessments within defined timeframes, mobile crisis response, diversionary interventions in the community, and acute inpatient hospitalization.

Health Colorado is responsible to pay claims for emergency room services billed on a CMS-1500 and ANSI 837-P-X12 form for Members diagnosed with a covered behavioral health disorder. We also acknowledge our understanding and willingness to provide or arrange for the provision of all emergency services and post-stabilization services, as specified in this solicitation. We will comply fully with all requirements related to the billing of psychiatric and substance use disorder emergency and post-stabilization services covered by the contract.

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Inpatient Psychiatric Hospital Services

Health Colorado's utilization strategy for inpatient hospitalization has been tested and refined over the last 22 years that Beacon has operated as a partner to the BHO in the South/West Service Area, and more than 40 years that our CMHC partners have been working in their respective communities. We have continually refined an innovative model that improves recovery and resiliency while making the best use of community resources, collaboration with community stakeholders, and in partnership with the Member to develop their own strengths to successfully live in the community of their choice. Inpatient hospital services can be accessed through any of Health Colorado's emergency services or through transfer from a medical/surgical hospital unit.

Regardless of whether a Member is a child, adult, or senior, Health Colorado will use inpatient hospitalization to stabilize individuals whose needs are more serious and require more intensive or restrictive care than what is available or possible in an outpatient clinic or other community-based setting. Involuntary hospitalization may be used for Members who are deemed a danger to themselves or others and those who are acutely and gravely disabled. A Member who recognizes that he is seriously ill may seek voluntary hospitalization, when it is medically necessary. Having the ability to seek help promotes empowerment and self-determination—both of which are fundamental to the principles of recovery and resiliency.

As a result of this progressive recovery-oriented approach, a number of system transforming outcomes have been achieved during the BHO-era by Beacon and their partner CMHCs. For example, the number of overall admissions per 1,000 Members has decreased from pre-BHO rates, while the average length of stay has remained relatively constant. There are two important conclusions we can draw from these outcomes. First, more Members are receiving comprehensive outpatient services that allow them to stay out of the hospital and in their homes. Second, more financial resources are available to treat those Members who do require hospitalization.

Processes for providing inpatient services. When a Member requires inpatient hospitalization, the psychiatric admission evaluation, inpatient treatment interventions, and transitional discharge planning are implemented simultaneously. Health Colorado has developed a streamlined admissions process that is responsive to the immediate needs of the Member. It begins with a holistic health care assessment that involves the Member as well as family members, support system members, and treating professionals. The objective is to make sure the Member begins receiving care as quickly as possible, and caregivers capture the information they need to build effective treatment interventions that seamlessly continue as the Member is discharged from the inpatient setting. Our evaluation process includes the assessment of both behavioral health and substance use disorder needs.

All pertinent information from this crisis assessment is captured in the CareConnect data system by the care managers at our 24/7 call center. The CareConnect record also contains key information concerning prior treatment. Collectively, this information often holds the key to effective and rapid stabilization as well as comprehensive discharge planning that prevents subsequent re-hospitalization. Each step is critical to building resiliency and enhancing recovery.

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A well-crafted, Member-centered discharge plan, which is co-created by the Member and the treatment team, ensures the Member receives the follow-up services necessary to promote recovery and resiliency. Discharge planning includes a variety of transitional services, including transportation, housing, medications, primary care appointments, coordination with social services or probation, and other services as needed. By ensuring services are not interrupted as Members transition from a hospital setting to a community setting, we are able to decrease the likelihood that serious crises will result in additional hospitalizations.

Processes specific for those under 21 years of age. While it is generally preferable to keep youth in the home setting with their families, there are situations in which hospitalization is required. In these cases, we work diligently to admit the child or adolescent to a facility that is close to home. This allows family members and friends to be part of the care team and to remain active in the Member's treatment. Ongoing contact with family and other supports is a key value that is threaded through our Member-centered, trauma-informed care process. This contact facilitates a recovery process that is non-blaming and keeps the focus on the needs of the family system in addition to the needs of the individual patient.

It has been estimated that approximately 25 percent of children and adolescents in the U.S. experience at least one traumatic event, including life-threatening accidents, disasters, maltreatment, assault, and family and community violence (Costello et al, 2002). Exposure to traumatic events can impede psychological development and increases the risk for poor academic performance, engagement in high-risk behaviors, and difficulties in peer and family relationships. Likewise, trauma exposure is associated with increased juvenile justice involvement and increased use of crisis mental health services.

Outcomes are improved when families participate in the treatment process. Therefore, we provide a variety of services that allow families to build an effective at-home support structure following inpatient discharge. Onsite care coordinators work with family members to help them understand mental illness, the treatment process, and how they can participate in that process. Health Colorado staff members also assist families to navigate the behavioral health system, as well as other systems such as social services, juvenile justice, and primary health care when services are not being provided in an integrated care setting. Care coordinators work with the family to develop long-term treatment planning, assess family goals, and where necessary, provide for basic unmet needs, including housing and transportation.

All of the facilities we use are medically staffed and psychiatrically supervised. Because they are specifically designed for youth under age 21, they also provide educational services.

Processes specific for those age 65 and over. Integrated care is always an important issue, but it is essential and a basic standard of care for Members who are 65 and older because they typically have higher rates of co-occurring medical conditions than the general population. For this reason, Health Colorado staff will work to ensure all care is coordinated and all caregivers are in close contact with each other.

When an older Member requires inpatient hospitalization, our staff will make sure all relevant caregivers and family members are included in the admission process. Evaluations are often

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scheduled at an acute care facility or nursing home. This important step ensures the initial assessment is as comprehensive as possible, as well as affording comfort, convenience, and safety for the Member.

As with all ages, we have onsite continuity of care coordinators working with family members to help them understand mental illness, and more specifically, to help them understand psychiatric issues often found in the elderly. Health Colorado staff members also assist families by helping them navigate the mental health system, as well as other systems such as long-term care facilities, primary health care, and how Medicare and Medicaid benefits interplay with one another. As with other age groups, care coordinators work with families to develop long-term treatment planning, assess family goals, and where necessary, provide for basic unmet needs. At discharge, transitional services are arranged that typically include providing or arranging for transportation, housing or other care facilities for the elderly, and the scheduling of primary care and behavioral health appointments.

These extra efforts ensure Members 65 and older receive the coordinated and integrated care they require for complicated and complex physical health and behavioral health conditions.

b. DELIVERING SERVICES IN MULTIPLE COMMUNITY-BASED SETTINGS

Health Colorado's provider partners have been managing the capitated behavioral health benefit since the BHO program was first implemented in 1995. Over the last 22 years, we have worked diligently to add programs, recruit providers, and build relationships in each of the communities we serve. We believe in the value of Member choice and alleviating barriers to Member's access to behavioral health services. Our successes have ensured that every Member has access to high-quality behavioral health services.

Varied Geographic Location of Providers

We already have the capacity to be fully compliant with this requirement. Despite the geographic challenges of the region we serve, we have experience in building networks of providers adapted to its characteristics and in implementing a variety of access channels across the entire region.

One of the biggest challenges with providing behavioral health services across this service area is the region's tremendous size, which is exacerbated by the numerous areas of sparse population. Many parts of this region are classified as either rural or frontier, based on their low population density. In some areas, it has been difficult to recruit and retain qualified behavioral health providers. Despite these factors, we have developed a robust provider network that can ensure everyone who needs behavioral health services has access to them either via face-to-face or tele-video services—no matter where they live or work.

Services are available in one or more locations in each of the counties we serve. We have worked tirelessly to recruit qualified private providers into our rural and frontier counties to ensure providers and services are accessible to Members who live in sparsely populated areas. These efforts include co-locating behavioral health providers in primary care settings such as FQHCs and Rural Health Centers.

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Provider Locations with 30 Miles or 30 Minutes

According to our most recent provider GeoAccess mapping reports, ***more than 99 percent of Health Colorado Members are within 30 minutes or 30 miles of a network behavioral health provider***. This is an extraordinary achievement considering the geographic area we serve. We have the ability to meet Members where they are when medically necessary services are needed. Health Colorado providers can travel to various locations including Member homes, nursing facilities, schools, homeless shelters, employment sites, FQHCs, detention centers, clubhouses/drop in centers, and group homes.

Community-based Access

Community-based access is critical to our philosophy of engaging Members in treatment, and it is a necessity in our rural and frontier areas. In addition to our sizeable provider network, Health Colorado's CHMC providers offer many accessible satellite locations and offer medically necessary services at numerous alternative treatment sites. These include:

- Primary care offices/clinics
- Public health nursing clinics
- Homeless shelters
- Member homes
- FQHCs
- Hospitals
- Intellectual/developmental disability treatment clinics

- Social/human services
- Alternative care facilities
- Detention facilities
- Community centers
- Rural Health Centers
- Schools
- Nursing homes

Health Colorado has also partnered with emergency rooms across our region to help provide crisis intervention and diversion services that ensure treatment in the least restrictive, yet most appropriate level of care. Crisis services are also provided at many community locations in addition to hospital emergency rooms, including:

- Assisted living facility/custodial care facility/group homes
- Nursing facilities
- Schools
- Substance use disorder treatment facilities

- Member homes
- Community agencies
- Homeless shelter/streets
- Jails/correctional facilities
- Medical hospitals

Evening and/or Weekend Support Services

Locally, Medicaid Members and families have worked with our CMHC partners to develop Member-centric and family-centered care practices that meet their needs, one of which is availability outside of standard business hours. Clubhouses, drop-in centers, warm lines, respite and acute care facilities, intensive case management, and home-based services are available. We have expanded clinic hours including many evening and weekend hours. Expanded hours are regularly available for working Members, youth, and family, and they include such services as family therapy, groups, home-based services, educational and skills training classes, and more.

Health Colorado's call center also has a toll-free telephone number that provides Members with 24/7 access to clinical staff. Staff members are available to respond to emergencies as well as

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more general questions related to Member benefits, names and locations of network providers, or queries regarding community resources. Comprehensive call center phone statistics, including call volumes, average wait time, and number of dropped calls are monitored on an ongoing basis to ensure clinical staff are easily reached.

In addition, all network providers are required to make after hours support services available for urgent and crisis contacts on a 24/7 basis. This availability across our entire network of independent and CMHC providers will be monitored by Health Colorado.

Access to formal crisis services is also available through any hospital emergency department. We are able to dispatch mobile behavioral health crisis teams to every hospital emergency department in the service area. The Acute Treatment Unit (ATU) in Pueblo serves as an additional Region 4 crisis service location. This ATU provides 24-hour access to crisis services 365 days a year.

Ensuring Access to Care through Strategic Use of Technology and Improvements in Operational Efficiencies

Health Colorado's providers and partners have a long history of meeting access to care standards at very high levels in our experience as partners in the BHO and RCCO contracts. In fact, *we have met the required access standards more than 99 percent of the time*. We have accomplished this by developing proven operational workflows that provide efficient use of IT systems, staff, and workspaces. Our processes are continuously evaluated and improved. Performance reports and audits are monitored at the highest levels of our organization to ensure we are continually improving access to care.

A few of the strategies we employ to improve access to care include:

- We emphasize ongoing communication among providers, Members, and families to clarify expectations about the service delivery and scheduling process. We require that the service delivery and scheduling process is posted on our providers' website with a written copy provided during intake.
- We provide detailed information to the Department to be included in the Member handbook concerning the process for requesting services and make this information available to members through additional channels.
- When a Member contacts us for assistance with scheduling, we can live-transfer the Member to a provider, and we follow-up with both the Member and provider to ensure that the appointment was scheduled.
- We reinforce access to care targets with provider front desk staff and clinicians through ongoing core competency and annual trainings.
- We provide practice consultation that includes adjusting staffing roles and responsibilities and standardizing processes to ensure that appointment setting is tailored to the Member's current need—whether that is an immediate or routine need. For example, front desk staff are able to make routine appointments, but when they feel they cannot appropriately assess the Member, they immediately transfer Member to a clinician.
- We provide quarterly access to care reports that show our performance on the routine, urgent, and emergent access standards. For those providers that are not meeting access standards,

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corrective action plans are required and monitored by our Provider Relations and Quality Improvement Departments. This gives continuous feedback and promotes a culture of commitment to meet access goals.

- We are making telehealth a core program to expand access to services in the FQHCs, CMHCs, and primary care settings.
- We are improving access to care by deploying automated appointment and prescription reminders and targeting identification of gaps in care to improve care coordination.
- Our FQHC and CMHC provider partners have invested in Electronic Medical Records as a means to provide a common communication system and ready access to records for staff to look up Members information and available appointments.
- Implementation of 'Just in Time' scheduling in our most populated region is used to ensure timely access to medication evaluation and monitoring with our prescriber staff.
- Finally, we have reduced the administrative burden on providers by means of a dedicated, intuitive web portal to allow providers to focus more time on the delivery of care and less time on mundane administrative tasks.

c. ENSURING COMPLIANCE WITH MANAGED CARE REGULATIONS

Health Colorado asserts that we will fully comply with all applicable state rules and contract requirements, if awarded this contract. Likewise, we will comply with all federal managed care requirements. As the RAE, we will be fully committed to ensuring our compliance with all applicable privacy and confidentiality laws, regulations, standards, policies, and procedures. Our program integrity, fraud and abuse detection, compliance, quality, and utilization management programs will ensure the quality and safety of our clinical and administrative services. Our partner's experience administering the Capitated Behavioral Health Benefit for two BHOs provides us with detailed knowledge on the compliance requirements and standards and current policies, procedures, and processes to maintain our current compliance as we transition into the RAE. We also strive continuously to improve in all of these areas.

Our Compliance Program is structured to ensure adherence to Health First Colorado rules, requirements, and applicable regulations. The Compliance Program is administered through the Compliance Oversight Group (COG). The Compliance Program's objectives include:

- Implementing systems, policies, and training that support and reinforce adherence to state and federal regulations
- As new integration efforts move forward, ensuring associated systems, policies, and education are implemented to support compliance with applicable state and federal regulations and requirements
- Meeting and exceeding the requirements of the Medicaid RAE program and contract, including timely and accurate compliance reporting
- Protecting the integrity of program data and medical records
- Ensuring effective systems are in place to safeguard against potential fraud, waste, and abuse
- Ensuring compliance with applicable privacy and confidentiality laws
- Focusing on providing high-quality, medically necessary services through a utilization management program that does not impede timely access to care
- Ensuring that encounter and claims data is complete, accurate, and valid

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Our Compliance Plan guides the program's compliance monitoring activities, which are designed to proactively identify areas of risk that include process and system issues, errors, fraud, waste, abuse, and training needs. The written plan is designed in accordance with the elements of an effective compliance program, detailed in *Offeror's Response 24*, as originally established by the US Sentencing Guidelines. Those elements are woven into our plan, including:

- Policies, procedures, and standards that promote commitment to compliance, including a Code of Conduct
- Designation of a Compliance Officer who reports directly to the Health Colorado Board and a Compliance Committee who meets quarterly to review compliance issues, directs monitoring processes, determines actions to mitigate non-compliance, and addresses deficits and systemic issues identified through compliance monitoring
- Each partner provider organization has a designated Compliance Officer to ensure federal and state requirements are met and incorporated into day-to-day operations, that routine monitoring processes are in place, and that education is provided to staff on a regular basis
- Regular, effective education for staff about compliance
- A hotline for reporting compliance issues. All individuals who report compliance issues are protected against retaliation through internal policies and the Whistleblowers Employee Protection Act.
- Disciplinary guidelines which are well-publicized for enforcing standards including a system for responding to allegations of improper conduct or activities

Processes for internal monitoring and auditing that identify and deter fraud include the following:

- Major areas: double billing, false claims/encounters, false or over billing, services provided do not match standards of care, misrepresented or non-covered diagnoses, encounter data does not match service provided, encounters for non-existent or deceased Members, failure to reimburse provider or subcontractor, and ensuring data validity accuracy and completeness
- Adjudication software for claims payment that includes built-in checks to avoid payment errors
- Specific software programming to review encounters, including:
  o Procedure code is not provided or is not on State-approved list
  o Place of service is not provided or is invalid
  o Start time is invalid or not provided and duration is invalid or not provided
  o Units is not provided or valid based on duration
  o Provider credential is invalid or not provided
  o Invalid modality code
- A data report card presenting the overall health of the encounter submissions is reviewed by Health Colorado's Audit Committee, which develops actions necessary to ensure complete, valid, accurate and timely encounter data submissions
- Procedures for ensuring prompt response to detected offenses and development of corrective action plans when necessary

Health Colorado's Compliance Plan will be updated annually to ensure consistency with regulatory and contract changes, to identify areas of focus for risk reduction, and to delineate monitoring activities, education and other plans for the upcoming year.

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OFFEROR'S RESPONSE 19

Describe the Offeror's process for providing or arranging for the provision of each Covered Service and how 1915(b)(3) Waiver services will be used in conjunction with State Plan services to maximize available resources and outcomes for its Members. The response should specifically include the following:

a. Comprehensive list of the Offeror's package of 1915(b)(3) Waiver Services using the table in Appendix S. This comprehensive list shall include the type of services, the capacity/number of Members to be served, the number and location of service sites, and any special population(s) to which these services shall be offered.
b. Description of the Offeror's utilization management program and procedures.
c. Description of how the Offeror will meet the service planning, care coordination, and transition of care requirements.
d. Description of how the Offeror will leverage and coordinate with other agencies, particularly the Colorado Crisis System, Managed Service Organizations, and the Department of Child Welfare, to maximize available resources and outcomes for its Members.

Health Colorado, Inc.'s (Health Colorado's) partners have long-term experience providing Covered State Plan and 1915(b)(3) Waiver services throughout Region 4. We have the necessary resources, expertise, experience, and infrastructure to continue deliver these services without interruption as we transition from partners in Behavioral Health Organization (BHO) and Regional Care Collaborative Organization (RCCO) programs to the Region 4 Regional Accountable Entity (RAE).

We believe a fully integrated regional approach is critical to improving Member health outcomes and quality of life. We provide this through the coordination of quality services and supports across systems of care while emphasizing Member choice, preferences, access, wellness, independence, and responsibility. We will continue to provide and coordinate all Covered State Plan and 1915(b)(3) Waiver services through our established regional infrastructure that includes the relationships, provider network, processes, and systems necessary to meet the needs of our Members. With our unique partnership arrangement, Health Colorado offers Members and their families a true system-wide continuum of care. To maximize the use of available services we will educate our care coordinators, providers and health neighborhood partners about these services so that our Members can achieve the best possible outcomes by utilizing all of the services available to them across the region.

a. 1915(b)(3) WAIVER SERVCIES

Health Colorado and our network of providers are fully capable of delivering all of the mandatory 1915(b)(3) waiver services identified in this section of the request for proposal. Our partners have been delivering the mandatory waiver services through BHO contracts since 1995, and through the RCCO contract since 2010. The Department of Health Care Policy and Financing (the Department) can rest assured that Health Colorado has the resources and infrastructure in place to provide all of these services without interruption. Detailed information regarding these services, including the type of services, the capacity/number of Members to be served, the number and location of service sites, and any special population(s) to which these services are offered, is provided using the table in *Appendix S* of this RFP as **Attachment 20**.

Vocational Services

The vocational services provided by Health Colorado are designed to assist adult and adolescent Members who are ineligible for state vocational rehabilitation services and require long-term

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services and support in developing skills for employment and/or in obtaining employment. Providing Members with access to meaningful career opportunities is a powerful tool for fostering independence and recovery. Furthermore, evidence suggests that vocational involvement results in reduced mental health treatment costs.

Through these programs, Members have access to an extensive list of vocational and educational opportunities, including:

- Aptitude testing
- Training in job-seeking skills
- Work skills training in areas such as computer skills, clerical skills, construction, food service and custodial certification
- Volunteer and paid employment placement
- Sheltered workshop placement for Members who are severely ill
- Job retention services (e.g., job coaching)
- Guidance in daily living skills such as time management
- Targeted services required for gainful employment

> *We have established relationships with providers who have a long history of offering high-quality educational and vocational services to behavioral health Members. As an example, Health Colorado's provider partner Health Solutions currently operates a vocational program in Region 4.*

Intensive Case Management (ICM)

Health Colorado's providers recognize that recovery is not always a linear process. Members may experience occasional setbacks that destabilize their lives. However, with appropriate support, these setbacks do not inevitably lead to crisis or removal from the community. ICM services are used to assist these at-risk or high-risk Members and families.

As part of the service planning process, the provider and Member and/or family discuss the desired goals of treatment and develop a plan of action to achieve the family's goals. ICM services are designed to provide enhanced support in an effort to assist a Member and family in maintaining quality of life, as well as preventing the need for a higher level of care. Health Colorado will provide a wide range of services within ICM, which may include all or some of the below, depending on level of Member need:

- Medication monitoring
- Advocacy and mentoring
- Life skills education
- Symptom recognition and guidance
- Education and skill building
- Medication home delivery
- Strengthen family and parenting skills
- Linkage to other community resources

By arranging for these and other services, we are able to help many Members and avoid difficulties that might interrupt their recovery. Our provider partners have extensive experience providing intensive case management.

Prevention and Early Intervention Services

We emphasize the importance of prevention and early intervention offerings in our array of services. These services have two primary goals to:

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1. Educate and empower Members to maintain healthy behaviors and lifestyles
2. Identify Members who may need additional help

To accomplish these aims, we use four key strategies: information distribution, networking with community resources, data mining analysis to target at-risk populations, and health fairs.

Information Distribution

We will publish a variety of information, both online and in hard copy format. Through the BHO and RCCO contracts, our staff have developed several brochures related to health conditions and topics. These brochures will be made available to Members at all of FQHCs, CMHCs, and at other provider locations throughout the community. These locations include schools, PMCP offices, and homeless shelters to name a few.

We also offers information related to health and well-being through our website, the websites of our local partners, and through Achieve Solutions, Beacon's award-winning health information website. All of these resources provide information for adults and children on a wide range of health topics and issues. Our website also includes a provider directory and contact information so Members can seek help, if they need it.

Networking in the Community

Health Colorado's provider partners have existing relationships with local community organizations including schools, law enforcement agencies, social service agencies, and more. Our staff are also working in homeless shelters, senior centers, and other settings where Members who need services might gather.

These community relationships are an important part of our prevention and early intervention efforts. Because we are local and in the community every day, other Member-serving organizations know who we are and what services we offer.

Data Mining and Analysis to Target at-risk Populations

Health Colorado has a variety of information technology tools and methods that use diagnostic, epidemiological, cultural, and other demographic data to more accurately identify health risks for the Medicaid populations we will serve. For example, data from the Centers for Disease Control suggest people of Latino origin are 50 percent more likely to develop diabetes than people of other ethnicities. Further, evidence suggests a bi-directional link between diabetes and depression. With this information, we can proactively target at-risk Members to educate them about how to prevent or deal with diabetes and depression. Member education can occur through brochures, mailings, and health screenings.

This type of approach shows great promise in allowing us to better identify and treat our underserved populations. Ultimately, such strategies allow us to configure more effective outreach program to ensure that Members are receiving the services they require.

Health Fairs and other Community Outreach

Health Colorado will leverage existing relationships and look for opportunities to promote wellness and behavioral health throughout the communities we serve. In some cases, this will

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include prevention and education programs based on an identified need or specific request. For example, we frequently present to various community groups on positive parenting, suicide prevention, preventing teen violence, stress management, and anger management. In the wake of local tragedies, including recent floods and fires, many of these prevention efforts have resulted in the establishment of semi-permanent community support teams that have worked closely with emergency personnel and with survivors in the days and weeks after the event.

Health Colorado will also provide community health screenings at various events and health fairs. These include depression, alcohol and anxiety screenings, and at a more general level, screenings that identify at-risk individuals who are not currently enrolled in mental health or substance use disorder programs.

Clubhouse and Drop-in Centers

A clubhouse or drop-in center is often a starting place for recovery. A clubhouse is not a service, but a community that provides support to empower Member recovery. It offers respect, support, and limitless opportunities for friendship, education, and employment. Participants in clubhouse programs refer to themselves as Members, not patients, clients, or consumers. The focus is on their strengths, rather than their illness. They laugh, share, socialize, learn, and gain hope.

We believe that Members must be involved in their own recovery and take responsibility for their own paths. One of the fundamental ideas behind clubhouse and drop-in programs is that Members design their own services. This means that each facility is unique, and that each Member has the opportunity to participate in their own recovery in a meaningful way. Health Colorado will leverage its provider relationships to offer peer-run support groups for behavioral health conditions, such as schizophrenia, bipolar disorder, depression, and anxiety. Other offerings we will pursue include exercise groups, craft groups, educational activities such as learning to sew or cook nutritious meals, and other similar organized peer-support activities.

Residential Services

Health Colorado is able to provide residential treatment programs for adults and children. We believe a fundamentally important part of building long-term resiliency is providing a Member with the necessary resources to turn a crisis into an opportunity to learn to better manage one's illness. This approach empowers the Member to recognize and take control of potentially harmful situations and turn them into positive life-changing events.

We will apply this principle to residential care, as well as to inpatient hospitalization. We will provide the necessary outpatient and intensive case management services so a Member has the resources and tools to manage a crisis at home. This allows the Member to preserve more choice in his or her recovery while avoiding the need to resign independence to the more structured and restrictive care associated with a residential setting. However, some situations make it necessary to provide a supervised, supportive living environment to give the Member access to specialized services and to ensure safety. In these cases, we will provide a variety of residential service offerings for adults and children.

Health Colorado has a high-tech and high-touch approach to residential care management that sets a high standard for case management effectiveness. Our care managers and residential

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treatment liaisons at each of our partner behavioral health centers will be involved at each step to ensure Member and family needs are met:

- Upon admission
- With discharge and transition services

- During care planning and delivery
- With in-home follow-up

Services provided in the residential setting are customized to reflect the individual needs of each Member. For example, one Member might require a brief residential stay as a step-down to community services after a psychiatric crisis and inpatient admission. Other Members might require longer-term, more intensive psychiatric treatment services, supervision, and monitoring that can only be provided in a residential setting.

A vital part of any residential treatment episode is the transition back to the community. All Health Colorado residential programs will offer an array of transitional services that help make this process a seamless one. Transition services may include assistance with scheduling medical and psychiatric appointments, medication management, transportation, assistance with meeting housing and daily living needs, and more. The high-tech elements of this care involve the documentation of treatment information in an electronic medical records system, automated reporting, electronic access to outcome data, and treatment planning updates for all members of the treatment team, and access to tele-psychiatry services for those who live in remote areas or those in need of access to a specialized provider.

Residential Services for Children

Children and families in times of ongoing distress, who cannot be successfully treated in the community, can be referred to Health Colorado's network of residential services for youth. We have an established network of top-quality residential care facilities that offer a safe, controlled environment, including supervised 24/7 care.

Intensive therapeutic intervention and individualized programming are provided to children and their families by an interdisciplinary team that includes a psychiatrist, nurses, social workers, clinicians, and educators. The primary goal of residential care is to resolve behavioral issues and increase the level of functioning so children can be reunited with family in their home and maintain supportive aftercare services in the community.

Assertive Community Treatment (ACT)

Health Colorado has ACT services implemented within our partner Community Mental Health Centers (CMHCs). As an evidence-based psychiatric rehabilitation practice, ACT provides a comprehensive approach to service delivery to consumers with severe mental illness. ACT uses a multidisciplinary team, which typically includes a psychiatrist, a nurse, and case managers. ACT is characterized by:

- Low Member to staff ratios
- Providing services in the community rather than in the office
- Shared caseloads among team members
- 24-hour staff availability
- Direct provision of all services by the team (rather than referring Members to other agencies)

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- Time-unlimited services

Typically, the Member to case manager ratio is 10:1; an ACT program with 10 case managers would therefore limit enrollment to 100. These dedicated teams provide medication management, home services, medication delivery and monitoring, and case management services that are appropriate for each Member's individual needs.

ACT in Rural and Frontier Communities
It is possible that some bidders will propose to offer formalized, fidelity-adherent ACT programming in all Region 4 counties. This "promise" undoubtedly stems from a lack of knowledge and experience of the rural and frontier characteristics of this region. In locations where ACT teams are not feasible, our partner providers have established systems and services in place to provide emergency assessments, in-home services, ICM, medication evaluations and monitoring in an expedient manner. This innovative approach ensures that Members receive needed "ACT-like" services, no matter where they live in our region.

Recovery Services
Health Colorado will provide a variety of services focused on recovery, which is one of the foundations of our organization's care and service delivery system. Recovery services are provided by our partner CMHCs, often in multiple locations. We also will provide recovery training and educational materials to all of the independent practitioners in our provider network. The principles of trauma-informed care, recovery, and resiliency guide and shape all of the treatment and service options we provide Members. These services span the entire continuum of care, from teaching symptom management skills and developing mutual support groups to providing wellness planning training at residential and inpatient facilities. The following sections focus on specific programs that demonstrate our commitment to recovery and resiliency for all of our adult and youth Members.

Recovery Services for Children and Families
Our programs focus on resilience when working with families who are raising children with serious emotional disorders (SED) or serious mental illness (SMI). Children and families have individualized needs, and require specialized support. Our providers offer this support through clinical services, advocacy programs, and family-directed, peer-support services. Services for families may include in-home support, behavioral coaching, parenting skills, family support services, and family education. Treating the family as a whole increases the natural resiliency in which children are able to grow, and it gives parents the ability to nurture a child with special needs.

Health Colorado will provide a wide variety of programs for children and their families:

- **Family crisis planning.** Many families are unprepared when children return home from an out-of-home placement. Our family peer specialists can help families identify triggers and interventions to avoid family crises that result in their children being hospitalized or admitted to an out-of-home placement.
- **Advocacy.** We already have an advocacy system in place to protect the rights of individuals diagnosed with mental illness. Each CMHC has a Member and family advocate who can help

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Members with grievances and assist them in voicing their concerns in a variety of ways. Rights protection is a major component of our advocacy program.

- **Parent advocacy.** Parents raising a child with SED/SMI deal with a variety of systems when advocating for their child. These peer specialists help families navigate the system and empower them to advocate for their children. Our family peer specialists receive specific training about the Individualized Education Program (IEP) process and the Individuals with Disabilities Education Act. Their advocacy work includes helping parents advocate for their children in the school system.
- **Alcohol and substance use disorder education.** As a prevention strategy, many of our CMHCs and independent providers conduct alcohol and drug awareness programs, particularly for adolescents. These programs teach Members about the pitfalls of drug and alcohol use, how to be "cool" and still say no to drugs, and problem-solving skills they can use when they are confronted by peers who use drugs.
- **Parenting skills.** Our parent advocates and family peer specialists provide education and teach parents skills involving behavioral interventions, communication, stress management, family play and recreation, and more.

Adult Recovery Services

Health Colorado will offer recovery services to each Member across our service area. With the Member, we will assess interests and abilities, and together develop a service plan to reflect the Member's stated goals. Recovery services may include assistance in understanding and managing the illness and symptoms, crisis planning, coping skills development, daily living skills, and education around such topics as medications, medication side effects, treatment options, everyday choices, home financial management, and social interactions.

Peer services are an integral part of recovery services and are available in all of our partner organizations. These services provide Members and their families with mutual support. Our partners began formally training peer specialists in 2003 using the Georgia Peer Specialist Model. This model, developed in the late 1990s, has been used to train thousands of peers nationally. The curriculum has been adapted, when needed, to the unique cultural needs of Colorado, and it teaches Members the skills that are necessary for work in the mental health, substance use, or criminal justice fields. The formal curriculum has expanded to include all of the competencies approved by the Department in 2008, and revised again in 2013. After several days of intensive classroom training, peers are tested for competencies and some participate in internship programs at partner provider agencies or in other settings. A separate component has been added to address the unique role of parent advocates.

Health Colorado will provide self-help and peer support addressing a wide range of topics, from substance use to parenting to surviving domestic violence. Other adult recovery services include:

- **Crisis prevention planning and wellness and recovery planning.** A mental health crisis or hospitalization can have consequences long after the person is discharged. A person might lose his or her housing, job, friends, and even his or her self-respect after a long hospitalization. Recovery and crisis planning helps a person with a potential crisis avoid these and other negative consequences in the aftermath of a mental health crisis.

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- **Drop-in centers and clubhouses.** These programs, managed by Members, provide support, training, and opportunities for socialization in a relaxed environment. Many Members enjoy and thrive in the less formal nature of Member-run programs.
- **Housing assistance.** Safe, stable and independent living is critical to recovery. All of our provider partners will offer help with finding affordable, safe housing in the least restrictive environment possible that a Member is successfully able to manage.
- **Wellness education.** Knowledge and skills education that promotes wellness and prevents illness is essential to our Members' overall health. We teach Members about the role of proper nutrition, exercise, smoking cessation, and other healthy lifestyle behaviors that support their efforts to maintain a healthy mind and body. Education will be offered through peer programs and Health Colorado's Office of Member and Family Affairs. We also will collaborate with all of the service area's local chapters of the National Alliance on Mental Illness (NAMI) to offer health educational information to our Members.
- **Warm lines.** Several of our partner organizations currently operate active warm lines— reaching out to Members who are homebound. They call Members to ask how they are doing, remind them to take their medications, and provide peer support as needed.
- **Alcohol and substance use disorder education.** As a prevention strategy, many of our CMHCs and providers conduct alcohol and drug awareness programs. Our providers will work with the Members on medication management, coping skills and problem-solving.

Respite Services

Health Colorado will provide a variety of formal and informal respite services designed to help family caregivers take time for themselves, so they can better manage the challenges of caring for a Member with a serious mental illness or behavioral disturbance. These services are available through our provider partners throughout our service area.

Formal respite services are available through local child placement agencies, foster homes, or other sub-acute treatment programs. Respite services for caregivers of adult Members are available through assisted care facilities or adult foster homes.

In addition to these formal services, we recognize that respite support also can be provided through a variety of informal channels. These include developing partnerships among caregivers, using volunteer-based programs such as Friendly Visitors, and identifying resources through local NAMI chapters, and the Federation of Families for Children's Mental Health.

Evaluating the Effectiveness of 1915(b)(3) Waiver Services

Health Colorado will continuously monitor the effectiveness of the overall system of care and the utilization and quality of the alternative services. Authorization, paid claims, and encounter data will be used to identify utilization and quality performance trends related to various levels of care and types of services. Additional information related to Member grievances, appeals, and Member satisfaction surveys will be used to help inform and improve the system of care. We will prepare an annual report of the utilization management (UM) program, and this will be reviewed by our Quality Improvement Committee and the Governing Board.

Health Colorado will work closely with the Department and its contract managers to remain fully compliant with all contract requirements related to alternative services. We will submit a

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quarterly report to the Department, following the prescribed template in Appendix R, 1915 (b)(3) Services Report.

b. UM PROGRAM AND PROCEDURES

UM for Health Colorado will be delegated to its Administrative Services Organization partner Beacon Health Options, Inc. (Beacon), a nationally recognized leader in health care management programs. Over the past 22 years in Colorado, Beacon has developed strong collaborative relationships with providers and many community organizations across all service areas. As the RAE, we will leverage our local experience with quality management, Member services, and robust data reporting that come together as a part of our UM program to monitor and support Member care. Our Colorado Engagement Center will continue to provide exceptional customer service to Members and providers while providing referrals, benefit education, and service authorizations. Our staff consistently maintain the best of quality metrics on service delivery, call answer rates, and Member satisfaction.

Beacon's ability to provide UM across all levels of care, while identifying providers and Members who may benefit from more focused support, also speaks to our experienced staffs' dedication to Member health care and continued recovery and improved overall outcomes. Our dedicated care managers and intensive case managers are all licensed and experienced behavioral health professionals, with an investment in our community and provider networks. Beacon combines the ability to provide innovative and progressive UM models with successful experience at managing the financial risk.

While behavioral health care services are a vital component of overall Member health, we also realize that providers benefit from UM to collaborate for improved outcomes for the Members we serve. Beacon has developed UM programming to ease providers' burden of reviewing requests for authorization of services. Our ProviderConnect online tool facilities Member eligibility verification, authorization requests, claims submission, and allows providers to also submit treatment plans and other documentation through an upload process. Further, we have eased provider billing of outpatient services by making many services payable without authorization. For many Members who have dual coverage, inpatient providers may submit a claim with the primary insurer's Explanation of Benefits. When this occurs, we will pay as the secondary source without review of clinical data. Additionally, we will bring forward our case rate payment program that currently exists two inpatient providers and further reduces review frequency while encouraging providers to engage in improved care outcomes.

Our UM care managers and intensive case managers provide input into service delivery, aftercare planning, and involve high level medical review when questions and concerns arise for how best to provide services at the appropriate and least restrictive level of care, while working to ensure that service delivery is not interrupted during transitions of care. Our clinical staff also participate in referring quality of care concerns to our local quality analysts for further review when inconsistencies of care delivery or problematic errors are suspected.

Via our ICM process, we seek to serve the Members with the most complex and acute need. Members with ICM needs are identified by several methods: internal referrals from care managers, referrals from the Department of Human Services (DHS) and other agencies, the

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Department's Creative Solutions cases, and UM data reporting. After a referral is received, an ICM clinician begins to seek additional information and identify the Member's needs and potential community resources which may assist in resolving those needs. This often includes meetings and ongoing collaborative work with other health care professionals and agencies to bring together the best possible solutions for the Member.

Our clinical staff frequently communicates closely with local CMHC staff in our region to discuss aftercare planning and transitions from higher levels of care to the community. We seek to ensure that appropriate services have been identified and scheduled, and that the Member will have follow up following their discharge from the higher levels of care services.

Through our substance use coordinator, with support from quality and provider relations staff, our staff have provided many hours of trainings to the providers of substance use services, as well as supporting auditing and utilization review functions. For example, since 2014, Beacon has worked diligently to improve the quality of services, provider documentation records, and billing capability for network substance use disorder providers. As the benefit has grown and developed, Beacon's staff has eased the ability of providers to submit claims by making medication-assisted treatment (MAT) and social detox services payable without authorization. A review of outpatient therapy and intensive outpatient programs serves to encourage continued development of quality services from providers and delivery of Member-centered services.

Beacon enables providers to seek approval of services through several points of contact:

- The Access to Care line brings a provider into contact with our customer service staff who screen the request to connect the caller with the appropriate staff for assistance.
- ProviderConnect is an online Web-based tool available 24/7/365 that allows providers to seek authorizations for many services, upload documents, submit claims or verify payment, and check Member eligibility.
- TeleConnect is a telephone line that allows providers without online access to verify eligibility and seek authorization of care.
- Providers also submit requests via fax to our clinical call center staff.

All requests for care are managed within CMS timeframes, and our staff maintain phone statistics that are consistently within industry standards for speed of answer and abandoned call rates.

Member Services staff are trained to screen for Members' crisis or urgent needs, grievances or complaints, benefit education needs, and serve as Beacon's initial point of contact to resolve many provider and Member needs. The typical flow of a call received by Member Services also demonstrates the close working relationship our clinical staff have with Member Service Representatives.

The UM program is under the direction of the Chief Medical Officer and the Director of UM. Experienced, licensed clinical UM staff members are accessible 24 hours a day, seven days a week through the call center and decisions are rendered within CMS-required time frames for all levels of care. A Colorado-licensed Chief Medical Officer or psychiatrist designee will also be

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available 24 hours a day, seven days a week to provide consultation to care management staff and to provide telephonic peer review for medical necessity determinations.

Provider Training and Education

Our staff will review quality indicators, claims data, provider and Member feedback, and other data management sources to monitor provider training needs. When a potential need is identified, leadership from clinical, provider relations, quality, and other departments come together to study and define an issue that may benefit from training and support we then offer to a provider. We will work alongside the provider to bring improvements through onsite and offsite trainings, staff education, and continue to supply support and feedback as needed.

One recent example demonstrates the collaboration we will offer to assist providers:

> *A formerly successful provider of child and adolescent services began a new program focusing on intensive in-home outpatient services. It became apparent that the provider was struggling with accurate billing which impaired successful claims payment, thereby creating financial concerns, and involved staff education on billing and authorization request submission to Beacon in a timely manner. The provider representative met with provider relations, operations, financial, and clinical staff at Beacon to discuss the broad scope of the issues involved and find solutions to assist the provider in improving their services and resulting claims payments. Training has now been provided to the provider's staff on billing, coding, documentation, requests for services submissions, and we will continue to monitor for improvements that will enable the provider to continue their mission of providing services to child and adolescents in our region.*

Utilization Review Accreditation

Health Colorado's administrative partner, Beacon, has achieved and maintains full accreditation by the Utilization Review Accreditation Commission (URAC) for UM. The accreditation process involves evaluation of our UM and quality improvement procedures against national standards for our operations. Currently, 34 states and the District of Columbia recognize one or more of URAC's accreditation programs. Beacon will continue to seek and maintain URAC accreditation should Health Colorado be awarded this contract.

Use of Clinical Guidelines
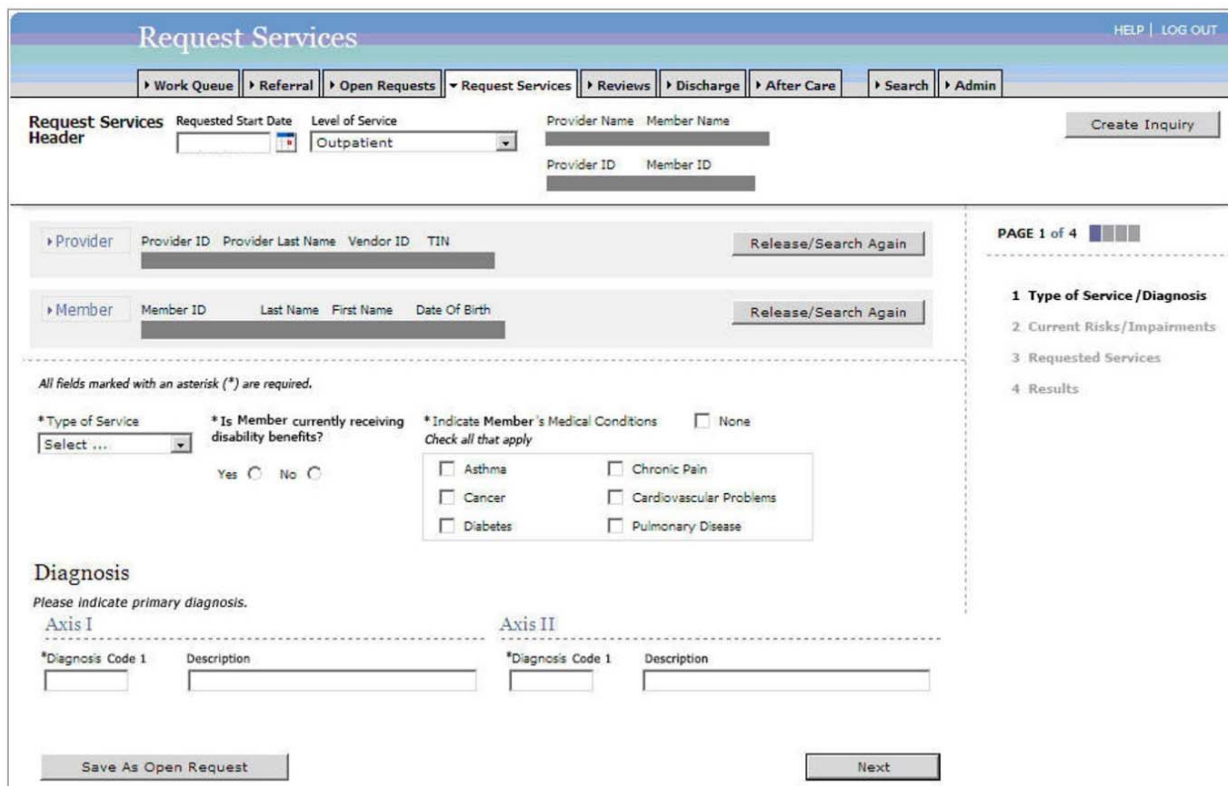
Health Colorado's administrative partner, Beacon has developed, monitored, and updated evidence-based clinical practice guidelines for their Colorado BHO contracts since 1995. These guidelines are created and maintained by clinical committees that include extensive representation from practicing providers and incorporate national consensus and evidence-based guideline practices. This consists of 22 level-of-care guidelines covering 12 distinct levels of care plus crisis services and consumer operated services that are used to guide all level of care decisions at the point of initial assessment and during utilization management. Fourteen diagnosis-based treatment guidelines will be used to guide clinician training and supervision in our provider network, as well as to establish outcomes and clinical process of care indicators for the most common and complex disorders we serve. Care management staff and providers will use these criteria to guide their decision-making to determine whether a Member meets medical necessity for a particular level of care. Beacon views them as guidelines for treatment and not as

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substitutes for sound clinical judgment vital to the proper care of patients. These guidelines take into consideration the clinical needs of the Member while upholding the model of recovery and the principles of trauma-informed care. Level-of-care guidelines and diagnosis-based treatment guidelines will be readily available to both Members and providers at no cost, and they will be posted on our website.

Use of Beacon's UM Technology

Health Colorado's administrative partner, Beacon performs UM and case management via CareConnect, a component of our CONNECTS system. CareConnect, shown below, supports direct interchanges with providers, and produces clinical data demonstrating the effectiveness of various programs, therapies, and services we offer. The following provides a sample of CareConnect functionalities:

- Uses data fields to capture reportable outcomes and other clinical data to track and exhibit the effectiveness of services
- Delivers an effective work management system that integrates across other Beacon applications to allow for seamless continuity
- Allows providers to register care online via a secure website and unique provider ID
- Minimizes administrative burden of both the clinical staff and providers
- Allows for multiple, longitudinal data exchanges with providers for complex outlier cases

CareConnect supports direct interchanges between providers and Health Colorado to facilitate timely authorizations for services.

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The CareConnect application allows for referral tracking, while supporting all clinical care management functions, and documents all case activity from the point of referral to any utilization, through all levels of managed care. The referral tracking system featured in CareConnect allows users to access a search engine to identify providers by location, discipline, and clinical area of expertise. The system also tracks the caller's provider preferences and whether these were met. CareConnect is designed to be easy to use and the screen layout is optimized for efficient data collection and tracking capabilities. Online entry of clinical data with maintenance of clinical case history allows the care manager to easily enter and access all clinical information, for example:

- Member identification and demographics
- Priority (emergent, urgent, routine)
- Reason for the call (access to services, referral, benefits)
- Nature of call (information, authorization, reauthorization, discharge, appeal)
- Who called (Member, provider, provider staff, family)
- Diagnoses
- Clinical symptoms, risk assessment, impairments
- Disposition of call (authorization of requested level of care, authorization of a lower level of care, reauthorization, discharge to another level of care)
- Follow-up required (date of next review, referral for peer review, referral to Member/family advocate)

CareConnect assigns a unique number to each authorization with information included in an authorization header file and an authorization detail file. The authorization number is the key to both of these files as all authorizations are associated with a specific Member and a specific provider linked to a case. The system also assigns a unique number to each case. A case is comprised of one Member, one or more providers, and one or more treatment settings. The case may also be associated with a specific set of clinical notes.

The system supports functionality to search for all authorizations and/or all cases for a specific Member or for a specific provider. Denials are designated by a denial code that is associated with the reason for denial. A Member's complete authorization history is documented within CareConnect. Moreover, care managers have access to authorizations from the CareConnect and ServiceConnect applications. The following data elements can be employed to search authorization or cases:

- Case number
- Member number
- Alternate provider number
- Authorization type

- Authorization number
- Provider number
- Level of care
- Date range

Comprehensive UM Policies and Procedures

Building on Beacon's national experience, Health Colorado will operate according to a set of policies and procedures that have been subject to repeated reviews by URAC, the Department's Education Quality and Accountability Office, and Health Colorado's governing board.

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Health Colorado will provide the Department with a copy of our UM Program Description and related procedures within 30 days of the contract's effective date. We will also provide a copy of these documents within 30 days after any significant change is made. Our UM Program Work Plans and Evaluation Reports will be produced annually.

Additional Assurances

Health Colorado affirms that we will not provide any incentives, through conditional or contingent payments or by any other means, for those making the determination to deny, limit, or discontinue medically necessary services. If we determine that the Member does not meet standards of medical necessity for behavioral health and substance use disorder services, Health Colorado will inform the Member about how other appropriate services may be obtained pursuant to federal Medicaid managed care rules, and coordinate care within our system and the Health Neighborhood to refer them to the appropriate providers, such as Single Entry Points (SEPs) and Community Centered Boards (CCBs), and Managed Service Organizations (MSOs).

Health Colorado will create and submit an annual Child Mental Health Treatment Act (CMHTA) Report that lists all the children/youth authorized for placement in a residential treatment setting by Health Colorado under the CMHTA. The report will be submitted to the Department annually on or before September 1st for each fiscal year. We will have an identified CMHTA liaison at each of the CMHCs in Region 4.

Health Colorado will also provide relevant education and ongoing guidance to our Members and providers about our UM program and protocols.

c. SERVICE PLANNING, CARE COORDINATION, AND TRANSITION OF CARE REQUIREMENTS

Care Coordination

Basic care coordination is required of all network providers and is reinforced through the following processes:

- Provider trainings
- Utilization management
- Reminders generated by our online Colorado Client Assessment Record (CCAR) application
- Compliance audits looking for documentation

We have strategically placed regional integrated care coordinators throughout the region who work in tandem with clinicians at our Colorado Engagement Center to ensure seamless coordination of care around significant Member transitions. The Engagement Center also has an ICM service that will assist PCMPs, care coordinators within Primary Care Medical Homes, child welfare case workers, long-term care facilities, and other agencies with care coordination when Members are involved with multiple systems or have specialized health care needs.

ICM services have been part of our Colorado programs for many years. We have always included general health care needs in addition to behavioral health needs in our care management focus. ICM is designed to assist Members with the most complex care needs. These Members are typically assessed to be at the highest risk within the health population for negative clinical

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outcomes related to mental health/substance use issues and co-morbid medical issues. The primary goals of the ICM program are to help individuals maintain community tenure, regain optimal health, improve life functioning capability, and promote resiliency and recovery. Interventions include needs assessments, referrals and appointment reminders, care coordination, and overall monitoring of treatment engagement. ICM is based on the premise that individuals are more likely to access appropriate services and remain engaged in treatment when they feel that their needs are understood and met.

All network behavioral health providers are expected to provide basic care coordination services including collaboration, with Member consent, with primary care. If intensive case management is needed for complex Member needs, the behavioral health professional is required to communicate with other care coordinators who are assigned through other programs, such as the SEPs, CCBs, MSOs, school districts, and the child welfare system. The function of this communication shall be to designate and document the lead care coordinator for each Member and to ensure that the care coordination plan is an integrated plan that is inclusive of behavioral health needs.

The integrated care coordination plan goals will:

- Promote effective identification of Members with high-risk and/or complex medical/ behavioral health conditions
- Deliver intensive, individualized case management through appropriate outreach including assessment, assistance, coordination, and consultation related to health care benefits
- Coach Members to develop optimal self-care health management skills
- Involve the Member, caregivers, and treatment providers in the development of a mutually agreed upon care plan (using person centered recovery model)
- Provide resource options to help Members and families to effectively cope with the stress and life changes resulting from living with behavioral health conditions
- Promote health, wellness, independence and optimal psycho-social functioning with minimal symptom burden
- Promote recovery and resiliency principles as a core program tenet

Transition of Care

Our service delivery system is based on the need for optimal systems integration and alignment, as well as care coordination for our Members, through a comprehensive and well-organized service delivery model. We help our Members successfully navigate complex systems and ensure that they receive services in a person-centered, trauma-informed system of care. We recognize that providing integrated services through seamless transitions will help our Members by increasing access to care and minimizing the confusion that can occur when navigating multiple systems.

Health Colorado will coordinate transitional services with the other RAE organizations whether we are receiving the Member's eligibility or losing the Member's eligibility. If the Member is changing providers, our Member services staff can assist in the search for a suitable provider in the Member's new locale. When a Member is identified as requiring complex care management

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during a move, for instance a Member needing both medical and behavioral health services, we will assist in coordinating all aspects of the transition.

Member Transitions between Modes of Treatment and from Long-Term Services and Supports (LTSS) Treatment

All transitions between higher levels of care or between higher levels of care and outpatient treatment are managed closely by our centralized clinical care managers working with the regional transition coordinator from the Member's home area. Clinical care managers must arrange and document the entire transition plan, and challenges to implementation, and the results. Transitions from acute treatment to long-term recovery are long and require the ongoing attention of the treatment team supported in many cases community supports peer specialists.

Member Transitions When the Treating Service Provider Becomes Unable to Continue Service Delivery for any Reason

Health Colorado has a protocol for managing situations when providers become unable or unwilling to continue services. These situations typically occur due to illness, death, pregnancy, retirement, moves, or a change in practice. When such a provider situation is identified, a list of all open authorizations is used to initiate Member outreach. As each Member is contacted, a brief telephonic assessment is completed to assess safety and impact of the transition. Members are triaged as to the need for emergent, urgent, or routine ongoing treatment. An appropriate provider is identified with the Member, and necessary authorizations for care are put in place.

Member Transitions to or from an Assisted Living Facility or Long-term Care Placement

Health Colorado will work closely with skilled nursing and alternative living facilities in the region to ensure seamless transitions from one level of care to another. Our LTSS coordinator will address inquiries and work with providers and community stakeholders to help Members with transitions. We recognize the efforts to transition Members from nursing facilities back to the community through the Colorado Choice Transitions program and will coordinate with this program as well. Our centralized program includes a hotline that links to the LTSS coordinator.

Health Colorado will also coordinate closely with SEP agencies in this region to help Members obtain home and community based services upon discharge from a long-term care placement where appropriate. Our integrated care managers will ensure linkage to services and work to address additional needs that will help with successful and seamless transitions.

Member Transitions from the Correctional or Community Corrections Systems Back into the Community

Health Colorado recognizes the challenges faced by our Members released from correctional facilities and will utilize our unique JusticeConnect system and relationships with local Sheriff's departments. We will provide a centralized program that includes a hotline for all correctional facilities to reach our Criminal Justice Coordinator and a unique data sharing infrastructure.

Member Transitions from Inpatient, Sub-acute, Residential, or Mental Health Institute Services

Discharge planning starts at admission, and we employ clinical care managers who work closely with behavioral health centers and the hospital providers to assess the needs of Members and

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ensure that strong plans to transition out of the hospital are in place. The clinical care managers work with hospital staff to determine medical necessity and authorize care. At the same time, behavioral health staff is in touch with hospital social workers to provide relevant history, crisis plans, and coping skills that have been helpful for Members in the past.

Continuity of care is the focus of discussions to make sure that inpatient treatment providers are well informed about the outpatient treatment plan, medication history, and other clinical and social determinant factors that will influence treatment and aftercare service and resource needs. The hospital providers are asked to provide their assessment and recommendations to inform the outpatient discharge plan and needs for the Member to have a successful discharge. The mix of services and focus of treatment are evaluated collaboratively to determine whether changes need to be made in the plan. Clinical care managers provide oversight of this process, working to make sure care is coordinated closely between our inpatient and outpatient providers. Discharge needs inform our medical necessity decisions and we work to ensure that services are not duplicated.

Regional integrated care coordinators work with the clinical care managers to identify resources for any new needs that are identified. Other system resources, such as the DHS and SEP agencies are involved appropriately to connect Members with needed home and community-based services, transportation or physical health care. Close communication is required to ensure that all parties are aware of the treatment timeline and plan for discharge. Prior to discharge, follow-up appointments are set with the Member's input, and clinical care managers work with inpatient providers to make sure Members know what the next steps are in their treatment. Health Colorado staff follows up with the Member to ensure that they attend their discharge appointments, and if appointments are missed, Members receive outreach to help engage them in treatment as quickly as possible. Contacts with the Member are frequent during this time of transition to make sure that they are participating in ongoing care as seamlessly as possible.

Member Transitions When Member Requires Temporary or Longer-term Treatment in another RAE Region

Health Colorado will work with providers and Members to help provide information about how a move and change in residence may affect treatment. Providers and Members receive education about how Medicaid eligibility can be continued during a move. If a Member relocates from one county to another, they receive education that they need to re-apply for their Medicaid in their new county of residence. Care coordination services may be provided to assist the Member with this administrative process and to ensure that they are connected with the right services, or to monitor that services are not interrupted during a move.

Members or guardians who are in need of a provider in their new area are given assistance in locating a provider. Any Members having difficulty finding a provider can receive assistance from Health Colorado staff in finding additional providers or assistance in talking with them to resolve any provider questions regarding authorization to see the Member. If there are no contracted providers located in the new area of residence, single case agreements (SCAs) are offered to non-contracted providers with the goal that the Member's treatment continues without interruption. Members moving from another RAE area into our region are also offered SCAs to continue seeing their current provider so that continuity of care is achieved whenever possible, as

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long as the provider is willing to continue providing care and that is a convenient option for the Member. If the Member does not continue with their previous provider, they receive assistance in connecting with a new provider.

Member Transitions into the Adult System

The transition from the child to adult behavioral health system presents unique challenges to youth and families. Health Colorado staff will be available to assist Members in this age group with completing applications for adult Medicaid benefits, service and provider changes, and service coordination. Our education coordinator has attended the Transitions to Independence process training to further our understanding of these issues. Transitions to Independence process is an evidence-based method of addressing the issue of young people with emotional and behavioral difficulties transitioning into adult life. Our education coordinator has developed a program overview and is available to provide this training to our provider network, as well as community stakeholders.

Service Planning

Health Colorado's service planning and delivery system is well-organized and includes mechanisms for ensuring service plans are individualized measurable for every Member's care and treatment. The initial service plan uses information gathered at intake and assessment, and is updated with current information as the Member progresses through the treatment process. These updates include specific elements of treatment interventions (e.g., school services, home services, pharmacology, supportive aspects of recovery and resiliency, and areas of specific diagnostic focus such as depression and substance use). Service plans also are reflective of elements such as transitions between levels of care and coordination of care among various providers.

Input for the service plan is first and foremost obtained from the Member and facilitated by the behavioral health provider. If possible and appropriate, input also may be obtained from the Member's family or caregivers. Family involvement will depend upon the Member's age, disability level, consent, and other clinical factors. Depending upon the Member's circumstances, it also could include input from other stakeholders, such as probation, county departments of social services, foster parents and guardians, primary care physicians, school personnel, or others.

The actual content of the treatment plan is in part based on current symptoms, diagnosis, previous treatment history, assessment of level of functioning and motivation for treatment, and current psychotropic medication regimen. However, the essence of the plan is centered on the Member's and/or family's goals, desired treatment outcomes, and strategies to achieve these goals. The overall purpose of the plan is to inspire hope and optimism while identifying a clear pathway to achieve the treatment goals. Goals and subsequent interventions are written in a measurable format, so progress can be assessed over time. Strategies to achieve goals can include wide range of interventions and are individualized for each and every Member. Service planning steps include:

- Assessment
- Identification of goals and treatment objectives

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- Discussion and agreement on treatment Strategies
- Implementation
- Ongoing evaluation, adjustments, and updates
- Successful achievement of goals or re-evaluation

Health Colorado will require an intake assessment to be conducted by a qualified, credentialed clinician. Assessments must meet professional standards of care and result in a diagnostic assessment and a service plan. Furthermore, we will conduct regular audits of intake documentation to ensure comprehensiveness and appropriateness. Through our provider credentialing process, we will ensure that network clinicians have at least three years of clinical experience beyond the minimum required for licensure or are subject to the clinical supervision requirements within a CMHC. Our UM system will ensure that Members whose treatment is not progressing as expected receive case reviews at regular intervals that re-evaluate diagnosis and treatment approach. Our existing network includes psychologists and psychiatrists who can assist with the assessment of complex cases, such as Members who present with co-occurring disorders, including substance use disorders, medical problems, autism, developmental disabilities, or neurological conditions such as traumatic brain injuries. Members are offered choice about geographic service location, provider's licensure type and clinical specialty, and treatment options.

d. COORDINATING WITH STATE AGENCIES AND MSOS
Relationships with State Agencies

For Health Colorado's staff, coordination of care with other service providers and stakeholders is part of the way we do business and it has been our practice for many years. Care coordination planning and interventions are part of every service plan. Care coordination is one of the key responsibilities of the treating behavioral health professional. This obligation is clear in our policies and Provider Handbook, and is routinely communicated to our providers and partners through training. Modalities for care coordination include face-to-face meetings and case conferences, telephone contacts and reminders, and information sharing by email or letter. One example of this principle in action is our Web-based CCAR form, which must be completed for each Medicaid youth or adult receiving treatment. To ensure that these are completed we have and will continue to compensate providers to incentivize execution of this important administrative task. This Web-based CCAR form incorporates coordination and information exchange reminder messages, as a provider completes the form. These reminders are linked to specific CCAR items, such as referral sources, completed during the online CCAR process. For example, if a provider indicates that a child's current living arrangement is a foster home, a reminder will be generated automatically as the CCAR is completed to ensure key information is shared and treatment is coordinated with DHS.

For high-need Members, such as those who are being referred or served by the child welfare system or those who have complex clinical needs, we have developed processes and programs that help to coordinate care and navigate transitions between care providers to avoid fragmentation and duplication of services. We are able to identify high-need Members through:

- The admission process, where physical and medical health care history are gathered
- Service planning, where physical and medical conditions are incorporated into the Member's overall treatment plan and treatment goals

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- During contacts with nurse practitioners, who conduct routine screenings of Members taking medications to monitor blood pressure, heart rate, body weight, and other physical health indicators
- Contacts with primary care physicians, nurse practitioners, and physician assistants who deliver onsite screenings and care for minor medical conditions in conjunction with the behavioral health screenings. Some of these professionals serve as the medical home for our Members.
- Disability and disease management programs. In addition to our provider network being able to identify and intervene with high-risk Members, Health Colorado's partners have also contracted for several disease management programs through ProCare. These programs address the needs of Members who have behavioral health conditions and one or more chronic health conditions, such as asthma, diabetes, hypertension, or heart disease.

Colorado Crisis System

Health Colorado's provider partners are contracted by the State crisis system to provide Region 4 resources for mental health, emotional crisis help, information, and referrals. As such, we have a strong, comprehensive established relationship with the Colorado Crisis System, as well as a robust array of crisis interventions that allow for service delivery in the least-restrictive environment, including:

- Crisis Walk in Center – "The Crisis Living Room"
  - o Operating 24/7/365, the Crisis Living Room's programs provide a safe, engaging, welcoming environment which helps Members cope with behavioral health crises through intervention, support, and mentoring. Individuals who are experiencing a self-defined crisis are able to walk in as needed regardless of ability to pay. While in the Crisis Living Room, Members have access to clinical supports, peer supports, and medical/clinical evaluation. The Crisis Living Room's dedicated and licensed clinicians and peer specialists help Members develop safety plans, teach coping skills, and assist the Member with accessing community resources such as emergency housing, food, and health care.
  - o While receiving care at The Crisis Living Room, Members may be assessed for more acute treatment needs. The licensed staff will facilitate additional assessment for inpatient or alternative care services and transition the Member to the appropriate treatment when necessary.
- Telephonic Crisis Response
  - o We work closely with the Colorado Crisis Line, the statewide crisis hotline, to respond to callers who are physically within their geographic coverage area.
  - o Beacon's clinicians work with the Colorado Crisis System Stabilization Units (CSUs) to register admissions so that the CSUs receive payment through the claims process for services Members receive. These CSUs are for regions of the Colorado Crisis System that are not using the living room model, but offer 24-hour care usually for up to five days. These CSUs provide behavioral assessment, skills training, and referrals to needed resources to Members while they remain at the CSU.

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Relationships with Managed Services Organizations (MSOs)

Managed Service Organizations (MSOs) manage a statewide substance use disorder treatment system in Colorado. There are currently seven MSO regions in the state, with two serving Region 4 with whom we have existing relationships (i.e., Signal Behavioral Health Network and AspenPointe). As regional entities, MSOs support the delivery, expansion, and quality management of the entire continuum of substance use disorder treatment. The RAE will work collaboratively with our regional MSOs to reduce duplication of services, overuse of low value services, and fragmentation of care. Health Colorado's network of substance use treatment providers works collaboratively with the Member's local MSO to access services based on funding source. This helps to ensure that Member's treatment needs are covered and transitions between levels of care are seamless.

MSOs are also an important part of the Health Neighborhood. Health Colorado will continue to use and expand its partners' collaborative relationships with MSOs in the state to ensure coordination of services and arrange for the full continuum of substance use disorder treatment, particularly those services that are not currently part of the current behavioral health benefit, such as withdrawal management (detox), outpatient, residential, substance use disorder psycho-education, and sober housing. Health Colorado will contract directly with providers within the MSO networks who meet Medicaid provider enrollment criteria and recognizes the important role of the MSOs and their providers, and will partner with them to deliver comprehensive substance use treatment to improve member health.

Coordinating Services for Children in the Child Welfare System

For children in out-of-home placements (i.e., foster care, kinship care, and subsidized adoptions), we require providers to make assessments available, upon request from County DSSs, and to coordinate with county caseworkers, if behavioral health services are provided. This includes coordination of behavioral health and substance use disorder referrals. We will work collaboratively with DHS and local county offices to ensure that all children who have a positive trauma screen receive a formal follow-up trauma assessment and, subsequently, any trauma-informed covered services that are indicated. All of these services will be provided within the contractual timeframes and we will coordinate behavioral health services and referrals with county case workers. Health Colorado also will provide ongoing contact with the case workers and updates about progress in treatment for any referred Members, including both children and adults who are involved with DHS on either a voluntary or involuntary basis. We will ensure that behavioral health professionals and care managers coordinate with county case workers about significant events in treatment, including discharge, clinical deterioration, or repeated no-shows to appointments.

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OFFEROR'S RESPONSE 20

> Describe how the Offeror will support PCMP practices that utilize licensed behavioral health providers to deliver primary-care-based behavioral health services. Include a description of how the Offeror will track utilization of the six (6) FFS short- term behavioral health sessions delivered in primary care settings and how the Offeror will work with PCMPs when a Member requires more than six (6) sessions.

Colorado has done a tremendous job of integrating care for Medicaid members and has built an extensive behavioral health infrastructure to serve the needs of Medicaid members. In Region 4, Health Colorado partners have embedded primary care in the Community Mental Health Centers (CMHCs) and more importantly worked with Primary Care Medical Provider (PCMP) partners to bring behavioral health services into the PCMP setting at 18 sites across the region. The CMHCs and Federally Qualified Health Centers (FQHCs) have worked in collaboration with each other to house behavioral health specialists at PCMP sites and establish referral protocols. In 2017, we provided 1,734 members with behavioral health services in PCMP settings. During this time, we also established a deep understanding about the needs of Members that seek behavioral health consultation in the primary care setting and how many request additional support. We have proactively identified that approximately 15 percent of Members that have been provided behavioral health support in the PCMP setting were then referred for ongoing specialty behavioral health care and have planned to accommodate a meaningful roll-out of this new benefit to PCMPs in Region 4.

Due to Medicaid expansion, Health Colorado staff have seen Medicaid membership grow and transform. Many of these new expansion Members have not had health insurance in the past and have learned to rely on the acute care systems in place. By treating only events and not symptoms, we know many of these Members have seldom used primary care and have never used the behavioral health system or treatments. Inpatient admissions data from our partners' experience serving as the Behavioral Health Organization (BHO) in southeast Colorado tells us that 15 to 20 percent of inpatient psychiatric visits and admissions are from Members who did not receive any prior behavioral health treatment services. This indicates a need for an early identification system and additional access to therapy. As a result, Member outcomes and total cost of care benefits would be proportionally significant.

We also believe that there is still work to do and understand that certain Members with low-acuity or episodic behavioral health needs require additional options to seek therapy. Specifically, we continue to have segments of the membership that do not have access to short-term episode-based behavioral health support, similar to what would be available through an Employee Assistance Program (EAP) offered by employers. This would apply to Members who only need a few sessions to work through a current issue (e.g., anxiety or stress that presents after a new physical health diagnosis or complex self-management needs). This administrative barrier is compounded by the stigma that remains in our culture around behavioral health and the health of the mind whereby many people faced with challenges refuse to seek care because they think they can "deal with it" or don't want to be labeled with a specific diagnosis. Others simply need a little help during a difficult or stressful time or stage in life, but are not appropriate for a DSM diagnosis.

We have participated in statewide State Innovation Model (SIM) meetings and discussions about the need to increase access to behavioral health services in the PCMP setting. We recognize that

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the current workforce is not in place to address all of the needs of the community and have used the SIM pillars as our framework to implement this program. As the Regional Accountable Entity (RAE), Health Colorado will not only support those SIM providers in Region 4 and those that are receiving practice transformation expertise from the University of Colorado Medical Center, but also extend our services to any other PCMP site that wants to implement these primary-care based behavioral health services.

With the past progress in mind and additional future improvements to deliver, we are excited to implement these fee-for-service short-term behavioral health sessions in Region 4. We believe it will help those that meet the situations above and others to gain entry into the treatment they need. In many instances, we expect Members to participate in some sessions without the need to progress into a longer-term therapeutic relationship, but in others this may be an entry to a longer-term treatment and an opportunity to identify needs that otherwise may not have been discovered. Our plan to support this model includes providing the people, processes, and technology to each provider as well as objective evaluation to the Department of Health Care Policy and Financing (the Department) so that the program can be refined and enhanced throughout the term of our contract.

Through our partners' experience, our staff have deployed new initiatives locally and in other Medicaid programs. Through this experience, we have learned that all new programs require thoughtful, comprehensive change management and deployment support. They also require flexibility to adjust processes, technology, and support based on how providers and Members respond.

ALIGNMENT WITH STATE INNOVATION MODEL (SIM) PROJECT

As illustrated below, we have aligned our design for the delivery of primary care-based behavioral health services with the four pillars of the SIM program:

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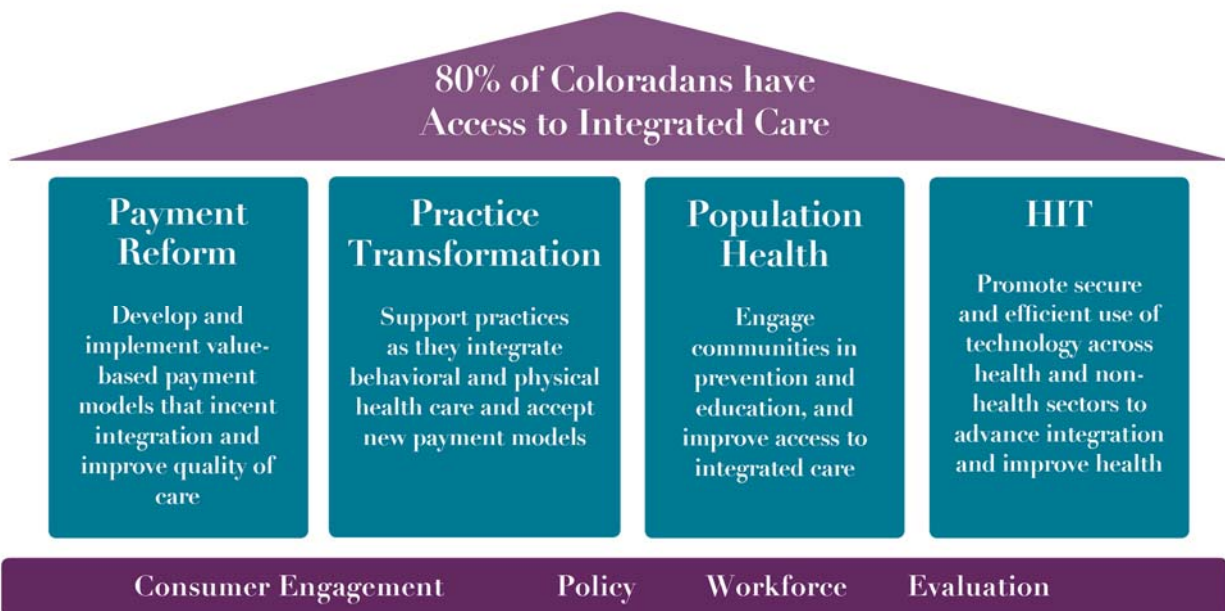
1. **Payment Reform:** We will support the Department's fee-for-service payments for these sessions through implementation support, tracking, measuring, and reporting through additional supplemental deliverables we have defined and will submit to the Department. We will also provide utilization management (UM) consultation through multiple channels to these behavioral health providers to assist with seamless transitions of care for their Members when and if necessary.
2. **Practice Transformation:** We will support the practice transformation activities and supplement the University of Colorado Medical Center practice transformation experts when working with one of the seven Integrated sites in Region 4, as well as the 21 practices participating in the Colorado Psychiatric Access and Consultation for Kids (C-PACK) program. Additionally, we will provide similar support to any practice expressing interest in implementation of the model but not a part of the SIM Cohort 1 or 2 and involved in practice transformation activities.
3. **Population Health:** Our population health programs are available to all applicable Members and will supplement the sessions provided by the behavioral health providers.
4. **Health Information Technology (HIT):** We will offer our technology (e.g., the Ieso infrastructure) so that we can explore the potential for Members to access behavioral health providers via their PCMP even when co-location is not possible because sufficient volume or panel size cannot justify the integration efforts. In addition to this technology, we will offer other digital extenders and health management tools to Members so that they can self-serve education and self-management content from Health Colorado.

SUPPORTING PCMP PRACTICES

We will continue to support PCMP practices using licensed behavioral health providers through the Learning Collaborative, newsletters, practice transformation support, and individual sessions with our Providers Relations Managers and Chief Clinical Officer. This will ensure that those PCMPs without the support from SIM practice transformation or requiring additional support are successful in implementing this new model, including:

- Training for the PCMP practices in identification of behavioral health needs using standardized and evidence-based screening tools
- Training for the behavioral health providers in identifying short-term versus long-term service needs, as well as adequate documentation of services provided
- Continued focus on expansion of integration of primary medical and behavioral health and the integration support and practice transformation support services available from Health Colorado

Training for PCMP Practices

We will create and deploy a training program for PCMP practices so that primary care practitioners know what to look for, know what basic tools to use for evaluation purposes (e.g., PHQ-2 and PHQ-9 depression screens), and know how to distinguish if a Member would be better suited for these sessions or a referral for a longer-term therapeutic relationship. Our training will also provide up-to-date best practices and guidelines for PCMPs to identify and deal with crisis situations and challenges such as suicidal ideation and risks and look for this in particularly vulnerable populations in support of our Zero Suicide campaign. In this campaign, we support organizations to pursue safer, more effective suicide care approaches in health care

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systems by implementing evidenced based strategies to address issues related to suicide prevention, treatment and post-intervention including evidence-based safety plans, counseling on restricting access to lethal means and maximizing natural supports.

Our training will also encourage PCMPs to use their clinical judgement as well as their personal relationship with the Member to make a final determination in how care should be delivered. These tools will allow providers to make more accurate referrals to the behavioral health system.

Training for Behavioral Health Providers

We will create and deploy a training program for behavioral health providers to understand the profile of a Member with a short-term behavioral health need versus a longer-term need. These tools will use standardized survey methods to set objectives to ensure that the right people are served in the right way. At first thresholds, behavioral health providers will be able to identify whether short-term sessions or longer-term higher level of care will be needed.

These clinical decisions will also leverage our proprietary behavioral health clinical criteria that are adjusted as we study the implementation of these fee-for-service sessions. Finally, we will provide training and toolkits to behavioral health providers on how to document all of these sessions and report them to Health Colorado. Our goals with this training are to create a smooth roll-out of this new benefit, achieve consistent documentation, and increase access to services for low-acuity Members.

INTEGRATION

We will continue our integration efforts whereby behavioral health professionals are embedded into the highest volume PCMP practices in the region. We will support those providers who have been able to expand their own staff to include behavioral health providers, such as Pueblo Community Health Center in Pueblo.

In addition to physical integration, we will expand access to digital health tools and technology so that behavioral health providers can be accessible by the PCMPs that do not have the opportunity to staff or co-locate behavioral health providers in their facility. These efforts will include:

- Providing access to behavioral health providers through a secure and HIPAA-compliant platform from Ieso
- Deployment of our Prescription Drug Intervention Program (PDIP) that will identify psychotropic medication opportunities such as sub-optimal dosing and alert PCMPs if drug regimens require attention
- Access to behavioral health providers via tele-consultation, specifically in rural and frontier communities to increase access to services

Integrated Care Service Delivery Model

Our provider agencies have been leaders in providing integrated care in southern Colorado. While the expansion of sites and penetration into the physical health care market has been substantial, the delivery model has been challenged in fully aligning all integrated care components necessary for a successful and sustainable product. It has been difficult to ensure

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that each core domain, to include clinical delivery, data integration, outcome measures, partner relations, and overall financial sustainability are fully operational.

Throughout this process, we have learned a lot about service delivery mix. We know from the research that the most effective ways to have integrated behavioral health care be successful in the PCMP setting is to adopt similar workflows. This includes the behavioral health provider huddling every day with the primary care team, which includes the PCMPs and other support staff (e.g., nurse, medical assistant, reception). In this huddle, the team is made aware of Members that will need certain services while they are being seen and gives the team a chance to identify and resolve potential issues before they occur.

Some examples of integrated services are:

- **New Member appointments:** Behavioral health providers can assist with any screenings to be done at this visit and gives providers an opportunity to explain to the Member about how an integrated clinic works.
- **Well-child checks or annual physicals:** Behavioral health providers can assist with screening tools, milestone assessments, depression screenings, and a variety of other yearly functions.
- **Pregnant mother 28 to 36-week checkups:** Behavioral health providers can assist with depression screenings, parenting concerns, anxiety over giving birth, etc.
- **Newly diagnosed chronic disease:** Behavioral health providers can assist with anxiety reduction, psychoeducation, support building, and referrals for specialty behavioral health.
- **Referral based on screening scores:** Members complete a screener (e.g., PHQ-9, SBIRT, DAS, substance use disorder) and are referred to behavioral health providers when a pre-established cutoff score is reached

The last type of visit typically involves a behavioral health provider through a follow-up visit. These visits vary from clinic-to-clinic and are used to various degrees depending on the work flow of the practice. Follow-up visits are intended to be brief and often are set either right before or right after the Member's appointments with the medical provider. Topics can include psycho-education, check of skills taught last visit, provide resources to the Member, care coordination with other providers, follow-up screening tools, and even brief therapeutic interventions.

Tracking Sessions

Tracking the short-term behavioral health sessions will be a critical activity for Health Colorado to successfully implement this new service. It will also help the Department measure the volume, preferences of Members, behaviors of providers, and results from the program to Members and the provider community. We will build new data sharing methods to track the utilization of the six fee-for-service short-term behavioral health sessions delivered in primary care settings in a near real-time manner. This will allow Health Colorado to monitor the progress of the Member through the episode of care and engage with the behavioral health provider on behalf of the Member before the last visit. By doing so, we ensure that care is not disrupted in the event that the Member needs additional therapy.

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In Region 4, we have already identified the 18 current sites we support and the other five sites whereby PCMP providers have had the opportunity to expand their services to include access to their own behavioral health providers on staff. These sites include the FQHCs as well as high-volume and sophisticated local PCMP practices.

We will work with each of these individual PCMPs to establish reporting standards and data transfer arrangements so that Health Colorado is notified of every one of the six fee-for-service short-term sessions provided to Health First Colorado Members in a near real-time manner. We believe over 90 percent of the visits in the region will be provided by our partners or the PCMPs identified above.

To ensure that our reporting standards are adequate and our processes are capturing these visits, we will also implement two separate quality initiatives:

1. Health Colorado will expand our existing interfaces and analytics to pull these visits from claims information so that we can match what is reported to us via our relationships with the PCMPs and what is submitted to the Department. This matching exercise will allow us to validate the completeness of our data and make adjustments if necessary.
2. Health Colorado will perform onsite audits of our partner and PCMP providers to validate what has been submitted against our providers' charts.

Data received from PCMPs will be loaded into Health Colorado's CONNECTS platform and will be used by our UM program to create proactive alerts to case managers and Providers starting with session number five. If a behavioral health provider identifies the need for additional sessions, we will confirm that an appropriate DSM-5 diagnosis is applied to the Member since these fee-for-service sessions do not require a diagnosis. This will begin our process to transition the Member to the Capitated Behavioral Health Benefits. Concurrently, we will ensure the behavioral health provider is prepared to continue providing services to the Member and that they will submit the necessary encounters to track the care that is delivered, or ensure that the Member has all of the appropriate resources, tools, and support mechanisms to thrive. This process will ensure that the member is able to seamlessly transition into a higher level of care for future sessions covered under the Capitated Behavioral Health Benefit.

Our communication with the behavioral health provider will take place via our ProviderConnect online system or telephonic consultations with our UM case managers. We believe successful transitions in care require some planning and input from the Member which is why we intend to begin this process before the last fee-for-service session so as to not introduce a gap in the Member's continuity of care.

TRANSITIONS OF CARE

In cases where the PCMP does not have an embedded behavioral health provider for the types of services the Member requires after their short-term sessions, Health Colorado will coordinate this Member's transition of care from this setting to the next place of service. Our UM program will be enhanced for these specific services and will include monitoring of sessions to identify Members that may need an authorization for an extension beyond six sessions, or a transition of care. Our inbound provider line will provide a simple path for behavioral health providers to

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access a care manager to assist with a transition of care, including finding a provider at a convenient location for the Member. This will facilitate a seamless and clinically effective transition to extended care.

In addition to the methods described above, we believe all new processes need to be tracked, objectively measured, and reported so that we all understand the performance of the new process and identify any unintended consequences early so that adjustments can be made. We have a long history of implementing new program features in our partners' BHO and Regional Care Collaborative Organization (RCCO) programs and intend to create the following deliverables that are above and beyond the RFP requirements.

Our UM program will monitor primary-care based sessions using the "Low-acuity Behavioral Health Service Procedure Codes" defined in *Appendix P* when submitted by the behavioral health provider linked to this program at a PCMP setting. These include:

- 90791 Diagnostic Evaluation without Medical Services
- 90792 Diagnostic Evaluation with Medical Services
- 90832 Psychotherapy-30 minutes
- 90834 Psychotherapy-45 minutes
- 90837 Psychotherapy-60 minutes
- 90839 Psychotherapy for crisis-60 minutes
- 90840 Psychotherapy for crisis-each additional 30 min
- 90853 Group Psychotherapy
- 90846 Family Psychotherapy (without Member)
- 90847 Family Psychotherapy (with Member)

We will also create an inbound avenue for these clinicians to get an authorization for additional sessions or a seamless transition to a higher level of care or longer-term relationship if that is necessary.

REPORTING AND MEASURING THE SUCCESS OF THESE SESSIONS

In addition to the activities described above, we have also identified a number of unstated needs of the Department in order to track, study, and measure the success of these primary care-based sessions. We will create reports and deliverables to allow policy makers and the Department to objectively understand the benefits of this new service as well as our implementation in Region 4. Our reporting will leverage the Colorado interChange and our local data warehouse to assemble data sets triggered from these fee-for-service short-term behavioral health sessions so that we can measure and report the following:

- **Volume of sessions by a PCMP and behavioral health provider.** This will allow us to understand how often and where these services are being performed. From this data, we can confirm that our roll-out was successful and access has increased.
- **Progression from sessions to longer-term, extended or higher levels of care** including a breakdown and distribution of diagnoses of members that progress beyond their six initial sessions. From this data, we can understand if these sessions are being appropriately applied

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to lower-acuity Members or begin to simply supplement the higher level care, which would be an unintended consequence on this service.

- **Retention and drop-off rates for Members and by PCMP and behavioral health provider.** This will help us understand how Members respond to the therapy and identify certain providers that may need additional training. For example, if a large percentage of Members from a single provider go through fewer sessions than the regional norm and that provider delivers these sessions to a larger percentage of their Members than their peers, then we may want to dig deeper into the provider panel to understand if this service is being "over-prescribed."

- **Prescribing behavior associated with these visits.** We do not expect to see prescriptions without associated diagnosis codes; however, we will monitor the medication regimens of Members with these sessions to ensure that this is not occurring with a drug that could be prescribed across behavioral or physical health conditions.

- **Mapping visits to historical diagnoses.** This will ensure there is not duplication of services, medications, etc.

- **Number of Members that have been recommended to a higher level of care, but prefer the short-term visits.** We will create and deploy a reporting mechanism to track this throughout the region. This will help us understand if Member preference is driving demand for these sessions which can indicate that the need for alternate sources of therapy may be understated and underserved in the community.

- **Mapping Members who have received these sessions against their claims history.** This will help us see if Members have had a prior diagnosis or could be received services in multiple places of service.

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OFFEROR'S RESPONSE 21

> Describe how the Offeror will receive, process, and manage data and use analytics to meet the goals of the Accountable Care Collaborative, specifically addressing how the Offeror will create meaningful and actionable data, share data with Network Providers, and meet the privacy regulations.

Health Colorado, Inc. (Health Colorado) leverages the complimentary experience and expertise of our partner organizations and blends the best attributes of local, regional, and national organizations to better serve Colorado's Health First Medicaid Members in Region 4. Health Colorado will leverage the existing data systems and analytic tools of our partner organizations and we will enhance those systems and tools as necessary to successfully operate the Accountable Care Collaborative 2.0 (ACC 2.0) Program as the Regional Accountable Entity (RAE) in Region 4.

Health Colorado is data-driven organization and, as such, has integrated a comprehensive set of information systems to meet the operational and strategic health information needs of Region 4 and the Department. Proven technologies have been assembled to create and manage a system that efficiently collects, safely stores, and securely shares health information. The core systems that will be used by Health Colorado are already operational and in use for Behavioral Health Organization (BHO) and Regional Care Collaborative Organization (RCCO) programs in the counties that comprise Region 4. They are also already fully integrated into the Colorado interChange, the Department of Health Care Policy and Financing's (the Department's) health information systems, and the new BIDM system.

Health Colorado partners have over 22 years of experience working with Department's information systems. Over the years, we have tailored our processes to align with the Department's requirements by complementing its

> *Our technology systems report to the Department an average of 645,382 services per year*

information systems; not duplicating the efforts and investments of the Department. Through our experience in working with the Department and providers, we have thoughtfully put in place an information system that is stable, configurable, and efficient. As an example of our experience, Health Colorado's systems have consolidated claims, encounter, CCAR, and DACODS data submissions for 13 Community Mental Health Centers (CMHCs) in Colorado. Since 2009, over 5.8 million services have been reported to the Department, an average of 645,382 per year.

Data and Actionable Analytics Strategy

Health Colorado's data and analytics strategy is sophisticated, yet realistic. We have balanced high-tech with high-reliability and have created a system of people, process and technology that can meet any provider where they are to share actionable analytics in a meaningful and efficient manner. As a result of our experience, we have learned that while health information standards exist, the most successful managed care organization provides multiple options to the provider community so that any provider can find a meaningful way to receive information and collaborate with the organization. We believe the RAE's role is to provide actionable and impactful information to providers that augments what they will leverage from other Department investments like BIDM. To meet those objectives, Health Colorado's has developed a data and analytics strategy based on the following core concepts:

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- We intend to **leverage the investments of the Department such** as Colorado interChange, BIDM and CORHIO to the greatest extent possible so that we provide consistent information and messaging to providers and bring the greatest value to the Department.
- We will **augment the Department's investments** with our own technology and the use of innovative new solutions like our machine learning and natural language processing tool, our messaging infrastructure that can deliver actionable analytics to providers and a suite of data processing, management and integration tools that have been developed and refined in service of Colorado programs for over 20 years.
- We recognize that providers have made different investments of their own and appreciate how difficult it is to get a provider to alter their workflow to consumer information that a managed care organization believes is useful. With this in mind, our data sharing and provider integration strategy will **accommodate all types of providers regardless of where they are on the technology adoption continuum**. We interface with those that have invested in electronic medical records (EMRs) through HL7 standard transactions, we offer technology to those that have not invested and would like to use our Connects platform, we support custom integrations for those that have built or adopted custom or technology solutions that do not support recognized standards and finally we can message actionable information directly to providers through reliable but lower-tech solutions such as delivery of a message to their voicemail before each day through our TeleConnect system or a simple but effective fax message.

DATA MANAGEMENT

Health Colorado has a fully automated electronic data interchange (EDI) process from the Colorado interChange system and provider data submissions. As files arrive, they are automatically logged and processed without any user intervention. Notifications are sent to the application business owner stating the files have arrived and are in process. A large portion of the processing includes verifying the integrity of the data by scrubbing for errors. After the data is verified, it is prioritized and then loaded into our data warehouse for processing. Health Colorado runs extensive tests in our local testing environment so that providers can test for data errors in claims and encounter files before we submit data to the Department.

Our information systems workflow, graphically depicted on the following page, illustrates the key health information data flows that drive our integrated systems. Through scheduled data interchanges, data are securely and reliably routed between participating systems using HIPAA compliant and State-specified formats.

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Key Health Information Data Flow
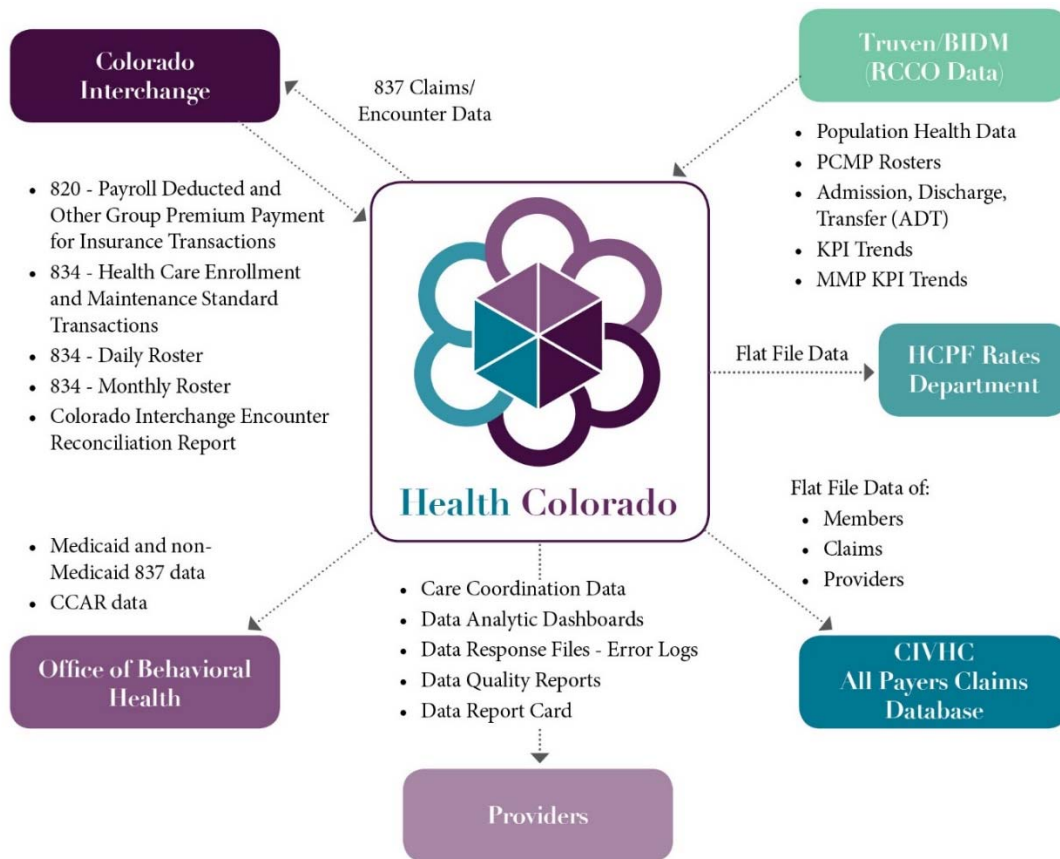
Interface with Colorado interChange

Health Colorado makes full use of the data provided by the Department to identify and confirm membership and as a basis for payments, adjustments, and reconciliation of claims and encounters. We use the data from the interChange and BIDM to drive our system processing, including, but not limited to: authorizations, claims payments, Member mailings, recoupment activities, quality improvement, provider contracting, financial planning, reporting, and auditing.

Our information systems compliment the Colorado interChange and BIDM systems. Adopting the Department's systems as the "single-source of truth" allows us to provide clarity and confidence of decision-making to the Department, providers, and Members. In addition, we will thoughtfully and judiciously augment our systems with new technology to enhance our capabilities and ability to serve the Region 4 providers and Members throughout the term of the RAE contract. We will also ensure that we are not duplicating expenses or investments in overlapping technology that would not be cost efficient for the Department or Health Colorado, or create confusion among our providers, Members, and others users of our data and systems.

The State has provided a Secure File Transfer Server traditionally used to distribute data from the State to their Contractors. Health Colorado uses automated programs that interact with the interChange using Secure File Transfer Protocols (sFTP) methods. These automated programs search for new files and downloads them to a structured folder system on a secure file server.

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Each file has a custom program to support its file format and validation by the programs that load the information into the databases to ensure consistency and accuracy. The file type drives where the location of the file will be processed. As soon as they are made available by the Department, 820 Payroll Deduction transactions, 834 Health Care Enrollment and Maintenance standard transactions, 834 Daily Roster, and the 834 Monthly Roster are all processed into our system. The interChange Encounter Reconciliation Report will also process when 837 files are submitted and adjudicated. We will use the Encounter Reconciliation Report to improve the quality of our encounter submission. The data is then verified and loaded into our internal databases for error correction, reporting, and analytics.

We load 820 Payroll Deduction transactions, 834 Health Care Enrollment and Maintenance standard transactions, 834 Daily Roster, 834 Monthly Roster, and other industry standard formats from the State systems to support our validation of the information received from other sources and distribute information to our analytics section for reporting and trending. Extracts and reports are sent to those teams that turn the information into action.

Interface with the BIDM System

Our systems are also integrated into the BIDM system through backend data processing. Our automated processes check for posted files from the BIDM system and once files are posted, they are verified and processed accordingly. Data is loaded into our systems and distributed to providers via the CONNECTS EDI module, File Connect and our Messaging/Alerts capabilities. Our systems are flexible enough to import and export any file format that the Department provides, including all standard Medicaid file formats like X12. These data elements are then available to Health Colorado in a relational database for the analytics, clinical, quality, finance, and provider relations staff to process for follow-up, KPIs, audits, reporting, and trending. The data we load is presented in interactive Web tools, reports, and spreadsheets following industry best practices.

Health Colorado will build on our partners' experience ensuring provider education and support efforts are maintained related to provider capabilities with data management and technologies. Our Provider Relations Department has a team system to manage administrative and technical support to providers within the region. Staff is assigned to territories to be in contact with providers over the life of the contract. Each team contacts their assigned offices regularly to obtain demographic updates, determine if any problems exist, and assess any training needs, including utilization of the BIDM system Web portal. Provider relations staff are trained to ask questions related to the practice's comfort level with the system to identify opportunities to overcome barriers so the practice successfully adopts the system. Also, they are knowledgeable on how to use the system so they can support staff to navigate the system and increase comfort level in using it. Our staff have a variety of communication and education tools at their disposal to facilitate the interaction with providers over the phone or in-person. This includes self-service via our online provider services accessible through out website. This site also provides links to training modules available on the BIDM system. Our staff will use these tools to conduct desktop training or troubleshoot provider issues on-site or over the phone as the provider and practice staff become fluent and comfortable with the BIDM system.

Health Colorado will also leverage BIDM to acquire key population information from the Department such as abut not limited to physical health and specialty claims, medication data, and

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utilization management data. This information will be loaded into our data warehouse and used for analytics functions such as generating actionable alerts for care coordinators, Members and providers. These alerts will be shared with providers via voicemail messages, faxes or electronic interfaces and data exchanges selected based on the provider's needs and capabilities.

Automation of Data Management

Health Colorado's partners have extensive experience developing Colorado Medicaid-specific data management systems capable of capturing accurate data to create meaningful and actionable information. Automation is the key to delivering high quality data to the Department and our partners. Our EDI system, FileConnect, processes files from the Department and providers, loads files into our structured database, and delivers reports and extracts back to the Department and providers. Most of these processes run overnight and during weekends so that our Business Intelligence team has access to fresh and actionable data available the next morning. Our automation services include data quality and integrity checks to ensure that all overnight processes run smoothly. By scanning the logs produced at every step along the way, we know if there were any challenges, changes to files, or other issues that delay that smooth processing flow and are on call to take immediate action to remedy the issue. Our data management systems and resources serve the business and clinical teams and define success by delivering accurate, timely and actionable data to those teams so that they can focus on their responsibilities.

Our systems check each day for new files on the Colorado interChange system. System processes track files already downloaded by name and file modified date to create a historical and traceable log of all activity. Each file has a specific folder so the processing application knows where to look and can process multiple files if needed. Files are also uploaded by providers and employees of the Department through the FileConnect application. Our automation tools assess if any files need attention. Data collected electronically includes:

- Authorizations
- Eligibility and third-party liability
- COUP

- Claims and encounters
- Credentialing documentation
- Nurse Advice Line Data

New files that Health Colorado is planning to process for the Region 4 RAE include:

- Health Needs Survey data
- DCG risk scores from the BIDM system
- Provider performance data from the BIDM system
- Member clinical performance (e.g., gaps in care) from the BIDM system

Once the file collection has completed, file processing or transformation and loading jobs are executed. This allows us to process files as soon as they are available. Once a file is downloaded, the process calls an application to load the file into our database or distribute the file to other locations. The application is captures a detailed runtime log and runs a program to scan the log for errors. Errors are reported to three on-call resources in case the primary is not available. This enables us to respond to data processing issues quickly and efficiently.

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By using automation to handle the bulk of the data collection, loading, and distribution, we enable our IT staff to spend more time working on higher value tasks such as analysis and design activities relating to how to improve the distribution of the information in a form that our stakeholders can use quickly and easily.

Electronic Claims and Encounters Submissions

For the past 22 years, Health Colorado's partner, Beacon, has consolidated claims, encounter, CCAR, and DACODS data submissions for 13 CMHCs. For more than seven years, Beacon has successfully submitted monthly encounter and claims data on behalf of the CMHCs to the Department on time.

Submissions via FileConnect

For electronic encounters and claims submission, Health Colorado uses an enterprise-class EDI system called FileConnect, shown below, to communicate large data files securely over the internet. This system uses 2048-bit RSA technology to protect all data sent or received, so active encryption of data is not necessary.

Providers and partners upload encounter data via FileConnect and any response files, error logs, or other data that may contain protected health information (PHI) is then available for download. The Department's Rates Division also use FileConnect to send Beacon financial data and files for auditing purposes.

> ***2016 Electronic File Transfers via FileConnect***
>
> *Incoming Files – 635,159*
> *Outgoing Files – 776,989*

Health Colorado's EDI System, FileConnect
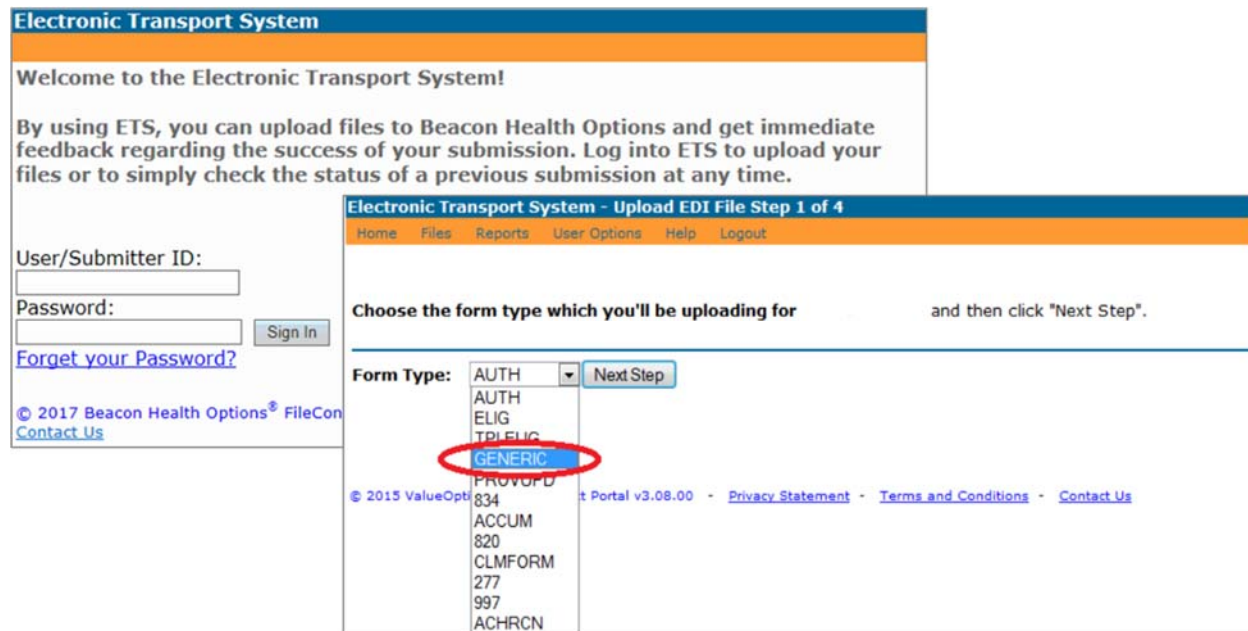
Since 2009, over 5.8 million services have been reported to the Department at an average of 645,382 per year using FileConnect.

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Submissions via ProviderConnect

For claims submission, providers in Region 4 have already adopted and incorporated our ProviderConnect system into their workflow. Health Colorado will continue to use ProviderConnect, which is our online tool that allows providers to make direct electronic data entry into our Health Information System. Providers can also download authorizations and remittance advices electronically from ProviderConnect allowing them to interact with the Health Colorado in a modern and efficient electronic manner. This application is a springboard of tools and links to help providers submit claims, review submitted claim status, and obtain electronic payment of claims directly to the providers' banks.

Our ProviderConnect system saves providers time and gives them immediate access to the information they need to manage their business efficiently so that they can focus more of their efforts and attention on the delivery of care. We designed this tool to be modern, simple and easy to use and have deployed it in Medicaid and Commercial markets across the US.

ProviderConnect allows providers to electronically complete the following tasks:

- Check status of a Member's enrollment
- Register a Member for services
- Check a Member's benefit information
- Review and submit requests for authorization of care, as well as, the ability to print or save requests into their management information system (MIS) or electronic medical record (some requests will receive immediate authorization based on benefit)
- Review a detailed payment status of submitted claims
- Communicate directly with Members via the communication center
- View and submit updates to demographic data for providers
- Submit/attach documents to all authorization requests and other submissions
- Directly enter and submit a claim or upload HIPAA compliant claim files online (as a registered user and claims submitter on ProviderConnect, providers can elect to register for Electronic Funds Transfer (EFT)
- View and print online correspondence, such as authorization letters and provider summary vouchers
- Create and view other types of inquiries via a personalized message center
- View authorization history and letter history
- Enter Member reminders for appointments and medications
- View provider handbooks, obtain information on trainings, current clinical articles, and workshops
- Access client specific network information
- Download and print standard forms
- Review and submit individual plans and treatment plans, enter special program applications and communicate directly with external care coordinators and care teams that are either using the Health Colorado provided CONNECTS platform as their care coordination tool, or are integrated with Health Colorado

Providers can also complete and submit CCAR forms over the internet. Shown on the following page, these online forms provide real-time error checking and feedback, thereby reducing the

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need for mailing, correction of mistakes, and manual processing. To accommodate providers in rural regions, some of which do not have high-speed internet connections, a Hypertext Markup Language (HTML) version of the CCAR form was made available to all providers in 2009. This allows providers with slower internet connections to submit data more efficiently.

Third Party Liability Data

Third party liability reporting is also automated. Member primary insurance information is received from the Department and providers monthly and will be loaded directly into our system.

Online CCAR Form

We will then use these data during the adjudication phase of claims processing to make sure that Medicaid is truly the "payer of last resort."
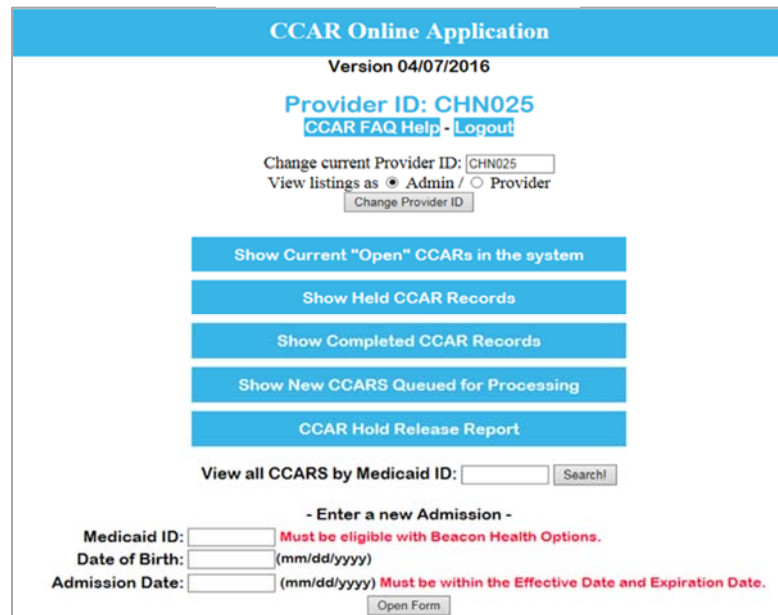
Behavioral Health Encounter Data Processing and Reporting

Health Colorado will use a proven system for collecting, analyzing and submitting encounter data to the Department. Over the past 22 years, the Beacon Encounter Submission System is a collection of applications, transmission methods and documented procedures - has been tuned to ensure that the State receives encounter data for each service provided to each consumer under the Mental Health Program. Collection begins with the providers where services are rendered and recorded.

Health Colorado's goal is to submit all encounter data for the previous month in the current month. Only encounter data which contains fatal errors or eligibility questions are held in queue ensuring that encounter data reporting to the Department is 100 percent accurate. When eligibility questions and errors are resolved, the encounters are then released to the Department. Most capitated encounters are submitted within 30 days of receipt from the providers. These systems and data checks have evolved over our 22 year of serving the Department and have been pressure tested, refined, and updated so that they will all be available and 100 percent operational for a seamless and worry-free operational start on July 1, 2018.

Data certification includes certification that data submitted are accurate, complete, and truthful, and that all "paid" encounters are for covered services provided to or for enrolled Members. Prior to the monthly submission of encounter data to the Department, Health Colorado reviews the raw data for completeness and accuracy and compares it to previous submissions' totals as a reality check. Once the encounters are submitted to the Department and no questions are raised, the letter of certification is then submitted.

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Health Colorado will submit to the Department flat files with all Encounter Data for State Plan and 1915(b)(3) Waiver Services in the ANSI ASC X12N 837 format directly to the Department's fiscal agent by the end of every month. Each month, providers submit their encounter data in a flat file format. To ensure the quality of the data, claims and encounters are processed through our Encounters Auditing and Reporting System (EARS). The data are subjected to more than 100 different edits to test for completion and accuracy including specific checks for eligibility.

Data submitted to Health Colorado will be monitored using the monthly Data Report Card (DRC), shown below. The DRC documents the quality and timeliness of encounter files submitted by the provider, as seen in the spreadsheet of Encounter Files Submitted by Providers and File Timeliness. The DRC also identifies trends in types of errors and provides a quality check between the providers' data file we have processed and the data submitted to the Department.

> *Our partners have a 98 percent acceptance rate for claims and encounters submission.*

Examples of Encounter Files Submitted by Providers and File Timeliness/Data Report Card Monitoring

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Monthly Flat File Data Submission Report

	State Plan	B3	Total
Provider-Reported Value of Services	$14,119,652.31	$1,837,568.76	$15,957,221.07
State Plan vs. B3 Composition	88.48%	11.52%	100.00%

| Source | (All) ▼ | | |

| | Values | | |
Procedure Modifier Grouping ▼	Total Units	Total Charges	Encounters/Claims
⊞ (HE) State Plan Services	115,182	$14,119,652.31	75,838
⊞ (HJ) Vocational Services	833	$41,596.01	222
⊞ (HT) Prevention & Early Intervention	5,908	$425,217.29	2,683
⊞ (HQ) Clubhouses & Drop-in Centers	3,201	$110,637.50	423
⊞ (TM) ACT Services	428	$25,322.32	192
⊞ (HK) Residential Services	1,086	$751,435.64	1,104
⊞ (U4) Intensive Case Management	6,354	$414,256.97	3,582
⊞ (HM) Respite Care	332	$7,821.75	107
⊞ (TT) Recovery Services	984	$61,281.28	327
Grand Total	134,308	$15,957,221.07	84,478

Beacon has developed an exceptional record of exceeding standards for claims processing, payment, and submission to the Department with *98 percent of claims paid within 14 days*. Additionally, Beacon has consistently maintained *a 98 to 100 percent financial and procedural accuracy through internal audits*. Finally, automation within the claims system includes built-in edits to avoid errors, and the system is designed to identify instances of potential fraud or incorrect billings.

Once data is loaded into the system, a more comprehensive analysis is performed by joining it with other data. Some examples of analyses include:

- Determining continuous enrollment for a given Member to detect breaks in eligibility
- Change in eligibility status, such as retroactive enrollments
- Identification of unusual trends or anomalies in data through routine frequency analyses of encounter fields

Encounter Data from Integrated PCMP Providers
Health Colorado will receive flat file data for behavioral health encounters delivered within primary care settings, if the PCMP facility has this technology, using sFTP exchange sites for secure transfer of data. For PCMP facilities without this technology, we have developed an integrated care tracking system that allows for the capture of encounter and referral data for behavioral health professionals embedded in PCMP facilities. We are also able to capture limited practice penetration data from this system.

Other Data Transmissions
Through our data management system, we will be responsive to new data needs as requested by the Department. We will quickly build the additional data into existing or new data extracts for submission to the Department. We will deliver and test sample files before Departments deadlines so there are no issues with the new format when production deadlines are reached.

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Health Colorado will receive the daily X12 834 Health Care Enrollment and Maintenance file. This file will be loaded to adjust our current enrollment database with the latest information available from the Colorado interChange. All transactions in the 834 are processed to update the current membership enrollment status information. This information is used to validate encounter data to ensure only Medicaid eligible encounters are sent to the Department. The 834 Monthly Enrollment roster is used to ensure that the database matches the State's Membership Enrollment database in the Colorado interChange. Through this process we make sure we have matching enrollment data for all active Members and that the encounters submitted are valid.

Colorado interChange Encounter Reconciliation Reports are the reply files from 837 submissions. These reports detail any potential errors and informs us which encounters have passed into the State's system and those that were rejected. We will receive and process these files (one for each batch of 837s submitted) to ensure that all encounters submitted are properly adjudicated.

Updating Systems to Keep Pace with the Department's Innovation

As the Department makes changes to data structures, systems, and coding changes, Health Colorado's information systems are aligned according to the Department's requirements through an internally managed change and configuration management process. This process creates an agile environment where we can easily and efficiently respond to changes made to system we interface with. We use Microsoft Team Foundation Server to manage all our core source code for applications and processes which allows us to "check out" the core source code for applications and make configuration changes in a testing environment before moving changes into production. Our process and technology ensures that we keep pace with the evolution of technology systems and update our integrations without unexpected system down-time.

INTEGRATION APPROACH WITH PROVIDER SYSTEMS

Health Colorado has not only invested in data systems that integrate with the Department, but also systems and integrations for providers so that all of our Region 4 Provider, Health Neighborhood, and stakeholder partners can continue to perform their duties using the systems they have invested in or adopt our systems. This flexible approach accommodates the needs of the community we serve and will enhance our ability to successful connect the Region 4 network. Health information technology systems remain more closed than we would like, but fortunately standards do exist such as HL7 standards and our infrastructure and expertise is agile and can also accommodate custom integrations where those standards cannot be adopted.

Our CONNECTS system was developed with end-users in mind; the user community extends beyond our staff to providers and Health Neighborhood partners in Region 4. Just as we have implemented a Member-centered approach to our engagement and communications models, we used a user-centric design approach for all our systems. These systems, which have been in place for BHO and RCCO operations in Colorado and Medicaid programs elsewhere in the US, offer different paths to engagement and use by user type. We have developed a technical architecture and system that is cognizant of the provider community's diverse set of needs and capabilities. For example, we have classified providers into three provider types and offer a different set of capabilities for each as described in the graphic on the following page.

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	Provider Type 1	**Provider Type 2**	**Provider Type 3**
Provider Status	"We recently implemented an expansive EMR system (e.g., Epic, Cerner) and built care coordination modules and workflows into this system. We do not want to access another system."	"We primarily serve Medicaid members and could benefit from access to a Care Coordination system and integrated health record that feeds us the viewing actionable analytics and alerts we should respond to."	"Our attention right now if focused on areas other than technology upgrades. We have some home-grown systems in place but these have been in use for many years are not up date on all of the HL7 standards."
RAE Technology Provided	CareConnect platform and HL7 Data Interchanges	CareConnect platform and Spectrum unified Member record and actionable alerts.	CareConnect platform and FileConnect custom EDI data transfers
Provider Data Workflow	Providers access RAE information in their EMR system via existing workflows. RAE sends and receives all information to the EMR via HL7 standards.	Providers access the CareConnect platform and Spectrum Unified Member Record and Alerts for those Members in which they have access to view.	Users have access to information via a custom data load to their system and RAE receives information from user via custom file exchanges.

Provider Type 1 describes the most technically advanced providers that have made significant investments in their EMR infrastructure and business processes. Their workflows have been designed and implemented for consistency and efficiency and their EMR is their single system of truth for all clinical operations. These providers are not interested in accessing another system from one payer and often serve multiple payers and lines of business such as Medicaid and Medicare, or Medicaid, Medicare, and commercial health plans. For this type of provider, seamless integration with their EMR system is a must. In fact, most of these providers have already established integrations with other partners to bring clinical information into their systems and act on it. They also publish data to subscribers with the right credentials in standard formats like HL7. For Persona 1 Providers, Health Colorado will offer our CareConnect platform and standard HL7 data interchanges using our scalable EDI infrastructure.

Provider Type 2 describes providers that are interested in using an external system. Many of these providers have had access to systems in the past by other local partners, but have chosen not to make the investment on their own. Health Colorado will offer these providers access to the CareConnect platform with a single unified Member record with the appropriate role-based

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security and access to allow the provider to see and enter information and share data with other users. These providers may serve a single payer, like Medicaid, and conduct care coordination functions above and beyond the basic provider expectations whereby a care management system will assist them with consistent delivery of assessments, use of standardized screening tools and development of a Member-centric care plan. These providers will receive alerts from the CONNECTS system when a clinical or coordination need presents itself for one of their Members. These email alerts will direct the provider to access the system via a link and review alerts for any of their Members. Actions are documented directly in the system.

Provider Type 3 describes providers that are comfortable with the system they have in place whether a custom software solution, older or more basic non-meaningful use level 3 conforming platform or some other tool and either are not interested or do not have the capacity to make a change. In this case, Health Colorado will still pursue integration with the provider and will offer the third potential option to send and receive actionable health information about their Members. For these providers, we will evaluate their IT capabilities and develop custom data transfer programs to send and receive information. These files will likely be CSV or Pipe delimited flat files and transferred on a regularly scheduled basis. While these are not real-time data exchanges, they offer an integration path for all providers not just those that prefer a specific type of tool.

USING ANALYTICS TO MEET THE GOALS OF THE ACC

Health Colorado recognizes the central role that leveraging data plays in the effective administration of a RAE and achievement of the quadruple aim in Region 4. The proper application of data analytics and reporting improves quality of care, lowers cost, drives informed decision making and provides vital information that promotes better coordinated care and economizes use of resources. In short, if adopted this information can improve care, reduce costs and allow providers to focus their time and energy where it matters most, the delivery of superb clinical care. We access, normalize and consolidate multiple data sources to minimize noise and guide operational and programmatic decision making and drive Member centered activities related to: care coordination, population health, quality initiatives, Member outreach, performance improvement, program design, and stakeholder accountability.

Today, big data is available, but meaningful insights are achieved from sifting through this data, identifying the actionable elements, and then distributing that data to the right people at the right time to make a difference. Health Colorado will provide the infrastructure to determine where and how to direct expert resources, where to find alignment with other activities to create more streamlined processes for providers/partners and care coordinators, and to provide insights necessary to identify systemic issues at the provider/care coordinator level. Internally, our Quality, Provider Relations, and Care Coordination staff will use actionable insights from the data we receive and process to focus efforts and monitor the quality of services and the health of our Members. When data indicate that providers or care coordination entities are struggling, we will provide onsite technical support, trouble shooting, and education to bring about a solution.

Potential provider issues uncovered through monitoring data include:

- Inaccurate claims information submitted by providers that impact their KPIs
- Staffing patterns not conducive to efficient Member care

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- Lack of understanding regarding how to use available data and reports at the provider; level to guide care and coordination interventions
- Breakdown in communication between outpatient providers and hospitals
- Difficulty meeting access standards

In addition to the numerous data submissions, including BIDM System data, we share actionable analytics with providers to inform the care management process, assist providers on their journey towards practice transformation, align their practice with evidence based guidelines and help to identify Members with open "gaps in care" such as HEDIS Effectiveness of Care measures. We conduct weekly, monthly, and sometimes daily monitoring of key data elements so we can implement real-time interventions with providers as indicated.

Actionable Analytics

Health Colorado fully supports the State's initiative to implement BIDM and the ACC 2.0 goals to improve Member health and life outcomes and to use State resources wisely. To ensure we are using those resources wisely, we plan on augmenting the State's data analytics investments for our specific operations and region, and to leverage statewide resources to create consistency.

This supports the Department's goals of consistent, reliable, and actionable data for Health Colorado and to providers regarding their Members. Through the visual BIDM interface that is being developed, shown on the following page, and the data exchanges that will be available, we will be a primary advocate and expert in the launch and use of the BIDM tools. We will consume and use key information like the "My Clients" data that will include Members' Conditions, Risk Weights, Emergency Room Visits and Well-Child status.

Truven Physician Performance Assessment (BIDM)

Field	Description
Client ID	Clients' Medicaid Identification Number
Client Name	Clients' Name
RCCO	Regional Care Collaborative Organization
PCMP ID	Primary Care Medical Provider Identification Number / Billing ID
PCMP Name	Primary Care Medical Provider Name
NPI	National Provider Identifier
Client DOB	Clients' Date Of Birth
Client Gender	Clients' Gender
Client County	County of Client's Residence
Client Zip	Zip code of Client's Residence
Condition Description	Primary Chronic Condition Description
Risk Weight	Clinical Risk Group Weight - Clients' CRG Relative Resource Intensity Weight
ER Visits	Number of Emergency Room Visits
Eligible For Well-Child Check Rate	Identifies clients that are eligible for the well-child check performance measure
Well-Child Checks	Number of well-child check claims submitted within the 12 month reporting period
FBMME Demo Enrolled	Identifies clients enrolled in the FBMME/Duals Demonstration population

In addition to leveraging the State's significant investment in the BIDM System, we have chosen to invest in cutting-edge, advanced analytics to help us manage and impact the total cost of care in Region 4. Health Colorado's advanced analytics tool brings the power of supervised machine

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learning to the RAE. This investment will help us to use existing data—from Health Needs Surveys to health risk assessments to claims to call center transcripts—to address these the challenges of identifying the Members most likely to benefit from more intensive care management, securing resources to keeping Members healthy, and establishing a listening post to monitor and re-connect with Members whose health is in decline. Our process uses machine learning and natural language processing to leverage all the information in both clinical and administrative healthcare data, including non-traditional and unstructured data like case notes. It allows us to supplement the BIDM system and focus on *actionable risk* and *prioritize Member outreach* based on the potential to impact each individual Member considered for specific use cases as defined by and customized for Health Colorado. This enables care management interventions to be targeted with unparalleled accuracy.

Our advanced machine learning analytic tool has helped 20+ government-sponsored plans get the right care to their Members sooner, contributing to over $100 million in cost savings. The advanced machine learning and natural language processing software has been "trained" on the data of over 10 million Members with chronic/complex conditions.

> *Our goal is to move from being a reactive model that solely looks at what has happened historically to being a much more predictive, proactive, and targeted service provider.*

This technology and approach is the result of decades of research on applying machine learning and natural language processing to improve health care. This approach is not only evidence-based but is evidence-producing, with over 20 published clinical studies resulting from collaboration with more than 250 hospitals and plans. Its supervised machine learning and natural language processing is modelled after the use of technologies in products and services such as Amazon.com, Pandora, Facebook, and Google.

Machine learning is not new to health care. One of the machine learning originators, IBM Watson technology, has become a household name. Until recently, many of the machine learning applications talked about for health care had been used to teach computing systems enough to be able to suggest a diagnosis on a specific disease. IBM took things further. It essentially sent Watson to medical school. IBM had Watson ingest large amounts of medical literature to learn everything physicians are taught about Member's conditions, and then taught it to make diagnoses. The experts that applied this knowledge to health care knew that more than 50 percent of what is considered clinically relevant is unstructured free text in the medical record.[1]

Traditional predictive analytics solutions use structured data such as historical claims, medications, lab results, and demographics to predict future utilizations. This information often suffers from different lag times, making it less relevant than real-time data. These tools have proven to be very useful, but we have learned that they are only as good as the algorithms they are built on and the data that is available to those algorithms. Unstructured data like case notes, health needs surveys, and social determinants hold a wealth of information that our industry has previously left untouched.

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[1] http://www.healthleadersmedia.com/technology/machine-learning-healthcare-takes-another-step?utm_source=Friends%20of%20Cyft&utm_campaign=9eaaec5a8c-Cyft%20Update%20Dec%202016%20%231&utm_medium=email&utm_term=0_1148fd982b-9eaaec5a8c-30647325

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Historical data such as claims has its shortcomings. First, utilizations are not always preventable. Secondly, studies have shown that only 50 percent of super utilizers remain super utilizers after seven months and 28 percent after one year. Understanding this is critically important to focusing resources on the Members that are effective, and present an opportunity for Health Colorado. As graphically illustrated in the chart below, a model relying only on historical information and cohort tracking over time will naturally show that costs by Member will decrease as individuals "regress to the norm" without any causative intervention from the RAE.

Population and Individual Level Analysis (May 1, 2011 – April 30, 2013)
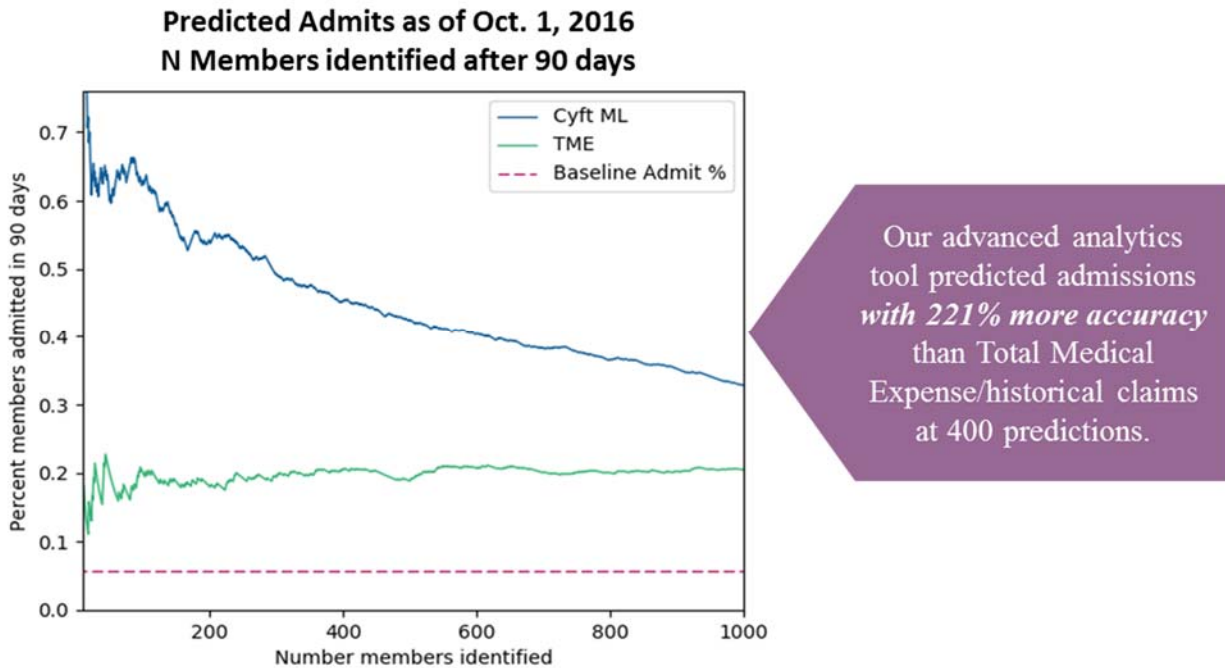### (Adult Super-utilizers in Denver County) [2]
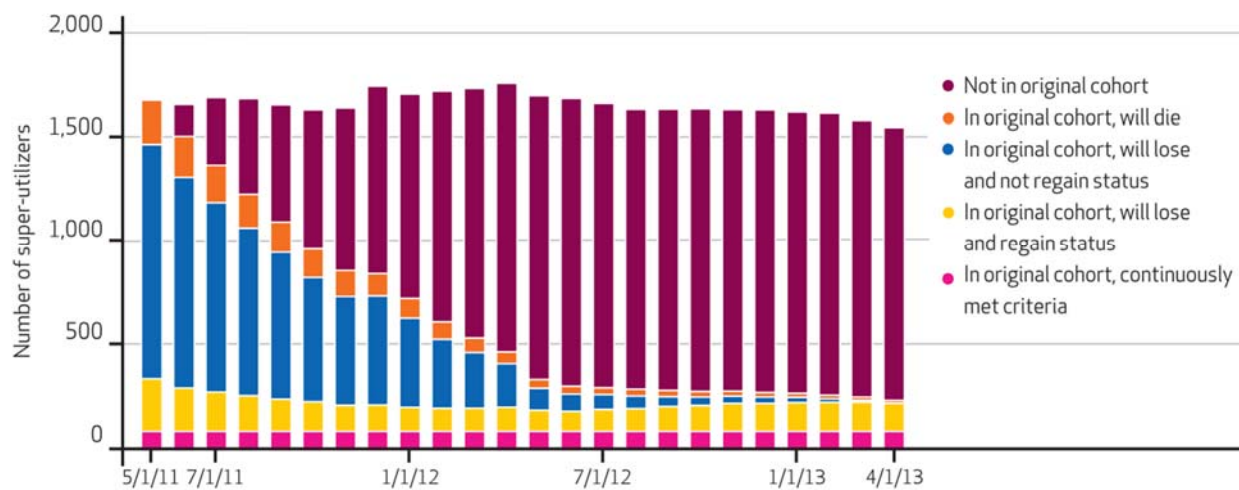
In addition, a select number of predetermined variables that are expected to be important meaning that selection is often influenced by intuition. With a machine learning tool, algorithms can consider millions of data points and find patterns without needing to be told where to look. To summarize, in machine learning the organization provides the tool with the question that needs to be answered, and then through an iterative process the tools learns what criteria are meaningful. For example, in order to prevent a re-admission a traditional model would look at reason for admission and date of discharge. Some models have also looked for other indicators such as level of care, acuity, chronic conditions, emergency department visits, and frailty to predict likelihood for re-admission. These predetermined variables are predictive, but miss other critical elements that are hypothesized to matter, or should be identified by the tool for their predictive power.

In the world of machine learning, Health Colorado will supervise the model and adapt it based on performance against KPIs, stakeholder and community input, and needs identified by providers and the Department. Our complimentary analytics will help us to create rank-ordered lists of Members to target for different care coordination interventions at the point of care or by the RAE directly and predict Members who are likely to experience events that we need to identify for our region before those predictions are available from the Department via BIDM or supplemental to them.

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[2] For Many Patients Who Use Large Amounts Of Health Care Services, The Need Is Intense Yet Temporary. Health Affairs, 34, no.8 (2015):1312-1319

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As an example of the predictive power from this advanced analytics tool users of the tool have been able to improve predictions of inpatient admissions by Members who are seriously mentally ill (SMI) by 221 percent over a standard total medical expenditure (TME) model, which is commonly used by regression analysis and neural network generations of predictive modelling tools in the market.

Our advanced analytics tool predicted admissions *with 221% more accuracy* than Total Medical Expense/historical claims at 400 predictions.

Precision Engagement and Care Coordination

Our advanced analytics tool will use new and highly descriptive sources of data from care management notes to the Health Needs Survey to health risk assessments to call center transcripts to identify exactly which Members need additional support from their provider, community, or care coordinators. This information and these models will augment the BIDM System's risk information, profiles and gaps in care to creation actionable lists of Members and their needs so that we can get in front of events before they occur. This information will flow to providers and care coordination teams in a variety of methods such as voicemail alerts, fax alerts, data exchanges and care coordination system alerts with secure email prompts so that provider and care coordination teams can:

- **Predict upcoming admissions** in very specific sub-populations and engagement Members before those admissions occur
- **Achieve better outcomes** by quickly identifying those most likely to benefit from your specific interventions such as medication regimen changes and medication compliance counseling and
- **Reduce medical costs** via preventable utilizations

Data Informed Quality and Performance Improvement

All quality and performance improvement activities are also data driven iterative processes that utilize all available data and reporting sources to guide program development, track progress,

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evaluate outcomes, and inform decisions about targeted interventions that positively impact Member care. Quality and performance improvement activities are based on a review of relevant data combined with anecdotal information from providers and care coordinators, knowledge of regional and sub-regional characteristics, and feedback from Members and other stakeholders.

Our quality and performance improvement staff analyze data regularly include the Department's generated reports, internal reports, and ad hoc reports to identify opportunities for improvement as well as areas where best practice principles can be shared across the region to help improve other partners' performance. Data will be reviewed regularly within the quality committee structure including the Regional Performance Improvement Activity Committee (PIAC) where Members, providers, outside agencies, and other stakeholders have an opportunity to provide feedback on performance, assist in troubleshooting problems identified in the data, and devise creative interventions to improve performance.

Quality and performance improvement activities that use data to improve Member care include multiple integrated projects across the region that are developed, implemented, monitored, tracked, and evaluated based on multiple data sources. Examples of actionable data regularly monitored to inform quality and performance improvement activities include:

- Identifying Members who have not had a well-child checkup and are engaged in behavioral health services with at least five visits in an eight-month period.
- Identifying Members who have both behavioral and physical health conditions and are experiencing some combination of: life transitions, multiple chronic conditions, emergency department utilization, hospital admissions/readmissions, high risk scores, high total cost of care, social determinants of health, and/or engagement with multiple systems.
- Tracking Members who are opioid dependent and/or suffer from chronic pain and are receiving specialized services through a pain management program.
- Maintaining Member registries to ensure special populations or Members with special needs are identified and receive care coordination support.
- Behavioral health performance measures, including:
  - **Outpatient Performance Measures –** Real-time reporting tools identify clients who are not engaging in needed outpatient supports. The tools allow for notification to providers when clients are approaching certain milestones, which allows for proactive engagement strategies to be executed.
  - **Hospital Discharge Performance Measures –** All crisis evaluation information and placement information is recorded in the provider EHR, allowing coordination from the time of admission until discharge.
  - **IPN utilization –** Utilization is tracked monthly to determine gaps in service and identify areas where more targeted interventions are needed, as well as identification of needs for enhanced or new programming within the CMHC regarding inpatient, residential, substance use disorder, and outpatient services to ensure adequate access and care coordination.

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The following quality, executive, and strategic analytics are prepared and reviewed monthly:

- **Quality:** We review Member outcome and assessment data (e.g., CCAR, CHPY4, PHQ, Member satisfaction, AUDIT, DAST). For example, using the AUDIT and DAST scores help determine if a Member needs substance use disorder services and then track whether these services were referred/provided. When gaps are identified, we develop intervention strategies.
- **Executive:** Data included in this category provides overall information on organizational health, including penetration, budgeting (i.e., unit cost and Relative Value Unit), adjudication, staffing levels, and other HR-related information, Members served, diagnosis information.
- **Strategic Goals:** Goals are tracked to ensure forward progress, including meaningful access to therapy and medical and crisis systems with a specific focus on priority populations (e.g., Hispanics, older adults, developmentally disabled, homeless) to increase access to address health disparities.
- **Crisis Utilization Data:** Data is tracked and reported in real time using an outward facing, Web-based dashboard. Southern Colorado Crisis Connection (SCCC) services are reported monthly, quarterly and annually. Reported metrics include timely response for mobile services, walk in services, respite and crisis stabilization units, pre/post suicidality ideation measures, recidivism, and Member satisfaction among others. Data is reported by age groups, recidivism, and other demographic breakouts.

These activities are not limited to provider interventions. As the RAE, Health Colorado believes Members also need and can benefit from actionable information. To meet this need across the region and to serve our Members that live in urban, rural, and frontiers areas, we will deploy a Member engagement toolset that allows us to offer targeted bi-directional campaigns around prenatal care, smoking cessation, adult and child prevention, wellness, and diabetes. These text-based programs, which are described in more detail in our response to *Offeror's Response 9* and *Offeror's Response 15*, are augmented with our care management platform that will be loaded with actionable analytics from BIDM, our advanced analytics tool, and other information gathered from interactions with providers and Members. This information will be documented in our CONNECTS system and data warehouse to deliver real-time actionable messages to Members for flu shot reminders during flu season, preventative care appointment setting, appointment reminders where providers do not have such technology in place, and other actionable and important events and notifications related to care for a specific Member or the Member's cohort.

Care Coordination Tool (CareConnect)

Our Care Coordination program is supported by an actionable analytics infrastructure that uses multiple sources of data and information including Colorado interChange, BIDM, internal data warehouses, BHO claims, COHRIO, Health Colorado's advanced analytics tool, and statistical methods. When these data sources are combined, they provide sufficient information for care coordinators to devise appropriate outreach and interventions tailored to the Member. Health Colorado will maintain and make available an electronic care coordination tool, CareConnect, to support communication and coordination among network providers and the Health Neighborhood.

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CareConnect provides clear, actionable information to providers and care coordinators. The CareConnect application is designed to reduce the administrative burden imposed on providers and Care Coordinators by providing a platform to gather objective clinical data. Data extracts from the CareConnect will be provided to the Department when requested. Several formats of the data can be provided depending on the Department's needs.

CareConnect is the clinical heart of our care management program, offering Health Colorado staff and providers an enterprise-wide collaborative treatment planning and behavioral health record environment. Accessible 24 hours a day, seven days a week by the clinical team, this system enables clinicians to identify, authorize and manage the delivery of the most appropriate, high quality mental health and substance use disorder services for Members—from the initial point of entry through discharge. CareConnect is used for the following processes:

- Creating referrals (i.e., routine, urgent, and emergency)
- Completing and tracking requests for service authorizations
- Performing medication management, inpatient/higher levels of care reviews, and second level reviews
- Managing discharge information and reviews
- Coordinating after-care and follow-up care

Many evidence-based, best practices clinical assessments are embedded in CareConnect and available for use with Members based on identified need. Assessments can be tailored to the specific needs of the ACC Program. An example of some of the assessments embedded in CareConnect include:

- SF-12v2 Health Survey
- Mini-Mental Health/Substance Abuse Assessment (Mini MHSA)
  Patient Health Questionnaire 9-Item Depression Scale (PHQ-9)
- Generalized Anxiety Disorder 7-Item Scale (GAD-7)
- Alcohol Use Disorders Identification Test (AUDIT)
- Child and Adolescent Needs and Strengths Assessment (CANS)
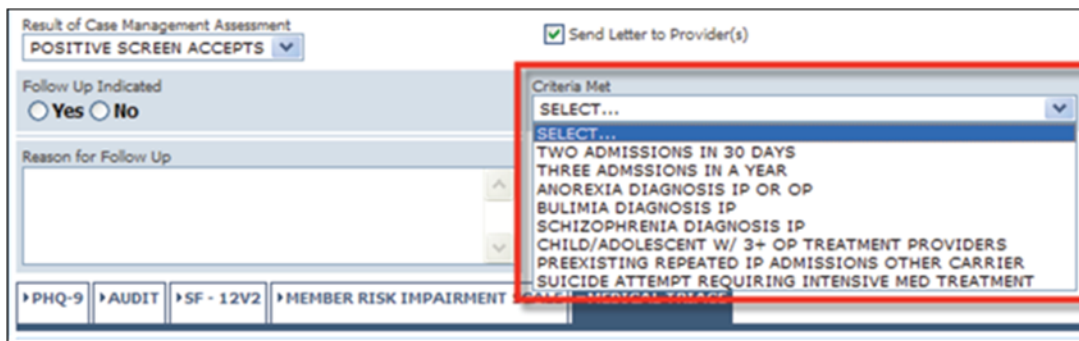
Intensive Case Management Module
CareConnect includes an Intensive Care Management (ICM) program. Comprehensive ICM Treatment Plans are integrated into CareConnect using the same platform as our authorization/utilization management program. The ICM program was built in CareConnect taking the following goals into consideration:

- Balances different documentation styles including rapid entry via point and click selection of high-frequency response items plus customized narrative notes as needed
- Care management/care coordination documentation system based on industry best-practice workflows
- Data capture fields designed to support mandated reporting requirements and program outcomes
- Integrated health (i.e., physical and behavioral health) focus incorporated throughout
- Links to Achieve Solution health education modules

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- Logic incorporated wherever possible to provide decision support and minimize redundant duplication of information
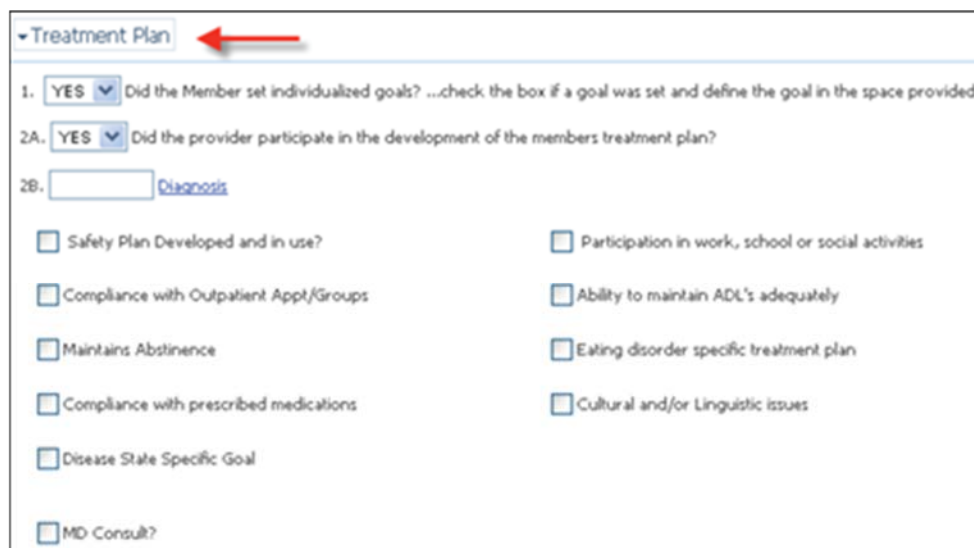- Supports NCQA and URAC accreditation requirements

ICM program screens in CareConnect include an assessment process and an ICM referral process. These two processes allow for tracking and trending on the types of ICM referrals received and the risk factors associated with the ICM criteria. The ICM Referral Criteria Screenshot below shows the criteria met for the ICM referral based on the contract, and the indicator/electronic trigger to send a letter to the provider to notify the provider of the ICM assignment. These criteria will be customized for Colorado's ACC Program.

ICM Referral Criteria in CareConnect

Once the ICM assignment is made, providers can submit treatment plans, authorization requests, and Wellness Recovery Action Plan® (WRAP®) or recovery/crisis plans in the same system. Member treatment needs are coordinated with all involved parties including providers and others as designated by the Member either by phone or in person at treatment/discharge planning meetings. Once the Member is identified as an ICM participant, a flag is created in the system, improving communication and coordination of care. We have provided a screenshot from our ICM Treatment Plan below.

ICM Treatment Plan in CareConnect

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The Acuity Assessment tab, shown below, in the ICM module enables the clinician to complete, score, and save an acuity assessment for the Member. The system automatically determines and displays a tier placement recommendation on the Tier Placement/Stratification Tab for the Member based on the acuity assessment. The clinician can, however, override the system recommendation. Administrative users can maintain tier placement/stratification reference information used by the ICM Tier Placement function.

Acuity Assessment and Tier Placement/Stratification

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Examples of Actionable Data Driving Care Coordination Interventions

Examples of data and reports available to care coordinators that drives care coordination outreach and intervention to improve Member care include:

- Identification of children with a primary diagnosis of asthma who have high emergency department utilization. As part of the report that identifies these children, numerous other data elements are included, such as:
  - Condition descriptions (e.g., simple chronic, complex chronic)
  - Inpatient/outpatient/professional and pharmacy costs
  - Total cost of care
  - Risk weights
  - Inpatient admissions and readmissions
  - Emergency department utilization
  - Potentially preventable admissions, visits, and emergency department use
  - Prescription refill information
  - BHO involvement
  - Completed well-child check and are attributed

  This level of detail creates an actionable description of the Member's status to inform care coordination interventions. In addition, we also look specifically at prescription refill rates for control medications versus rescue inhalers relative to emergency department visit dates and PCMP visit dates.

  > *We find that parents are more likely to refill rescue inhalers regularly than control medication. When the dates of emergency department visits versus refill dates are compared, a pattern emerges that parents are likely not giving the child the control medications, run out of the rescue inhaler, and end up in the emergency department. Another issue in this dynamic is that PCMPs repeatedly phone in refills for the rescue inhalers without requiring the parents to bring the children in for check-ups. There is an unsettling pattern of children with chronic conditions like asthma getting rescue inhalers phoned in with no face-to-face medical assessment, including a well-child check. Children with chronic conditions should at the very least receive annual well-child check. We also find that children with chronic conditions who see their pediatrician regularly, sometimes monthly, still go with no well-child checks, which still has a negative impact on the KPI.*

- Reports that identify children in foster care, attribution status, who their PCMP is, who the Care Coordination Entity is, the date of their last PCMP visit, and if they have had a well-child check in the past year are important for tracking this population and ensuring outreach to a particularly vulnerable group of our Members. As an example of the importance of this analysis, children in foster care usually run about a 15 to 20 percent well-child check rate versus the general Medicaid population rate of 40 to 50 percent. This necessitates closer tracking and engagement of this population.
- Reports that identify chronic conditions by counties and then by ZIP codes help ensure the best population health management interventions are employed for each geographical sub-region.
- Real-time data from CareConnect to track referrals to ensure engagement of services.

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- Use of encounter and diagnosis data to monitor expected utilization within diagnosis areas to determine if services delivered are within expected parameters.
- Sophisticated outlier management to identify under-utilization of less expensive services and over utilization of higher cost services (e.g., emergency department, inpatient). Reports focus on identification of Members needing specific engagement strategies across service providers.

External Data Sources

External data also informs staff about sub-regional needs and differences so that initiatives, projects and programs can be developed with very targeted interventions and expected outcomes that support the specific geographical or population health segment.

Examples of external data used to help guide decisions at a sub-regional level includes The Chaffee County Health Assessment conducted and published by the Chaffee County Department of Public Health. The report includes useful aggregate information such as: age, gender, race, income, housing, health factors, health indicators, barriers to health care, oral health, obesity, prenatal care, smoking, mental health, cancer screenings, chronic disease management, as well as identifies community strengths that can be leveraged in addressing needs.

The Robert Wood Johnson Foundation County Ranking Report also provides valuable data for understanding medical and non-medical issues that are regional specific, such as: mental health, smoking, obesity, low birth weight, preventable hospitalizations, mammography screenings, diabetes screenings, and social determinants such as education, employment, income inequality, housing, drug/alcohol use, access to care and quality of care.

External data sources such as County Public Health Department reports and the Robert Wood Johnson Foundation Rankings are helpful in directing attention to specific issues in areas of the region. This leads to more efficient use of internal data and reporting resources. For example, housing appears on both the Chaffee County Assessment and the RWJ report as a significant social factor in the wellbeing of our population. Therefore, we have invested resources, time and attention to participating in the Chaffee County Housing Coalition. When external sources are combined with Department's data, internal data, and a robust reporting capability, a repository of actionable information is created that is indispensable for managing and administering the Regional Accountable Entity in a way that provides the most benefit for our Members.

Reporting

Health Colorado reporting capabilities enable us to not only identify and understand cost drivers at the regional level, but allows the flexibility to drill down to the provider/care coordinator and Member levels as well to determine the best interventions and approaches to support our Members. We identify under-utilization patterns indicating the need for Member outreach and engagement with a PCMP and Health Neighborhood to receive preventative care to avoid costlier health issues in the future. Reports on changes in Member acuity or utilization identify possible gaps in care to be addressed by the care coordinator.

Through our Population Health Management Plan, we monitor changes and variations in Members' health, as well as medical and non-medical transitions that could impact their well-

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being. KPI reports identify trends as well as performance issues at the practice level. When performance issues are identified, Quality, Provider Relations, and Care Coordination staff work with the practice to trouble shoot and devise solutions. For example: poor performance on the postpartum KPI was isolated to two large regional providers who did not realize they were not billing correctly for postpartum services. Provider Relations staff assisted with redesigning business office workflows to ensure proper billing procedures.

Quality provides onsite training for partners/providers/care coordination staff in accessing and utilizing data to improve efficiency and performance. For example, care coordinators were taught how to use well-child check KPI data to identify specific children who had not have a Well Child Check, and have chronic conditions for which they regularly receive medical care. These children should be easier to get in for well-child checks because they are already engaged with the health care system.

Dashboards

Health Colorado uses dashboards to display an extensive amount of data from multiple sources to monitor that we meet the goals of the Accountable Care Collaborative. Dashboards provide data for trending by location and program. The data is used to measure achievement of goals and identify outliers and negative trends.

Health Colorado has developed a dashboard that tracks enrollment data, KPIs and trends, call center stats, utilization management costs, average population Clinical Risk Groups (CRG), Diagnostic Cost Groups (DCG), inpatient, outpatient and pharmacy costs, admissions, emergency department visits, and behavioral health and substance use disorder utilization. The dashboard provides a high-level view of performance, population health, and utilization. From this dashboard, further information can be distilled by drilling down to practice level and then Member level.

Program dashboards are also utilized to track new programs through startup to ensure program goals are achieved. Drill down activities are conducted when negative trending is identified related to:

- No show rates
- Service delivery encounters
- Penetration data
- Diagnosis

- Engagement rates
- Budget
- Service mix

SHARING DATA WITH NETWORK PROVIDERS

Once data are gathered, analyzed and integrated into our systems, they are available for reporting and further analysis. We will separate reporting activity from operational activities using a Data Warehouse and various data marts. The separation of these activities allows for reporting and analyzing work without impeding such operations as authorizing services, paying claims, and processing eligibility.

An example of an innovative online reporting method is illustrated on the following page. These dashboards provide us with an easy mechanism for accessing and viewing a variety of relevant

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data including penetration rates, eligibility demographics, utilization reports, and fiscal and statistical reports.

Example Online Dashboards
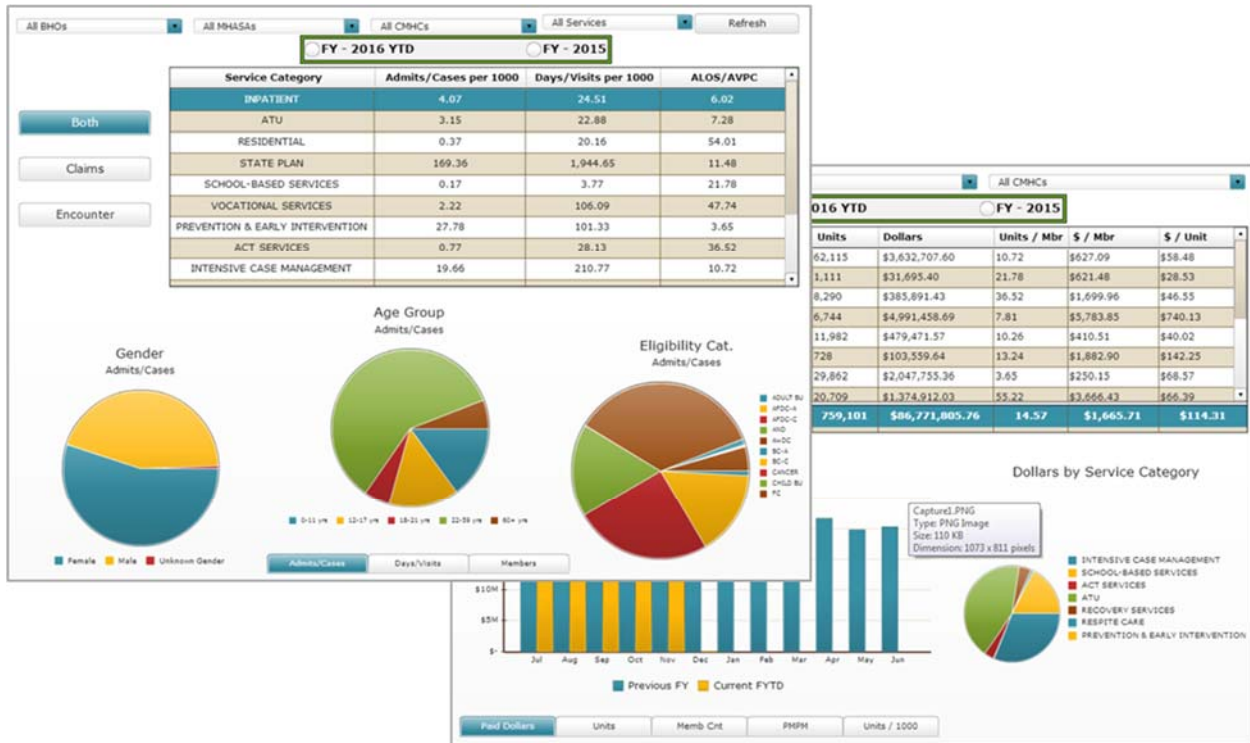
Health Colorado will maintain both a Microsoft SQL Server (local) as well as an Oracle Server (11g) (national). This allows for redundancy in our data storage to ensure that data is always available in the event of system maintenance or other issues. Data from our CONNECTS and other systems are stored as standardized data in a relational database system which allows for data from external sources to be integrated in to the models to enhance reporting capabilities.

We will use a full, state of the art, SAP Business Objects and Business Intelligence Platform which allows us to provide cutting-edge business intelligence. Our Business Objects enterprise server (IntelligenceConnect) will allow us to fully automate production reports and controls granting role driven and row level security access to end users of various applications designed to facilitate on-demand access and manipulation of data. One example of this is our Daily Census reports which uses Crystal Reports to automatically comb our data system to identify Members who are currently authorized for any higher levels or behavioral health treatment. A list of Members and details are sent via secure and encrypted email to the specific discharge planners and care coordinators assigned to work on those Member's cases. Additionally, an automated report showing any discharges from inpatient treatment is sent to targeted staff to help ensure that follow up occurs quickly post discharge.

External network providers and partners can securely log into our Intelligence Connect system to access SAP Web Intelligence (WebI) reports. WebI is a simple to use reporting tool to produce reports using a web browser. Network providers and partners can carry out analysis as well as

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produce formatted reports and export the results in Microsoft Excel or PDF formats. The data they see is driven by their log in User ID which restricts the data returned to only those Members they are associated with and for which they have permissions based upon HIPPA and 42 CFR Part 2 requirements. SAP Dashboards also allow for the ability to share information, analytics and trending on a more aggregate level for identified metrics and measures. Dashboards can be used to track metrics, issue alerts about changes in conditions, and help users analyze current information, trends, or anomalies, at a glance.

PRIVACY REGULATIONS

Health Colorado organizational partners have implemented comprehensive controls to ensure they meet all federal and state regulations and policies regarding standards for privacy, security, electronic health care transaction, and individually identifiable health information. These comprehensive controls, as described below, will provide the foundation for the privacy and security controls implemented by Health Colorado.

We will maintain a confidentiality program designed to ensure the integrity and confidentiality of protected health information and sensitive data is maintained in accordance with federal and state laws and regulations. In addition to physical security and the protection of Member data, we will hold organizational information gained through our working partnership in strict confidence, including policies, internal documents, client financial information and other proprietary information.

Health Colorado will maintain a series of policies and procedures addressing Member rights and our obligations under HIPAA, HITECH (including the final rule) and 42 C.F.R. Part 2. All Health Colorado and our partners' employees will be required to complete HIPAA Privacy and Security training and successfully complete post testing, within 90-days of hire and annually thereafter.

In addition to having access to our National Privacy Officer, we will also designate a local Compliance Officer responsible for overseeing compliance with federal and state specific privacy requirements. Privacy Leads will also ensure client specific requirements are met, such as utilization of client specific forms.

If a Health Colorado or our partners' staff member or consultant were to become aware that an improper disclosure of Protected Health Information (PHI) or Personally Identifiable Information (PII) has taken place, they are trained to immediately attempt to secure the return or destruction of the improperly disclosed PHI/PII from the party who is in possession of the PHI/PII and notify the Privacy Lead. The matter would then be thoroughly investigated to determine the cause of the incident and a risk assessment would be conducted to evaluate the possible impact on the individual(s), on operations and the Member. If a privacy breach were to be determined to be a result of actions by our staff or consultants, appropriate management personnel would submit a corrective action plan to our Chief Compliance Officer. The plan is designed to prevent similar occurrences in the future.

If we were to find a privacy breach that was the result of actions by a Health Colorado business associate, the Privacy Lead, or a designee, would document the breach and request in writing that

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the Business Associate provide a corrective action plan to ensure that similar breaches do not occur in the future. The Business Associate would also be notified in writing that a pattern of breaches may lead to terminating the contractual relationship between Health Colorado and the Business Associate. Further action may include reporting the Business Associate to the Secretary of Health and Human Services.

In situations where Health Colorado is a Business Associate of a covered entity, we would inform the covered entity of the privacy breach or violation as required by the terms of the written Business Associate Agreement.

We will require the protection of the confidentiality and integrity of data. We will constantly monitor all government legislative activity to ensure the organization is aware of any new developing requirements and to ensure compliance with all applicable laws and regulations. Health Colorado will ensure that the integrity and confidentiality of all data is in accordance with specific State and Federal laws and regulations such as the Privacy Act, Drug Abuse Act, and Member confidentiality restrictions.

Security Management

The Information Technology Security Officer (ITSO) and or his/her formally designated alternate control security policy and procedures. A formal request for computer access must be submitted via Security Connect and approved before a user can access any system. Each request must be approved and signed by the user's manager. Access to information systems is determined on a need to know basis and is compartmentalized by job category. Access granted is limited to predefined system platforms (hardware/software), application software, screens, programs, files, and data. The ITSO reviews each request for compliance with submission requirements and authority level. If approved, security is set up for the user. The ITSO is the final approving authority. The Human Resource Department notifies the ITSO when an employee terminates and the ITSO initiates action to immediately disable the user's security accesses to all systems.

Physical Access Control

Visitor access to our facilities during business hours is directed through a receptionist. Logs are maintained to record the entrance and departure of visitors. Access after-hours is based on predetermined work requirements and is authorized at the management level. Proximity locks control entry to the office areas, telecommunication equipment, and computer systems.

Network Access Control

Health Colorado will have two levels of access are assigned at the terminal level: 1) security access via the local area network (facilities in Windows NT), and 2) security accesses to the CONNECTS System (UNIX and OS/400 level security). Each staff has a confidential password. We will automatically terminate system access to anyone with a login that has not been used for 45 days. The system prompts users, in addition, to change passwords every eight weeks.

If there are any unauthorized attempts to access the system, these are recorded and followed up on immediately. The system administrator is alerted by the system of the location of an unsuccessful login. This could be an attempt to login using a legitimate or illegitimate ID.

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Access to files is restricted by a security system that allows staff to access only specific programs based on their job function. Further, system users do not have access to data files except through these controlled programs.

Application Security Control

With regard to the CONNECTS system, each staff member's access to the system is designed to accommodate his/her personal job functions. We limit access to different functional areas of the system depending upon job classification. Access to information is also divided into inquiry only or update, which allows certain staff to view pieces of information without the capability to change data. A finite list of security levels is defined for each function and authorized by department managers and all activity against clinical information is logged in an audit trail file. Furthermore, specific departments have a third level of internal security to limit the extent to which certain functions (e.g., claims adjudication) may be restricted. For example, claims processors can pay claims, but cannot build Member or provider files from the system. Claims processors can also view the provider and eligibility files, but cannot update these files.

Virtual Private Network and Email Encryption

Remote access to our information systems and productivity applications such as email is secured using an encrypted Virtual Private Network tunnel during the network session. For email communications, we will use ZixMail secure email plug-in for Microsoft Outlook to encrypt and password protect PHI and sensitive data. With ZixMail, clients, Members, providers, and business partners can safely and securely exchange data over the internet.

Disaster Recovery and IT Business Continuity

Health Colorado will maintain and execute a Disaster Recovery or "IT Business Continuity" plan that offers the best continuity plan in the health care industry. The continuity plan reflects our commitment to ensure compliance of IT requirements in the event of a disaster, which interrupts normal business and IT operations. As described below, we will perform the traditional daily backups to tape and storage offsite methodology as a precautionary measure.

We will perform the traditional daily system backups on all servers to ensure that the content of all production systems can be recovered in the event of a disaster. These backups are performed on both host and local area network systems. Software and production data files are copied to tape. A verification and audit program is then used to confirm that the system backup tapes are complete and accurate. Copies of the tapes are then created and stored off-site. In the event of a physical disaster, the backup tapes that are stored off-site can be used to recover and reload the production systems. System backup tapes are rotated regularly to ensure physical integrity of the tapes and to minimize tape parity error problems. This traditional backup approach provides a fail-safe for all Health Colorado's data and programs to ensure business continuity.

As the Administrative Services Organization responsible for the CONNECTS system, Beacon's National Data Center, located in Reston, Virginia, houses the IBM i840 production server and supporting hardware. A backup power generator provides backup power to the data center in the event of a power outage. If the building's power generator detects a power outage, the entire building will be back up within minutes. Our computer rooms will be also supported with additional uninterruptible power supplies to continue operations while the building backup

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power generator is activated. This procedure ensures a continuity of processing during a local power failure.

Beacon's disaster recovery "Hot Site" is located in Boulder, Colorado, which has identical hardware and software as act as a backup facility in case of a contingency. This backup site is tested annually to ensure full recovery. In the event of a physical disaster at Beacon's National Data Center, personnel will work from alternate work locations at one of the Beacon's Engagement Centers located in Maryland and/or Virginia and/or work from home until the disaster is over. All calls during a disaster/contingency plan are routed to the backup sites based on established telecommunication contingency protocols.

Beacon's National Data Center operates on a 24/7 support schedule. The Data Center was designed to maintain the security and availability of the CONNECTS system by employing the following:

- Lightning protection throughout the perimeter, rooftop, and electrical and mechanical support infrastructure
- 24-hour physical security monitors all cameras, door positions, and badge access areas
- Redundant off-site monitoring of all security systems
- Cameras at each doorway and pan-tilt-zooms throughout the exterior of the facility
- Access to the Data Center requires authentication using pictured role based swipe cards
- 30-inch raised floor rated to support 1,200 pounds per square foot
- Conditioned air is supplied via the raised floor
- Masonry and steel construction, with hurricane wind-rated roof
- Leak detection systems throughout the Data Center and air handlers
- Grounding system throughout the datacenter to provide connections to the raised floor, posts, cages, and cabinets
- Power distribution consists of an A and B side methodology; Each side of the power infrastructure has the capacity to support data center load in the event of failure
- 500 Kw diesel generators are regularly tested for added protection
- Generator run time with refueling (currently more than 24 hours of continuous operation without refueling with current load) locked within a sound-attenuated enclosure with guaranteed fuel supply from Foster Fuel (under retainer)
- Critical functions are remotely monitored within Data Center
- A minimum of N+1 configuration at the Computer Room Air Conditioner (CRAC) level and 2N at the back end chiller and cooling tower level for HVAC
- CRAC units maintain temperature and humidity within four degrees and 5 percent of temperature and humidity set points
- Moisture containment basins and sensors help ensure no moisture enters the Data Center
- Separate and further redundant cooling systems for critical support areas
- Card access control throughout facility

In the case of a disruption in the Engagement Center, the primary automatic telephone back-up center and the second automatic phone backup Center will provide support. All calls would be automatically rerouted to the backup Engagement Center. Personnel in the backup Engagement Center are trained to serve Members and have controlled access to the client's data.

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OFFEROR'S RESPONSE 22

Describe the Offeror's data management system, including the structure, claims processing system, export capability, and ability to integrate with other systems such as the Colorado interChange and BIDM System. Include a system architecture diagram.

Health Colorado, Inc. (Health Colorado) leverages the complimentary experience and expertise of our partner organizations and blends the best attributes of local, regional, and national organizations to better serve Colorado's Medicaid members in Region 4. Health Colorado will leverage the existing data management system of its partner organizations to successfully operate the Accountable Care Collaborative 2.0 (ACC 2.0) Program. This claims system is wholly-owned and operated by Health Colorado's partner, Beacon Health Options, Inc. (Beacon), and used nationally to process more than 22 million claims per year.

> *Our claims system processes 22 million behavioral health claims per year.*

DATA MANAGEMENT SYSTEM AND STRUCTURE

Health Colorado will use our existing enterprise data management system, called CONNECTS, which consists of several layers of fully integrated applications operated by our partner organization, Beacon. This single platform seamlessly interfaces with multiple applications that fully integrate claims, payment, clinical, and member-related data. These systems are currently integrated with the Colorado interChange, 834 eligibility processing, and 837 claim submissions to the interChange. The CONNECTS system is the front door to data entry and processing for internal staff and external customers such as providers and Members is illustrated below.
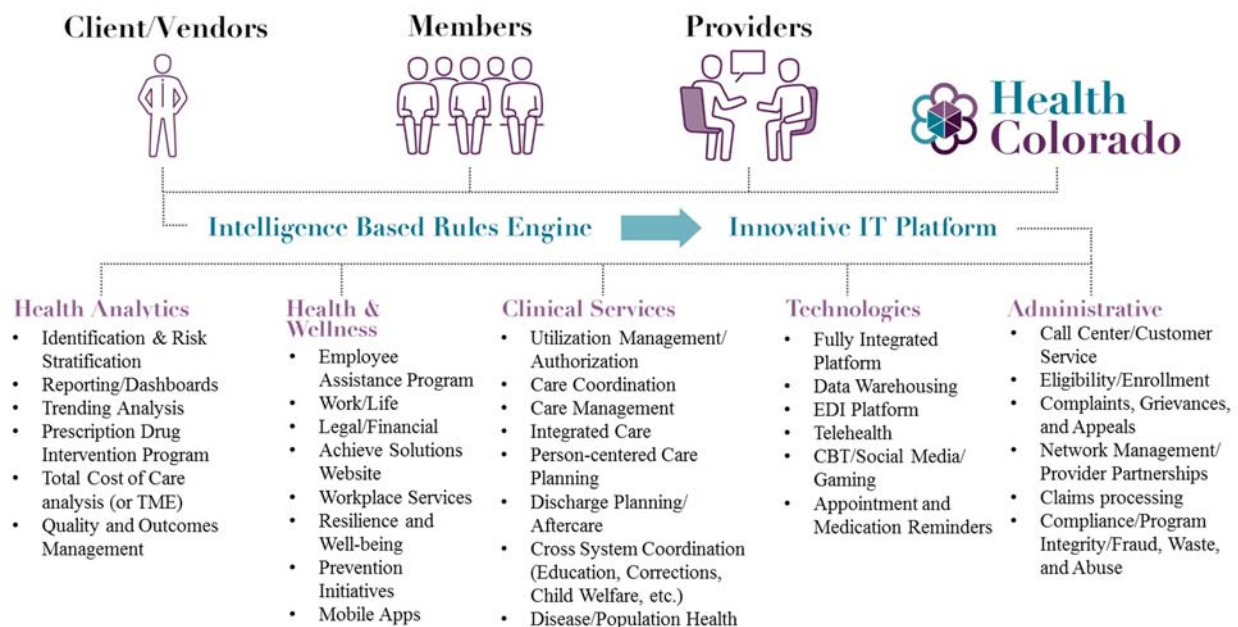
National Data Warehouse: KnowledgeConnect

Our national data warehouse receives imports from the CONNECTS platform and other external data sources to create a data repository that is used for reporting and analytics purposes. All data

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is normalized, formatted, and then stored as standardized data in our Oracle relational database system. Our data warehouse was created to provide the ability to combine data from internal and external sources (e.g., Colorado interChange) into data models that can be used for efficient and relational enhanced analytics and reporting capabilities. These data models are used as the foundation for report generation, statistical analysis, decision support, and outcomes management.

The CONNECTS platform includes extensive reporting capabilities. KnowledgeConnect, our data warehouse, receives daily imports from the CONNECTS applications for reporting purposes. This data is formatted and stored as standard data into a relational database system. Reports generated from this data are used to track and monitor pended claims. These systems generated reports provides the claims management team with the ability to measure claims activity on a day basis. This includes claims volume, pended claims, denied claims, processing time, etc. are. The reporting capabilities for pended claims (by processor, by client) assist the management team in performing concentrated follow-up routines to ensure prompt resolution of the claim issue.

The data warehouse currently runs on an IBM® p7 740® server utilizing an AIX 7.x ® UNIX® system and an Oracle 11g® database. It is specifically configured to support our full-line of business and the unique reporting needs of each reporting area and each Member. The graphic below illustrates the imports of our data warehouse, KnowledgeConnect.
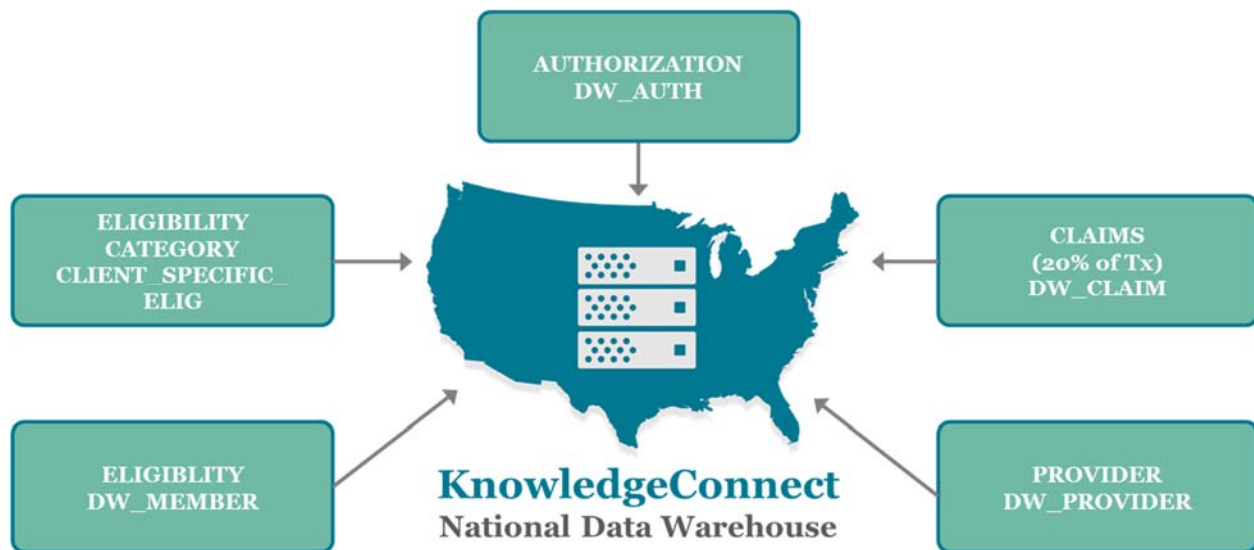
Colorado Local Data Warehouse
Data is propagated from KnowledgeConnect to our local Colorado data warehouse on a weekly basis, with row-count and parity checks between each system in the architecture, for every table sent. To meet our specific Regional Accountable Entity (RAE) RAE duties and business needs, some select data sets are transmitted daily, increasing our ability to manage data outliers (e.g., daily census). Data from the Colorado interChange and Business Intelligence and Data Management (BIDM) System is also loaded into the Colorado data warehouse through automated processes. These automated processes check hourly for 820 Payroll, 834 Daily Roster,

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834 Monthly Roster, and 837 Response Files. The graphic on the following page illustrates the data imports into the local Colorado data warehouse.

Types of Data Imported into the Local Data Warehouse

CAPITATION PAYMENTS

ENCOUNTERS FROM CMHC (80% Of Tx)

MEDICAL DATA

JAIL DATA

BIDM DATA SCRAPED FROM WEB PORTAL

Colorado Data Warehouse

PHARMACY DATA

ENROLLMENT DATA

CORRECTIONS TO ELIGIBILITY FOR MEDICAID EXPANSION FROM EMAILED EXCEL FILES

RESIDENTIAL DATA FOR FOSTER CARE YOUTH FROM EMAILED EXCEL FILES

STATE HOSPITAL DATA FOR 21-65 YEAR OLDS FROM EMAILED EXCEL FILES

Onsite Systems Expertise for Partners, Providers, and the Department
Each tier of the architecture is under the supervision of onsite staff, which include:

- Business Analysts
- Database Administrators
- Data Warehouse Administrators
- Reporting Programmer/Analysts
- Data Modelers

Automated Error Detection and Notification
Quality checks have been automated with real-time error notification, allowing staff to respond to errors as they occur and before data users access the data. Currently, notifications are sent via email to multiple resources to ensure that our on-call support always has adequate coverage.

Web-Based Data Dictionaries and Entity-Relationship Diagrams (ERDs)
Over the past several years, we developed and have refined an interactive, Web-based data dictionary to assist reporting analysts in finding out how data objects may be used to create reports and what data elements are contained within them. The data dictionary includes field-

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level information as well as ERDs and functional area groupings. These tools not only help in report creation and documentation, but they are also instrumental in the training of new users by showing them the data elements, what they mean, and how they relate to other data elements.

Use of SAP Business Objects and Business Intelligence Tools

State-of-the-art business analytic tools are available to our staff to allow non-technical business users to explore vast amounts of data, look for outliers, and produce charts and graphs all without the help of IT staff. The result of this investment is that business owners can easily detect outliers, implement policy to correct the outliers, and then measure the outcome/impact of the policy change on the next data refresh cycle. Additionally, when report requests do require the assistance of IT staff, the report requestors are more prepared with requirements which results in quicker turnaround times on the delivery of reports.

CLAIMS PROCESSING SYSTEM: CLAIMSCONNECT
Processing Claims for the Independent Provider Network (IPN)

Health Colorado will use ClaimsConnect as our claims processing system. Health Colorado's partner, Beacon, processes more than 22 million behavioral health claims a year via ClaimsConnect, which is one of the most robust managed care systems in the industry. In Colorado, we estimate that we will process nearly 360,000 claims in 2017; thus far, we have processed 29,900 claims per month for the first six months of 2017. ClaimsConnect provides an architecture that leverages both integration and automation, in addition to being fully integrated with the suite of CONNECTS software systems and technologies. Through the experience of our partner, Health Colorado will be ready to begin processing claims on **Day 1** of the contract.

> *The CONNECTS platform unifies all functions to ensure claims processing and payment is consistent with participation requirements, including benefit design, claims, eligibility, care management, financial management, provider maintenance, customer inquiries, reporting and others. Because all functions are performed within the CONNECTS system, updates are immediately available to all service and functional areas.*

ClaimsConnect supports all claims processes involving claims entry, adjudication, payment, and reporting. All provider fee schedules, hospital per diems (contracted rates), and client benefit plans are maintained online. Automatic claim suspension routines are also performed for those claims that require further examination. These include duplicate claim submission, coordination of benefits, eligibility discrepancies, and authorization edits. Authorizations are used for limiting and/or controlling provider access. Utilization review capabilities are also included to enable the connection between the claim being processed and authorizations in the system. The decision as to whether a claim requires an authorization for payment is part of the benefit set-up logic.

Additional features found in the claims processing subsystem include:

- Online authorization/adjudication capabilities
- Efficient CMS 1500 and UB04 forms screen entry formats for high volume processing
- Specific/generic service authorization capabilities
- Automatic matching of claim activity to outstanding authorizations

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- User-defined processing edits
- Online/batch claims adjudication capabilities
- Follow-up capabilities for claims and authorizations
- Split payment and member reimbursement capability

Claims Submission

ClaimsConnect supports both paper and electronic claim submission. Regardless of how the claim is submitted, we require industry standard CPT codes, HCPCs codes, and ICD-10 and revenue codes. The billing procedure codes specified in the Uniform Service Coding Standards Manual are loaded into a database and are used in helping process claims. Failure to submit the claims using the appropriate codes can result in the claim being denied, resulting in resubmission of the claim with the appropriate information.

Paper claims are scanned, allowing creation of a digital version. Claims submitted electronically and paper claims manually keyed or converted into an electronic format during our scanning process are systematically loaded into the CONNECTS system and then processed automatically applying all systematic edits, including the client-specific benefit requirements.

Electronic Claims. Health Colorado is committed to helping our providers manage their administrative functions more efficiently. We will have implemented and will continue to make electronic claims submission a viable option for all providers and accept HIPAA standard 837 formatted files from any provider's software application or third party vendor. Alternatively, providers without electronic claims software can submit via our Web-based Direct Claims Submission. The application is very easy-to-use and provides immediate validation results. Providers who wish to create batch files may also use our free software that can be downloaded to their desktops directly from our website.

To set up this easy-to-use and convenient electronic process, providers obtain a User ID and password from our EDI Help Desk. All electronic batch claims files submitted to us with a valid User ID are submitted through our Electronic Transport System (ETS), FileConnect. FileConnect is a communication system designed for the interchange of electronic data files between subcontracted providers, clients, business partners, or associates. We configure FileConnect for each new provider so that it will to process electronic claims records automatically and seamlessly with our claims processing component of the CONNECTS platform.

FileConnect is the system that will accept electronic claims from providers who choose to use our Electronic ClaimsConnect or their own already established practice management systems to create and submit electronic claims. FileConnect sends electronic files to participating providers, clients, or other business partners or associates. It also includes provisions for file and format verification, enables prompt addition of new file types, and provides notification of file validation results (whether the file was successfully processed or not) via the Internet. FileConnect allows for desktop retrieval of processing results via an Intranet server using any Web browser and Internet Service Provider.

Electronic claims are subject to various audits ensuring that all electronic submission requirements are satisfied. These include verification and validation of data fields such as

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member identification number, date of birth, service from and through date, service code, number of units, place of service, amount charged, and diagnosis code. Additional editing and validation requirements occur once the claim is uploaded into the claims processing module of the CONNECTS platform.

Claims Entry/Upload. All claims, regardless of the submission method, are processed against the same business rules for our Health Colorado RAE program. Claims that are uploaded into ClaimsConnect are processed automatically, subjecting them to industry standard systematic edits, as well as customized, client-specific benefits or business requirements. The CONNECTS system enables us to apply client-specific settings for our edits. While we can automatically deny a claim when it fails an edit, and do so in certain situations, many claims can be resolved with additional Claims Processor review. In these instances, the Claims Processor will review all relevant current and historical data pertinent to the claim (e.g., member enrollment and claims payment history, authorization data, and provider file update history) and take the necessary steps to complete the claim validation for appropriate reimbursement.

Once entered or uploaded into the CONNECTS platform, claim and encounter batches are reiteratively run through the claims adjudication cycle. This cycle performs the following minimum edits and audits by procedure line item:

- Verifies Member enrollment
- Locates the servicing provider or on-call provider that matches the claim servicing and the claim service date
- Considers transitional authorizations based on the claim service date and number of visits accumulated
- Checks to see if an authorization is required
- Determines if the claim is a duplicate submission
- Applies benefit plan parameters, such as maximums and excluded charges
- Determines compatibility of Third Party Liability (TPL) or Coordination of Benefits (COB)
- Identifies potential fraud and abuse
- Applies the approved amount from the appropriate fee schedule
- Determines if a valid authorization is on file.

If adjudication edits and audits cannot be satisfied by information in ClaimsConnect directly, the claim is denied and a summary voucher is sent to the provider indicating the information needed to complete adjudication for payment. If the adjudication edits and audits are ultimately satisfied, the claim is approved for the payment cycle and the check and the summary voucher is sent to the appropriate provider.

The CONNECTS platform is fully integrated taking all elements of the benefit plan and reference codes into account as the claim is adjudicated. Claims receive edits when limits are met or when specific combinations of codes are billed together. The edits can be soft or hard edits, depending on the action that is to be taken.

Hard and Soft Edits. Claims Processors access hard and soft claims edits internally online to ensure the proper handling of claims. Hard edits on ClaimsConnect allow claims to automatically

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adjudicate based on pre-determined system set-up of specific claim edits. For example, when a claim is entered into our claims system, the diagnosis code is validated against the diagnosis codes in the system reference file, as well as against the diagnosis codes covered by the client in the benefit set-up. If the diagnosis code on the claim is not covered by the client, the claim is automatically denied during batch adjudication. If the diagnosis code is not a valid code in the system reference file, a default value of 'unk' is entered in the diagnosis field and the claim is automatically denied with a request to resubmit it with a valid diagnosis code.

With soft edits, the Claims Processor receives an edit indicating there is a condition that needs to be manually reviewed before adjudication of the claim can be completed. Examples of review required include the possibility of a duplicate claim submission or an eligibility problem in the member's benefit plan. In these cases, the Claims Processor will determine if the service on the current claim can be paid on the same date as a previously paid service, or they determine if the correct group number is on the claim for eligibility purposes. If it is determined the claim should be paid, the edit is validated and the claim is adjudicated. If the claim should be denied, the Claims Processor applies the appropriate denial code to the claim before completing adjudication. This information is available online to Claims Processors as well as the entire Claims Department.

ClaimsConnect has online capability to code hard and soft edits based on individual client requests. For example, one client may request that we not edit based on 'multiple services on the same day'; that we pay all claims received. Other clients may have a limit on the number of services that can be paid on a specific service date. Beacon has the experience, expertise, and flexibility to tailor our services to Health Colorado clients' specific needs.

Duplicate Claims. ClaimsConnect identifies a duplicate claim by comparing the information submitted on a claim to information in the member's claim history. A claim is denied as a duplicate when there is an identical match. The system detects the duplicate condition when it exists on the current claim or on a previous claim. In situations where the adjudication logic detects a possible duplicate, an edit is applied to the claim and pended for Claims Processor review. This would include claims with different but related service codes.

We use the following criteria to identify duplicate claims submission:

- Member ID
- Date of service

- Provider of service
- Service code

When a duplicate claim edit is received, the Claims Processor reviews the claim history to validate that the service was previously paid to the provider. The Claims Processor also verifies the number of services allowed to be paid per day, and either validates the edit and pays the claim or applies a denial code and denies the claim.

Pended Claims. Health Colorado will pend a claim when there is information required from an internal source to adjudicate the claim. If a claim has been received with missing information, the field with the missing information will be coded as 'unk' and the claim will be denied with a request to resubmit it with the identified missing information. When the claim is received with

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the identified missing information, it will be processed as a new claim in accordance with existing policies and procedures. Claims are generally pended when there is a question regarding the eligibility of the member, if there is a question regarding the authorization for the claim, or if updates to the provider file needs to be made based on edits received on the claim.

Denied and/or Disallowed Charges. Health Colorado will follow established guidelines and timeliness standards for notifying providers or members of denied and/or disallowed charges. Depending upon the day of the week in which a claim is denied and the determined day of the week in which all communications are mailed to the providers and members, the timeliness of communicating denied claims can range from two to five business days. Traditionally, we decide with our clients upon a weekly mailing cycle in which all communications, including provider summary vouchers, member explanation of benefits, and claim checks are mailed on a fixed day of the week.

Claims Extract/Encounter Data. Health Colorado will leverage Beacon's demonstrated experience in the development of outbound 837 encounter and pre-priced claims extracts as well as corresponding response files (e.g., 997, 277, and client-specific formats). We currently provide extracts for several public sector and health care trading partners. For example, our health plan trading partners use the 837 extract process as a method of exchanging claims cost sharing data with us for members with shared medical and behavioral health benefits. We also provide pre-priced claims data to enable finalization of claims by the medical carrier.

Through a core set of standard programs to select and format the outbound data and import response files, data is tracked throughout the transmission process, including submission and response status. We can check compliance of file formatting and data content using nationally accredited compliance checking tools. Each extract is tailored to meet the requirements of the client's companion guidelines in addition to the national HIPAA standards.

Encounter/Claims Processing for CMHCs
Encounter Auditing and Reporting System (EARS)
Using existing processes, we have developed and refined in service to the Department as a BHO, we will receive flat files that may be separated by Medicaid, Non-Medicaid, or substance use disorder, or may be combined. We will process those records into our system with a custom written Perl script. During this processing, we assign procedure modifiers to the encounter records based on instructions from provider. Over 100 checks are performed on the data to ensure eligibility and data validation are conducted against each record. The level of action taken on these checks is customizable for each BHO. Frequent eligibility checks also release records previously held for ineligibility. We have an exceptional record of exceeding standards for claims processing, payment, and submission to the Department with 98 percent of claims paid within 14 days. Additionally, Beacon has consistently maintained 98 to 100 percent financial and procedural accuracy through internal audits.

Finally, automation within the claims system includes built-in edits to avoid errors, and the system is designed to identify instances of potential fraud or incorrect billings.

> *We currently have a 98 percent acceptance rate for claims and encounters submission.*

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CMHCs receive receipt logs with results of the eligibility checks, duplicate checks, and data validation checks so they can correct the records and resubmit the file. We provide an automated on-line 'scrubber' process that lets the centers submit their files into a test system to determine the data validation errors before submitting the file to us formally for processing. We also have separate processes to release records held for ineligibility or if a record is determined to be a duplicate and the center can provide documentation that the record is valid.

We will provide quality reports to providers that give detailed encounter data on errors. This gives them an additional opportunity to address specific errors that are of concern. We can release the encounter held by those errors based on the providers' executives' review.

We will provide each CMHC partner provider with a monthly report card, shown below, that gives summary of the month's and fiscal year's data submissions. There is a reconciliation sheet that breaks down the encounters by each file. At the file level, the center can reconcile the number of records, sum of units, sum of dollars, and break it down to the service category (procedure code modifier) level. There is a summary of errors showing the percentage of records submitted that triggered each error. There

> *The Monthly Report Card has been cited as a best practice by auditors.*

is also a graphical representation of their error ranking. There is an executive summary page that shows file timeliness, error ranking, value of records submitted as non-Medicaid where we determined eligibility, and comments toward error trends. This executive summary is used to identify current performance and opportunities for continuous quality improvements.

Data Report Card

Health Colorado Encounter Data Report Card – Executive Summary

File Timeliness Rankings (Cumulative FY2017)		Data Quality Rankings (Cumulative FY2017)			Comments and Observations	
Providers	Avg Days Late	Providers	Non-Submittable	MedCap Volume#	CMHC	Notes
Provider1	-1.2	Provider1	0.00%	30,821		Error rate this month at .1%. Error rate below 1% for the entire Fiscal Year.
Provider2	-0.84	Provider2	0.02%	20,637	Provider1	
Provider3	-0.21	Provider3	0.09%	39,698		
Provider4	On time	Provider4	0.22%	25,212	Provider2	Excellent data quality. Error rate at 0% entire FY.
Provider5	On time	Provider5	0.23%	171,143		
Provider6	On time	Provider6	0.81%	24,245	Provider3	Error rate at .1%. Four months of .1% or less.
Provider7	On time	Provider7	1.00%	94,743		Error rate increased to 4.2%. Duplicates and provider credentials are high.
Provider8	On time	Provider8	1.77%	1,130	Provider4	
Provider9	On time	Provider9	4.03%	116,623		
					Provider5	Error rate at 1.0% this month.
					Provider6	Error rate at 0.0% for fourth consecutive month.
					Provider7	Error rate at .2% for the past two months.
					Provider8	Excellent data quality. Error rate at 0.3% this month.
* Integrated Program		# Corrections Included			Provider9	Excellent data quality. Error rate at .2%. Error rate .2% or zero for the entire fiscal year.

Non-Medicaid Conversion (Cumulative FY2017)			Beacon Correction Rate (Cumulative FY2017)		
Providers	Rate (Clients)	Charge	Providers	Corrected	Elig Released
Provider1	0.12% (5)	$3,105	Provider1	0.20%	64.72% of 564
Provider2	6.41% (736)	$611,554	Provider2	0.00%	0.00% of 132
Provider3	7.52% (57)	$37,886	Provider3	0.61%	23.31% of 2741
Provider4	8.32% (410)	$372,796	Provider4	0.00%	9.09% of 11
Provider5	9.41% (97)	$77,930	Provider5	0.44%	20.00% of 25
Provider6	18.19% (209)	$174,171	Provider6	0.14%	95.45% of 44
Provider7	27.30% (783)	$871,376	Provider7	0.00%	0.00% of 5
			Provider8	0.40%	76.81% of 138
			Provider9	0.33%	84.47% of 219

Executive Summary | Errors Summary | Errors Trend | File Reconciliation | File Timeliness | ⊕

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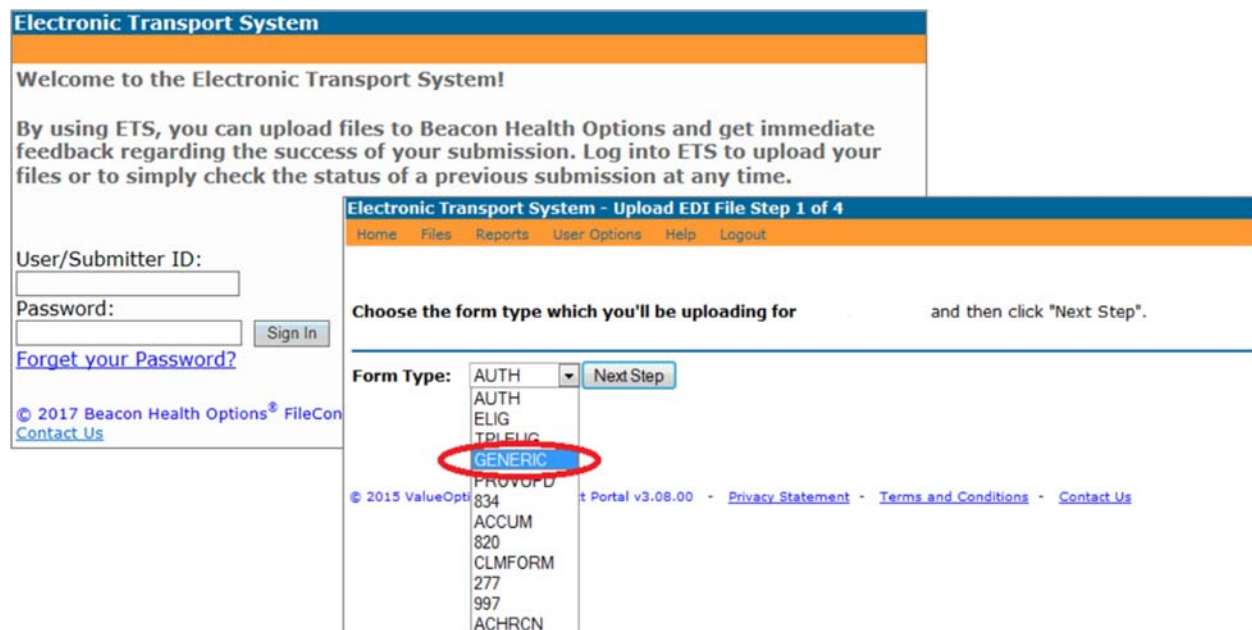*Request for Proposal 2017000265*

The report's Executive Summary shows:

- **File Timeliness** – Alerts management about potential data submission issues.
- **Data Quality Rankings** – Serves management as a key performance indicator of encounters completed but NOT submitted to the Department.
- **Non Medicaid Conversion** – Describes to management the quantity of provided services Beacon was able to identify as Medicaid eligible and submit to the Department.
- **Beacon Correction Rate** – The number of clients submitted as Non-Medicaid that Beacon's eligibility processes were able to convert to Medicaid eligible.
- **Notes** – A management recap of trending submission errors that identify areas of quality improvement.

EXPORT CAPABILITY

Health Colorado's partners have extensive experience developing Colorado Medicaid-specific data management systems capable of exporting data to create meaningful and actionable information. Automation is the key to delivering high quality data to the Department and our partners. For data exports, we leverage Beacon's internally developed electronic transport system, FileConnect (shown below), for the interchange of electronic data files between providers, clients, business partners, and associates.

FileConnect, Health Colorado's Electronic Data Interface

We support secure FTP file transfers via secure internet connections and site-to-site virtual private network (VPN). FileConnect is highly scalable, and receives, routes, stores, and sends transactions consistent with ANSI X12 standards as well as supporting all HIPAA 5010-regulated EDI transactions and client-specific custom files. This system is fully operational and successfully processes inbound and outbound files on a daily basis.

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FileConnect is programmed to receive and process electronic records automatically and seamlessly into our care management system. This interface allows us to provide a reliable, efficient, and uniform process for transferring data. We also maintain a backup system for the EDI so that if one line goes down, we can handle the same job multiple ways.

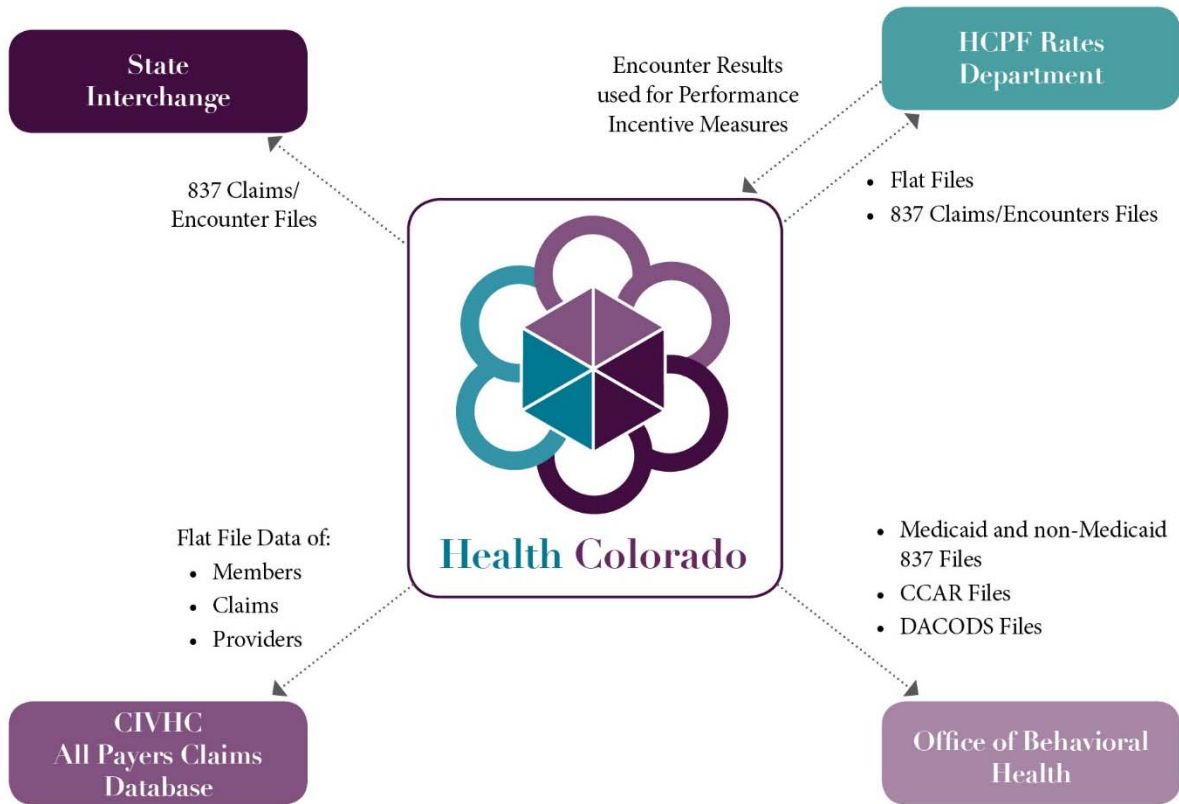## INTEGRATION WITH COLORADO INTERCHANGE AND BIDM SYSTEM

The State has provided a secure file transfer server traditionally used to distribute data from the State to their Contractors. Health Colorado will use automated programs that search the Department's secure file transfer server for new files and downloads them to our EDI platform. The data will then be verified and loaded into our internal databases for reporting and analytics. Each file will have a custom program to support its file format and validation by the programs that load the information into the databases to ensure consistency and accuracy.

We will load 834, 820, and other industry-standard formats from the State's systems to support our validation of the information received from other sources and distribute information to our analytics section for reporting and trending. Extracts and reports will be sent to those teams that turn the information into action.

We have the capacity to download health population data from the BIDM System and distribute this information to partners and providers per contract via our FileConnect. Our systems are flexible enough to import and export any file format that the data may be provided in including the X12 Medicaid file formats. These data elements are available in a relational database for the analytics, clinical, quality, finance and provider relations groups to process for follow-up, key performance indicators, audits, reporting, and trending. The data we load is presented in interactive Web tools, reports, and spreadsheets according to industry best practices. Health Colorado will provide training and technical support to partners and providers on what data is available to them, how to access multiple sources of data, and how to use data to manage members' care.

The following data flows illustrate the various file transfers between Health Colorado, the State data systems, and providers.

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Data Feeds to the Colorado interChange

State
Interchange

HCPF Rates
Department

Encounter Results
used for Performance
Incentive Measures

837 Claims/
Encounter Files

- Flat Files
- 837 Claims/Encounters Files

Health Colorado

Flat File Data of:
- Members
- Claims
- Providers

- Medicaid and non-Medicaid
  837 Files
- CCAR Files
- DACODS Files

CIVHC
All Payers Claims
Database

Office of Behavioral
Health

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Colorado interChange and Truven Data Feeds to
Health Colorado

State Interchange

- 834 Enrollment Files
- 820 Capitation Payments
- X12_999-837 Response Files
- X12 Format TA1-837 Reponse Files
- X12 Format (837) Encounter_ Response File

Truven/BIDM (RCCO Data)

RCCO Claim Data:
- RCCO_AID_DIM
- RCCO_BPLAN_DIM
- RCCO_CASE_DIM_4
- RCCO_CLM_DIAG_ FACT_4
- RCCO_CLM_DIM_4
- RCCO_CLM_ERR_ FACT_4
- RCCO_CLM_LNE_ FACT_4

- RCCO_CLM_ SRGPROC_FACT_4
- RCCO_CLNT_ BPLAN_ELGB_AID_ FACT_4
- RCCO_CLNT_CASE_ FACT_4
- RCCO_CLNT_DIM_4
- RCCO_CLNT_ENRL
- RCCO_DIAG_DIM
- RCCO_DRUG_DIM

- RCCO_GEO_DIM
- RCCO_HLTH_PGM_ DIM
- RCCO_MTH_ACC_ CLNT_SNPSHT_4
- RCCO_PROC_DIM
- RCCO_PROV_LOC_ DIM
- RCCO_PROV_LOC_ SPCLTY_DIM
- RCCO_SRGPROC_ DIM

BIDM:
- Admission, Discharge, Transfer (ADT)
- KPI Trends

PCMP:
- RCCO_Roster_Report_HCPF
- RCCO_Roster_Report_RCCO4

CORHIO Data:
- RCCO_4_CORHIODATA

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Health Colorado Data Feed to Providers
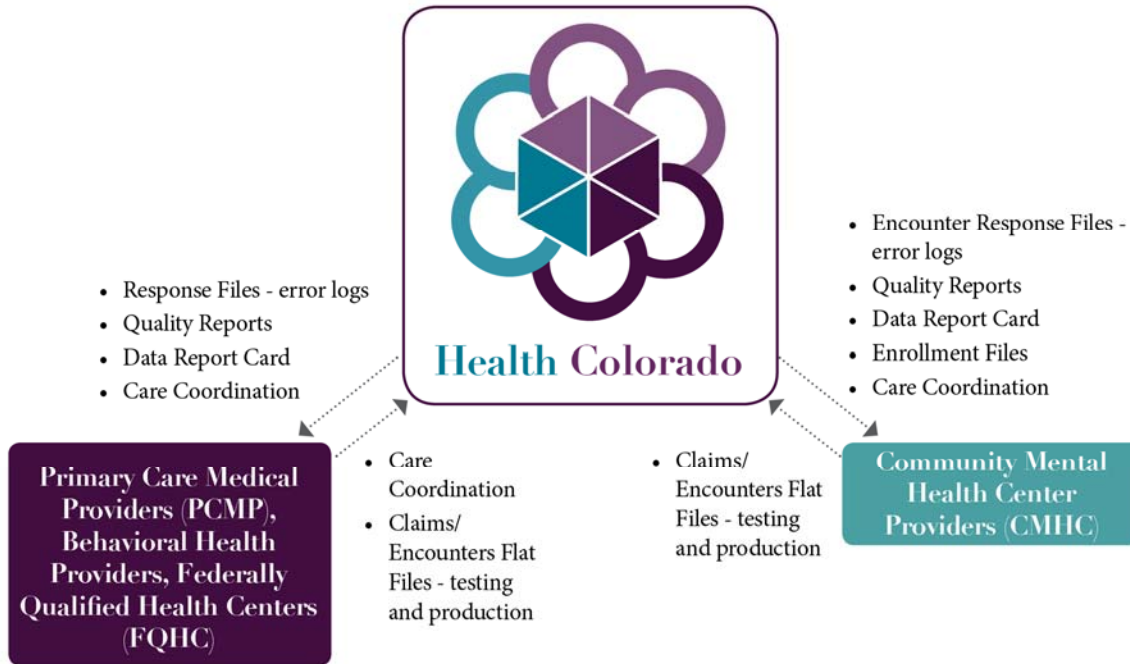
Health Colorado's partners have demonstrated expertise and systems that will be leveraged to implement an effective and efficient data management system to process claims, export data, and integrate with the Colorado interChange and BIDM System. Health Colorado looks forward to working with the Department to continue to move the ACC Program toward more coordinated and integrated care that increasingly rewards improved outcomes.

DATA SYSTEMS ARCHITECTURE
We have provided our systems architecture diagram as **Attachment 21**.

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OFFEROR'S RESPONSE 23

Describe how the Offeror will implement and maintain an ongoing Quality Improvement Program, in accordance with the requirements of Section 5.14, and how the Offeror will address quality throughout the administration of the program.

Health Colorado, Inc. (Health Colorado) is committed to providing a Quality Improvement (QI) Program in accordance with the requirements of *Section 5.14*. Our QI Program will independently study, evaluate, and measure the performance of the organization in our service to the Department of Health Care Policy and Financing (the Department), Members and their families, providers, community partners, and stakeholders. We will define QI projects each year that will identify areas for improvement and the resulting action plan will meaningfully enhance the services delivered by the program. We firmly believe that continuous quality improvement is required and while we have a longstanding history of performance, there is always room for improvement.

> *Health Colorado Quality Approach*
>
> *Our QI Program is committed to ensuring that continuous quality improvement occurs within our organization. By structuring quality operations under a centralized framework, maximum production of best practice quality programming monitored for consistency and applicability will be achieved, and efficiency and effectiveness will be improved.*

QUALITY IMPROVEMENT (QI) PROGRAM

Health Colorado's QI Program structure is built from our partners' considerable experience operating both the Regional Care Collaborative Organization (RCCO) and Behavioral Health Organization (BHO) programs. This structure has been developed and refined in alignment with the Department's quality strategy as well as our partners' existing nationally and locally established processes and best practices. Our Administrative Services Organization, Beacon Health Options, Inc. (Beacon), is a fully accredited NCQA Managed Behavioral Health Organization that functions in accordance with those high standards. Our QI Program structure is designed to ensure:

- Accountability to Members, the State, providers, and stakeholders
- Collaboration and integration throughout the behavioral and physical health systems
- Enhanced physical health and behavioral health outcomes across populations through an integrated program approach
- Increased opportunities for Member, family, provider, and other stakeholder input
- Committees focused on evaluating problem-prone systems, resulting in improved care processes as well as member satisfaction are data-driven
- Analytics-based decision making that supports effective interventions and programs occurs
- Sub-region and community needs are addressed
- Provider support is provided and practices are enabled to meet performance goals through evidence-based interventions and education

The Quality Committee structure is integrated to favor outcomes for whole-person care and consistent oversight, measurement, and action across all of Health Colorado's functions.

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We are already well-versed in the federal and state Quality Assessment and Performance Improvement (QAPI) requirements necessary to achieve successful performance and effective outcomes for Medicaid Members in compliance with 42 C.F.R. § 438.310-370. ***Since FY2007, site reviews of QAPI program standards under the current BHO/RCCO contracts were scored 100 percent compliant by the Department's External Quality Review Organization (EQRO)***. We are proud of these results as they demonstrate our level of program expertise and performance that will be transitioned into the RAE and available on **Day 1** to serve Medicaid Members in Region 4.

QI Program Alignment

Our QI Program aligns with the Department's quality strategy and includes activities to evaluate and measure all functions of the RAE. It also aligns with our objectives for the advancement of the Quadruple Aim in Region 4. More specifically, it drives improvement in the key performance indicators (KPIs) relating to population health, clinical quality of care, total cost of care, and Member and provider experience with the Department's Health First Colorado program. Key activities include evaluating:
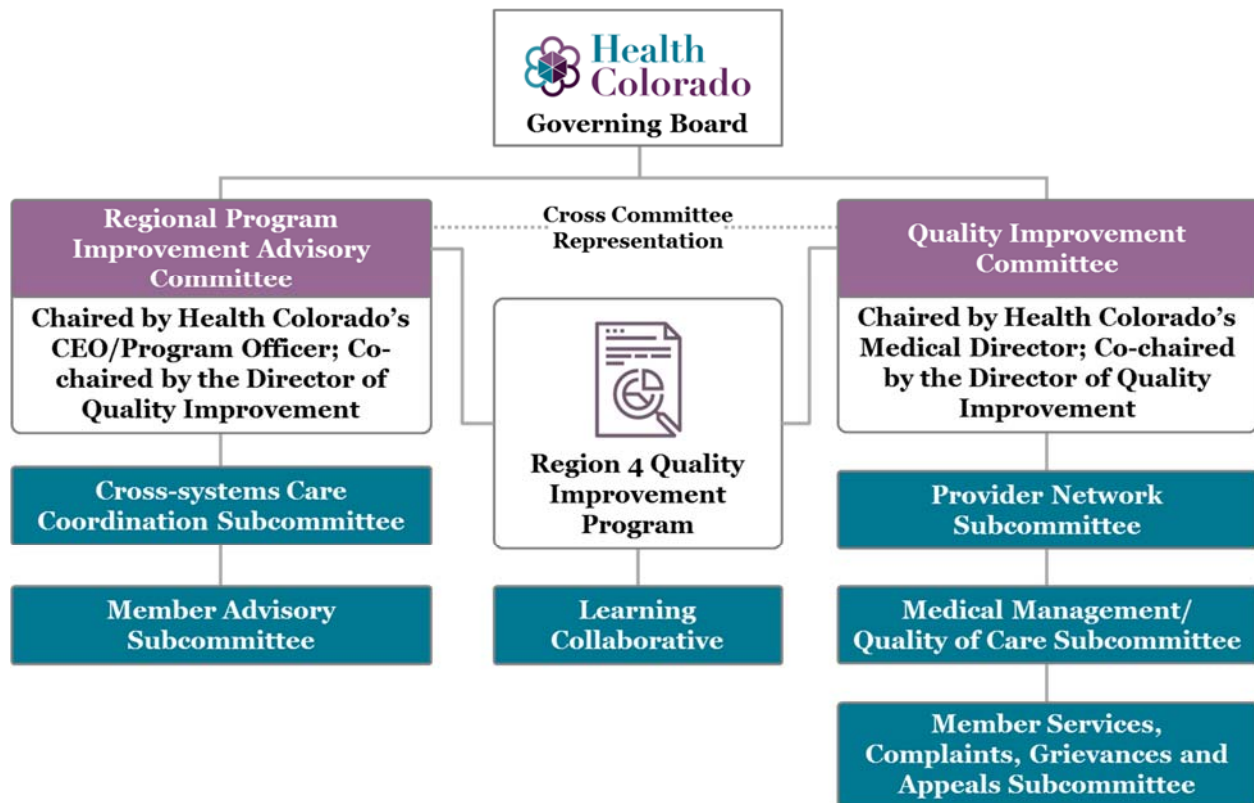
- Performance improvement projects, performance measures, and Member experience of care
- Organizational processes for care delivery, coordination, and communication to Members, providers and community stakeholders
- Over- and under-utilization of care and services to populations and Members with special needs
- Quality of care and service patterns of care, processes, and concerns
- External quality reviews, results and compliance
- Outcomes of care, under-performance or poor performance

Health Colorado QI Program Structure

Heath Colorado's QI Program structure was designed using a thoughtful approach that considered the potential for system-change challenges to arise with the implementation of a unified Primary Care Case Management Entity (PCCM Entity)/Prepaid Inpatient Health Plan (PIHP) program. The QI Program especially recognizes the value of assuring that areas such as cross-system care coordination, member education and provider support, which may have a higher likelihood of experiencing challenges due to change, would have regularly-established opportunities for problem-solving at the outset. Continued improvement in performance is the primary objective for the QI Program.

Our QI Program structure, shown on the following page, is governed by two committees: the Regional Program Improvement Advisory Committee (PIAC) and the Quality Improvement Committee (QIC); both report to the Governing Board of Directors and have cross-representation.

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Quality Improvement Program Structure

Regional Program Improvement Advisory Committee (PIAC)

The Regional PIAC comprises Members, family members, and a variety of stakeholders who represent the populations of the region and local communities. The role of this committee is to guide and inform program administration, such as input into performance with a focus on KPIs, population health, program development, quality of care, and service. This also includes communicating Member, family, and community needs, and connecting Members with all of the resources necessary to support improved population health. Resource connections include: housing, food, peer support, durable medical equipment, financial assistance, clothing, change of provider due cultural or religious preference, transportation, and more. The Regional PIAC is chaired by our Program Officer and co-chaired by the Director of Quality Improvement.

Quality Improvement Committee (QIC)

The focus of the QIC, which is chaired by the Medical Director and co-chaired by the Director of Quality Improvement, is performance and operations, network adequacy, and quality of care. Membership consists of PIHP and PCCM leadership, staff from all Health Colorado's Departments, including Data Analytics and IT, providers, and State agencies.

Subcommittees

Our QI Program structure also includes several subcommittees that address performance across systems and several critical areas. These include:

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- Member Advisory
- Provider Services
- Medical Management/Quality of Care

- Cross-systems Care Coordination
- Member Services, Complaints, Grievances and Appeals

The table below details the participants and purpose of these important subcommittees that will provide Health Colorado with critical feedback on our operations and performance.

Subcommittee	Membership	Purpose
Member Advisory	• Family members • Members • Users of health care services • Health Colorado staff	To provide direction in policy and operations, including understanding the member health care experience, promoting health, health advocacy, and Member engagement, identify health care needs relative to communities, evaluate Regional Accountable Entity (RAE) performance in delivering health care to Members.
Cross-systems Care Coordination	• Care coordinators • Agency and provider staff • Key stakeholders from varied areas across the region	To plan, implement and evaluate system effectiveness and address barriers and needs across the region.
Provider Services	• Provider Relations Director • Representatives from Quality Management, Members Services, and Clinical Departments • Physical and behavioral health practices • Member	To monitor network adequacy across the region, strategize provider recruitment, identify provider education, training and support needs and the most effective forums for delivery.
Medical Management/ Quality of Care	• Chief Clinical Officer or Medical Director • Clinical Director • Clinical Peer Advisor • Quality Director	To review quality of care provided to Members, oversee the investigation and follow up actions for adverse incidents and quality of care issues, oversee utilization management (UM) processes and performance metrics and identify and address treatment needs for the region.
Member Services, Complaints, Grievances and Appeals	• Advocates from behavioral and physical health practices • Hospital provider • Member Services staff • Clinical and Quality Department representatives	To evaluate the service, satisfaction, access and other services, identify trends and recommend system changes and enhancements to improve satisfaction and performance.

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To best support network providers, our QI Program is also adding a provider Learning Collaborative. A major focus of the Learning Collaborative is education. Topics will include detailed information regarding the roles of the RAE, identification of provider support staff and materials, and improving performance with training on the specific details of KPIs and performance measures. The Learning Collaborative is described in more detail in the Performance Measurement section later in this response.

QI Plan

Annually, Health Colorado will develop a QI Plan designed to guide quality and performance activities throughout the coming year. The QI Plan is developed using the results of the previous year's Annual Quality Report, which details accomplishments, progress on goals, performance on metrics, the qualitative and quantitative techniques used to improve performance, and the impact of those techniques. Also included are the status and results of each Performance Improvement Project (PIP), and opportunities for improvement based on performance results.

Health Colorado will submit our QI Plan to the Department for approval 30 days after the effective date of the contract. This plan will outline the implementation of our QI Program. Once Department approval is received, we will implement the QI Plan. We will review and update the plan annually and submit by the last business day in September, along with Annual Quality Report. As the Administrative Services Organization and provider partners in high-performing BHO/RCCO contracts, Health Colorado's staff possess the experience to develop, implement, and deliver a QI Plan that meets the Department's specifications and goals of the ACC Program.

PERFORMANCE IMPROVEMENT PROJECTS

Health Colorado's Quality Department will simultaneously conduct multiple PIPs in addition to Integrated Projects and other QI initiatives. As our Administrative Services Organization, Beacon has 22 years of experience in developing successful performance improvement initiatives that have positively impacted Medicaid Member outcomes and improved integration across systems. Current and past PIPs/ projects/initiatives are summarized below. These projects are based on performance, State and CMS requirements, and requests or regional needs identified by quality staff and our committees/ subcommittees. There is no wrong-door for meaningful feedback that can result in evaluation and establishment of a quality improvement project. These projects focus on improving health outcomes for special populations through increased integration and promotion of health neighborhoods. Many of the projects below reflect some level of integration between physical and behavioral health.

Each project and initiative is designed to improve Member outcomes by promoting collaboration among partners, providers, community agencies, and other stakeholders. This facilitates a system of integrated care that effectively addresses all clinical and non-clinical needs of Members through a data driven population health management program carried out under the umbrella of care coordination. Regional quality committees assist in design of projects and initiatives to ensure we get Member feedback about how the projects will impact them as well as gain provider buy-in.

Care coordinators, providers, and staff from Clinical, Provider Relations, and other departments drive each quality project and initiative, while our quality staff provide data and analytics to

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support projects and initiatives. The Quality Department collects all necessary data for implementation and execution and shares it with the care coordinators, providers and staff involved in each project. Staff use all available data resources to obtain project base lines, set periodic benchmarks for success, and re-evaluate the overall project impact to determine the effectiveness of the interventions on Member care.

Where possible, quality projects align metrics to streamline processes for providers. In order to ensure project success, providers will have input into the project design. This allows for sub-regional differences, Member population demographics, and best use of community resources. Providers who participate in the projects will receive technical support and education from the quality staff through on-site consultation, written documentation of processes, and discussion within committees, sub-committees, the Learning Collaborative and workgroups where providers are represented. Effective provider education and support functions are based on experience in both RCCO and BHO organizations. Significant quality of care, clinical treatment and documentation, and performance support initiatives were established and based on feedback and the degree of measureable improvement, have been refined over time.

Projects are monitored and reported by quality staff as part of the annual Quality Report, and evaluated using clearly defined objective measures, including, but not limited to:

- Integrated Practice Assessment Tool (IPAT)
- Member Transition Scores (developed internally)
- Claims data
- HEDIS
- Member Health Proxy Scores (developed internally)
- BIDM data, including Member risk scores
- RAE Indicators and KPIs
- SIM Measures

The process for developing new initiatives and gaining feedback and direction necessary for significant sustained improvement is a data-driven iterative process based on knowledge of local sub-regional Member needs as well as understanding community resources and capabilities. The prioritization process for new initiatives includes determining the degree to which the activity supports improved healthcare for our members. Design, implementation, monitoring, and re-evaluation process are embedded in our regional committee structure through:

- **The Regional PIAC:** The Regional PIAC assists in the design of quality projects and initiatives, as well as provides feedback based on on-going evaluation and monitoring outcomes to ensure positive member impact. The Regional PIAC comprises Members, families, advocates, partners, behavioral and physical health providers, and community agencies. As such, oversight of quality projects through the PIAC ensures accountability to all stakeholders.
- **Sub-committees and work groups:** These committees and work groups are leveraged to bring subject matter expertise to all proposed initiatives.

Projects that have been vetted and approved through the PIAC are presented to the Board of Directors for feedback and approval.

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Examples of Current and Past Quality Improvement Projects
BHO and RCCO Criminal Justice Transitions PIPs

Criminal Justice Transition Projects address challenges of Members released from jail back into the community. We currently have two projects focused on incarcerated Members:

1. Members with behavioral needs and interventions
2. Members with physical health issues

Success for Members can be highly dependent on their transition experience, such as emergency department and admission/discharge/transfer from one level of care or facility to another, including Criminal Justice. With the advent of the Affordable Care Act and aligning with the State's focus on criminal justice, we determined this to be a vulnerable population that is especially likely to encounter difficulties, particularly for those with complex medical and/or behavioral health needs. Quality, care coordination, and data processes are in place to support these transitions. Members who have a complex chronic, simple chronic, or a critical condition and have been recently released from jail are identified through shared data using proprietary systems we have installed in the community. Care coordinators outreach to these vulnerable Members to ensure they receive proper medical and behavioral health care follow up as well as any other referrals to community resources that may be helpful in effectively transitioning back to the community.

This PIP also targets individuals being released from jails who have had behavioral health treatment in our system. Upon release, providers reach out to inmates to re-engage them in treatment with a re-engagement timeframe within 30 days of release. We continue to see improvement in engagement rates with these Members and our most recent statistics show a mid-year improvement of three percent. Valuable lessons have been learned in the process of executing these Criminal Justice Transition PIPs, including the identification of a need for educational support across systems regarding the availability of care coordination from Health Colorado to support these vulnerable members and work together to improve health in the lives of incarcerated individuals, along with the importance of data and information sharing.

Improving the Rate of Diabetes HbA1c Testing for BHO Members who take Atypical Antipsychotic Medications

Individuals treated with antipsychotic medications have a higher rate of Type 2 Diabetes than those who are not treated with antipsychotics. This assertion was the conclusion of Bellantuono et. al. (2004), who completed a review of 21 studies to assess the risk of Type 2 Diabetes in Members treated with various types of antipsychotic drugs. The American Diabetes Association recommends diabetes testing at least annually for Members taking antipsychotic medications. Studies suggest that less than a third of people prescribed antipsychotic medications are screened for diabetes. To improve rates, the Health Colorado partners began an improvement project, reaching out to the RCCOs in the services to obtain their support in this project. Each measurement year, the BHO has seen an increase in Member HbA1c testing rates over baseline. The most recent year (2016) shows the HbA1c testing rate for members who take anti-psychotics improved to 81.6 percent, an increase of 3.2 percent compared to the previous year.

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Ambulatory Follow-up within Seven Days of Hospital Discharge

Members who are hospitalized with a mental health diagnosis are a high-risk group, representing the most severely ill psychiatric Member population. During the hospitalization, the Member's symptoms are stabilized and a plan for continuing care becomes a vital step in the recovery process. This project was initiated as a gradual decline in performance over time was identified. Although the decline in the rate of completed follow up visits was simultaneous with steadily increasing membership, the QIC determined it was vital to focus on the transition to outpatient care. Health Colorado's partners worked collaboratively with providers to identify barriers, develop meaningful interventions, and share best practices. Improvement in rates was gained for some providers; others implemented interventions designed to engage members using services that do not count toward the rate. These interventions included case management and peer specialist outreach to assist members with housing accommodations, to obtain medication and other transition supports. No increases in hospital readmission rates occurred. Efforts to improve the rate of completed aftercare visits continue.

Emergency Department Visit Reduction

Our staff conducted analysis on emergency department visit data with the goal of reducing emergency department use. Over the last fiscal year, the data showed that a large proportion of emergency department visits were attributed to members who have not accessed behavioral health services. The rate of emergency department visits is monitored quarterly based upon a rolling 12-month period

In an effort to reduce the emergency department visits regionally, letters are sent to those members who visited an emergency department at least twice and had not sought services from a behavioral health agency within six months prior to their latest emergency department visit. Included with the letters are reference materials for contacting crisis lines, local mental health providers, and suicide prevention brochures. The aim is to inform Members of the crisis services available in their region and to re-direct the Member to contact behavioral health crisis services in lieu of accessing the emergency department. Furthermore, the suicide prevention brochures provide specific information on suicide prevention for adults and youth, an important initiative for Colorado. Behavioral health providers make outreach calls to higher-utilizing Members to actively encourage engagement in services. While the rate of emergency department visits per 1,000 Members showed no significant change compared to the previous measurement year, the rate remained below the average rate for all Colorado BHOs.

Other improvement initiatives include:

- **Integration of physical and behavioral health services for pain management and opioid abuse/dependence with measureable outcomes based on OpiSafe, a technology that incorporates best practices from various disciplines**: Providers and practitioners from multiple disciplines participate in the program that primarily serves adjudicated individuals, including: substance use disorder treatment, behavioral health counseling, Medication Assisted Treatment, primary care, physical therapy, care coordination and other supportive services as needed.
- **Development of a health neighborhood through an Integrated Treatment Team (ITT) approach that utilizes data to identify members for inclusion based on conditions, risk**

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stratification, risk scores, co-morbid physical/behavioral conditions, emergency department/ inpatient utilization, pharmacy data and other relevant data points: The ITT incorporates appropriate providers and agencies such as Department of Social Services, local mental health, the local Federally Qualified Health Center (FQHC), home health, and public health. An integrated treatment plan is created to address clinical and non-clinical needs of Members.

- **Integration of behavioral health practitioners and physical health Care Coordinators to increase the percentage of behavioral health service recipients who receive wellness/ EPSDT checkups:** Actionable HEDIS gaps will be incorporated such as comprehensive diabetes management. Children who have not had a well visit or are going to need one within 60 days are identified through claims. These children are cross referenced against claims to determine who receives behavioral health services at the local provider. The resulting list of children is shared with care coordinators who work with behavioral health specialists as the "owners" of that Member relationship to engage the family in services.

- **Member registries for special populations such as children with diabetes, members who take anti-psychotics and need HbA1c screenings and members who over-use opioids:** The goal of this project was to increase education and support for Medicaid adults diagnosed with diabetes as well as treating physicians in the region. The RCCO/BHO Adult Diabetes Integrated Work Group was initiated due to the high number of adults in the region diagnosed with diabetes, and the associated high costs. The Work Group accomplished the following:
  - o Implemented well-attended evidence-based education groups for members addressing diabetes management
  - o Ensured that care coordinators were receiving the data necessary to follow up with members with diabetes
  - o Coordinated an educational presentation for physicians titled, "Best Practices in Diabetes Management". The presenter was an internal medicine specialist with extensive experience working with diabetes, and included strategies for working with non-compliant Members
  - o Created an online resource list for members and providers that included endocrinologists in the area and the latest materials from the American Diabetic Association and Centers for Disease Control and Prevention

PERFORMANCE MEASUREMENT

Performance measures such as KPIs and BHO indicators are collected monthly by quality and shared with partners and providers. Measures are tracked through the BIDM system or using other resources when needed. Health Colorado will support network providers in collecting and reporting information that is needed to calculate the measures.

Each measure is reported at the RAE level through the QI Committee structure in aggregate as well as at the partner/provider level to assist practices in tracking their performance. Evaluating performance trends over time at the provider and system levels is a valuable educational process used to determine effective and realistic interventions. Actionable data that is real-time or near real-time will be available to assist providers and care coordinators to allow more immediate response to member, family and caregiver needs, and to make changes at the clinic level if needed to improve performance and more effectively facilitate care.

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Data and measurement are key components of Health Colorado's care coordination model. The Care Coordination subcommittee will use these metrics to evaluate the impact of inpatient and emergency department discharge transitions, Member engagement and care management processes. Based on recommendations from the Care Coordination Subcommittee, we will build specific algorithms to warn us when risk increases around certain health issues. For example, when managing specific health conditions that require a continuous medication regimen for treatment, quality staff will search for evidence-based gaps in care using the BIDM tool. This includes HEDIS effectiveness of care measures (e.g., missed compliance medication like an asthma controller or ICS), and reports identifying descriptive indicators like medication possession ratio (MPR) or proportion of days covered. These reports will help Care Coordinators determine if a prescribed medication has been filled/refilled, but whether the medication is being refilled at the correct intervals and when to intervene to improve care.

At the health delivery system level, the Medical Management Subcommittee will evaluate prescribing behaviors regionally and implement system-wide solutions any problems. This includes enhanced reporting to providers through a collaboration with the Department and the BIDM system, or distribution of reports and information directly from Health Colorado.

Performance measures are reported through Health Colorado's Quality Committee structure, specifically through the Regional PIAC and QIC. These committees will review performance on a monthly basis and provide feedback to quality staff and recommendations on identified challenges. Sub-committees will also review all barriers to performance and make recommendations to the larger Statewide PIAC regarding solutions. Health Colorado's Governing Board will also review performance measure results quarterly. Other subcommittees will be involved in reviewing performance and analyzing and addressing barriers relative to the role of the subcommittee. Cross-committee work groups will be established when needed to ensure key participants are involved in barrier analysis and intervention development to improve performance.

Accountable Care Collaborative (ACC) Pay for Performance
Key performance indicators currently in place include:

- **Total Cost of Care:** This is a KPI Health Colorado's partners have been working on for over two years. Care coordinators outreach Members who are high utilizers of services, particularly emergency department, and provide member education and referrals to steer members towards more appropriate types of services through their PCMP. Member Services outreaches special populations such as members who need breast/cervical cancer screenings, colo-rectal cancer screenings, and well-child checks to ensure Members are getting proper preventative care. Referral protocols are in place to ensure proper utilization of specialty services. Population health management strategies identify groups that could benefit from additional care coordination support, such as those with one or more chronic conditions or Members with co-morbid behavioral/physical health issues.
- **Emergency department visits for ambulatory sensitive conditions:** Admit/ Discharge/Transfer (ADT) data is used by care coordinators to identify members who have had an emergency department visit or transitioned from one level of care to another. ADT data is available in real-time so outreach is accomplished in a timely manner to assess

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member needs and identify barriers. We have had a positive impact over the past two years working on this KPI, resulting in a decrease from 0.6 percent in fiscal year 2014 to -11.1 percent in fiscal year 2016.

- **Wellness Visits:** There has been a strong focus on well-child checks for the past five years through the RCCO contract, including a successful Quality Integration Project that leverages both behavioral and physical health resources to engage Members. Member services provides outreach to those who need preventative screenings such as breast/cervical and colo-rectal. Claims data is used to identify Members who have not had a PCMP visit in the previous 12 months so that care coordinators can outreach those members and engage them in their health neighborhood.

- **Behavioral Health Engagement:** Member engagement in behavioral health care services is an important metric that can link service delivery to the efficacy of outcomes. Health Colorado's partners track service engagement using care coordinators to actively outreach to members in an effort to assure full participation in services. Engagement is defined as a member attending four services in 45 days. This is a current BHO Incentive Program Measure; intervention strategies are shared across programs. Education and monitoring occur at regular intervals.

- **Prenatal Care:** The Colorado Opportunity Project is being piloted and is currently focused on impacting healthy birth weight in babies born to our members through referrals to appropriate providers, engagement with their health neighborhood, as well as providing education to OB/GYN providers about engaging with care coordinators to ensure members receive proper support and referrals

- **Dental Visit:** Health Colorado will use data reports from the BIDM system, as available, to assess the rate of annual dental visits; outreach efforts will be implemented regionally to targeted populations such as youth and families to determine the most effective means of assuring regular visits. Health Colorado will create a dental registry and notify providers on a monthly basis of Members who are due for a dental visit as a part of our approach to ensuring overall wellness for children. We will support families in obtaining transportation, appointments and child care as needed to facilitate appointment attendance. In addition, we will engage in community programs such as Touch-A-Truck, which is intended specifically for youth and families and is similar to a health fair. We will ensure dentists are in attendance.

- **Obesity:** Body Mass Index (BMI) will be used in measuring rates of overweight and obesity unless the KPI specifications differ. In order to align with the Colorado Winnable battle addressing Healthy Eating, Active Living, and Obesity Prevention, Health Colorado will implement evidence based practices that focus on increasing physical activity, dietary education and behavior therapy. In doing so, Members will learn how to lose weight as well as maintain a healthy weight and lifestyle. Our partners are currently evaluating programs that support Members in increasing physical activity through a rewards based system, and the creation community wellness committees. Community wellness committees will spotlight creating connections to healthy food resources and creating community wellness walking/exercise programs. A diabetes prevention program, using pre-diabetes monitoring through BMI measurement will also be considered.

- **Health Neighborhood:** Quality staff support our provider relations staff in implementing the Specialist Physician COMPACT through monitoring and providing feedback on the performance of participating providers. Quality staff will conduct quarterly audits to

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determine the extent to which providers are using the COMPACT. The results of the quarterly audits will be submitted to the Board of Directors for review. The audit findings will determine if Accountable practices receive all the quarterly incentive dollars or if some will be withheld until performance improves.

Additionally, Health Colorado will develop a ninth KPI in collaboration with the Department, other RAEs and stakeholders. We will track and extract performance data monthly through the BIDM System or our proprietary data management and analytics systems with results vetted through our Regional PIAC and published for public viewing on our website.

Flexible Funding Pool

Health Colorado appreciates the opportunity to earn additional performance payments from a flexible funding pool shall such funds be available. Several of our quality staff have existing experience participating in the Department's current performance measure work group as well as in the data extraction, measure calculation and validation processes. Health Colorado and these specific colleagues look forward to collaborating with the Department to design the flexible funding pool strategy, payment methodology, and distribution plan. In addition to rewarding providers for the work they will do to advance our regional performance through the potential measures cited in the RFP and hope to participate with the Department and use our internal analytics capabilities to study our region and communities within the region for other precision opportunities that may be advanced through this opportunity.

Public Reporting

As the RAE contractor for the region, we are committed to performance improvement on all measures endorsed by the Department. As health care in Colorado continues transitioning to an integrated system of population-based care, it is vital to have consistent metrics that measure our progress and ensure the system changes result in positive outcomes.

We will work to improve network performance on core health and utilization measures that will be reported publicly on a quarterly basis, including:

- Clinical and utilization measures
- Public Health and System Level measures, including obesity, suicide rates and passive tobacco or others as identified by the Department
- Member experience of care measures

Public reporting measures may be used to establish a pay for performance program for network providers as determined appropriate based on the measure and QI Program Committee recommendations.

Behavioral Health Base Standards

Experience has shown that improvement in performance begins with network provider education and support. Information regarding behavioral health base standards and the incentive program will be communicated to providers in several different ways, including the provider handbook, website, provider forums, onsite provider visits, and through a learning collaborative, described in further detail in our Advisory Committees and Learning Collaborative section below.

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The behavioral health base standards include key health measures that Health Colorado's partners previously worked with the Department to develop and implement through the BHO contract. Over the years, we have come to understand many of the operational challenges experienced by providers allowing us to work with them to deliver more actionable data and effective strategies for improvement. Monitoring includes reviewing performance rates and progress toward improvement both individually and through the quality improvement committees. We have demonstrated strong performance in:

- Reduction of hospital readmissions
- Reducing redundant/duplicate prescription of atypical anti-psychotics
- Reducing preventable emergency department utilization
- Follow up after mental health and substance use disorder emergency department visits

Suicide Risk Assessment. The assessment of member risk is vital component in the treatment process, particularly for children, adolescents and adults with a depressive disorder. To assure that assessment are completed on every member entering treatment, risk assessments are required at each initial appointment, and are typically included as a field electronic health records systems. It is also a key element of the tool used in the treatment record review process and provider education. This is a current BHO performance measure; the most recent BHO rate for completed risk assessments documented during initial treatment visit is 92.5 percent.

Hospital Readmissions. The time period immediately following an inpatient stay is a particularly vulnerable time for a member. It is critical that the member receive the supports needed to transition back into the community, and care coordination is a critical member support to ensure stabilization occurs, and to prevent a recurrence of the need for inpatient care. Thus, readmissions to the hospital are monitored at the seven, 30, 90, and 180-day timeframes to track that the transition process is effective. This is a current BHO standard performance measure; currently, less than three percent of BHO Members discharged from inpatient care are readmitted within seven days.

Adherence to Antipsychotics for Individuals with Schizophrenia. Certain psychiatric conditions require the use of psychotropic medications for the successful management of the condition. Antipsychotics are an important part of successful management of Schizophrenia and adherence to these medications are often a direct determinant of that success. Tracking this information provides an opportunity for targeted intervention in order to increase the opportunity for success. This measure was recently introduced by the Department for the BHOs; the adherence rate for the current BHO region is one of the highest, at just over 60 percent for the initial year's calculation; this compares favorably with national HEDIS rates.

Diabetes Screening. One of the potential side effects of antipsychotic medications is an increased rate of diabetes risk. Tracking Members who take these medications to manage schizophrenia or bipolar disorders provides an opportunity to ensure annual HbA1c testing is occurring. It is the goal to build this into standard protocol as a way of supporting good clinical practice for the best clinical outcomes. This tracking provides the data needed to bolster these practices within the provider community. The BHO has a current PIP that measures HbA1c testing for individuals who take antipsychotic medications; an improvement in the testing rate has occurred annually and is now over 80 percent.

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Penetration Rates. Health Colorado's partners track penetration rates regularly to ensuring Members are able to access services. This is particularly important with the large increases occurring in the Medicaid population over the past four years. Demonstrated by the data presented in the table below, penetration rates for the BHO that serves the counties that comprise Region 4 have increased consistently each year.

> ***Penetration Rates***
>
> *As Medicaid enrollment grew through expansion, our partners were able to meet the demand by expanding their capacity to serve.*

Colorado Health Partnership, LLC Penetration Rates				
2011/2012	**2012/2013**	**2013/2014**	**2014/2015**	**2015/2016**
13.40%	13.36%	13.94%	14.83%	14.86%

Hospital Admissions and Emergency Department Visits and Follow-Up. Health Colorado will continue to track inpatient admissions to identify patterns of care and assure treatment, service engagement and crisis supports are available and effective in preventing hospital admissions as often as possible. In addition, helping Members connect directly with mental health or substance abuse services rather than use the hospital emergency departments as a first point of entry increases the chances of direct engagement and participation with providers who can best address the needs. For Members who do require emergency department supports, it is important to engage them into services quickly in order to assist them in getting the services that would best match their presenting conditions. Health Colorado's partner organizations have initiated the groundwork for this measure; we will continue to work with emergency departments in the region in establishing strong communication and handoff processes to assure follow up appointments are made and completed following emergency department visits.

Health Colorado's partners have had a variety of outreach efforts in place over the past five years to reduce emergency department utilization; the emergency department utilization rates have been consistently low as compared to the weighted average for all BHOs (12.70 emergency department visits per 1,000 members for fiscal year 2016).

> ***Utilization Rates***
>
> *Our partners' initiatives have reduced emergency department utilization during a time of significant expansion, which included many newly covered Members with pent-up demand for services.*

Emergency Department Utilization/1,000 Members				
2011/2012	**2012/2013**	**2013/2014**	**2014/2015**	**2015/2016**
10.18	8.38	8.83	10.22	9.81

Improvement initiatives, such as emergency department visit reduction, are described in the Performance Improvement Project section of this proposal.

Behavioral Health Enhanced Standards

Health Colorado intends to meet the behavioral health enhanced standards required by the Department and described in *Section 7.3* of the RFP. Continued focus toward improving performance rates for the enhanced standards is a QI Program prime objective. Enhanced

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standards include, but may not be limited to mental health engagement for all Members in need of treatment, including foster care youth, initiation of alcohol and other drug dependence treatment and completion of follow-up appointments within seven and 30 days after hospital discharge with any practitioner for a mental health condition. These measures and others are currently being addressed though several QI Program initiatives. These include:

- Data reports notifying providers of member hospital discharge to assure a smooth transition back into the community, and to address any immediate member needs such as medication, transportation or housing
- Scheduling and availability of flexible aftercare and walk-in appointments
- Targeted member outreach and exchange of information with care coordinators who can quickly work to address member needs
- Monitoring, tracking and sharing performance data with providers on a regular basis
- Incorporating the measures, wherever applicable, into the chart audit process
- Consistent education and reminders to practitioners about the value of these measures, performance expectations, and the impact on care
- Establishing expectations, communication methods, procedures, and tracking to ensure coordination is occurring across systems and providers: physical, behavioral, human services, hospital, dental and other community agencies

Our combined organizational experience, innovative programs and unified QI Program will facilitate continued improvements in member outcomes of care across the region.

Behavioral Health Incentive Program

Health Colorado will participate in the Behavioral Health Incentive program by demonstrating compliance with the behavioral health incentive requirements and contract compliance standards specified by the Department. Achieving improvement goals set by the Department for the incentive measures is a priority of the QI Program and its associated committees. Our experience and efforts to assist providers in meeting these goals have been described throughout this section.

Performance measure results are submitted quarterly to the PIAC (Statewide and Regional), QIC and relevant subcommittees for evaluation and recommendations to improve performance for measures that do not meet the targeted goal.

MEMBER EXPERIENCE OF CARE

Health Colorado strives to meet the principals of the Quadruple Aim including developing processes for measuring and tracking Members' experience of care. Our staff assists the Department in administration of the CG-CAHPs and ECHO surveys through offering support to both the Department and the providers who will be participating. Quality and provider relations staff will provide onsite assistance to PCMPs who are chosen to take part in the surveys to ensure that they are able to meet the Department needs/requirements for sampling and member outreach. Organizational staff have attended and participated in the Health Impact on Lives sub-committee where member satisfaction surveys are discussed and will continue to attend meetings to offer input and provide support in the development and customization of survey tools administered by the Department.

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Health Colorado staff will support the Department in administering ECHO survey according to prescribed protocols and specifications and will continue to lend our administrative support in that effort. We will assist the Department to obtain accurate provider information, update member information and sample frame creation. Provider Relations staff maintains an updated provider directory which can be utilized for sampling and provider outreach purposes. We will inform the Department of additional surveys used by the RAE and share results through the Learning Collaborative, Regional PIAC, the Member Advisory Committee, through the Health Colorado website, and other venues.

We will maintain a Member satisfaction survey tool on the website that is easily accessible to all members. Data from the survey is collected and reviewed by the QI Department and will be incorporated into the information provided to monthly PIAC members for review and comment. Data from the surveys conducted by the RAE will be reviewed by Member Services and Provider Relations staff as well. Where there is a need identified for interventions with a particular provider based on survey feedback, quality, and provider relations staff will engage that provider, offer onsite assistance, and try to determine how to effect changes that will result in better member experience of care.

Member Services collects data on member grievances and complaints and reports it to the PIAC meeting monthly. Calls from Members that identify concerns or complaints regarding quality of care are received in Member Services and are documented then forwarded to appropriate parties such as Quality/Performance Improvement, Provider Relations, and administration. Quality of care concerns are reviewed regularly by Quality staff and will be presented to the Medical Management sub-committee of the QIC for review and recommendations.

In addition, the Quality Department will use various resources for monitoring member satisfaction such as follow up data from the Nurse Advice Line and responses to needs assessments. Beacon will conduct Member outreach to individuals identified in the Nurse Advice Line data to determine if Member needs were met through resources and recommendations received from the Advice Line. Information obtained through call center outreach will be compiled and reviewed on a regular basis by Quality and the Member Advisory Subcommittee. A positive Member experience is the basis of the relationship between our organization, its providers, and our Members. This positive experience increases trust, which in turn leads to Members continuing to access care through Health Colorado. In this way, improved Member outcomes can be realized.

Data and information collected from CG-CAHPS, ECHO, online surveys, complaints and grievances, Member call trends, referral tracking, and Member Services reports will be collected, analyzed, shared through the QI Program, and incorporated into the annual QI Plan along with findings, outcomes, and solutions implemented.

MECHANISMS TO DETECT OVER- AND UNDER-UTILIZATION OF SERVICES

Over- and under-utilization of care is monitored through the comparison of specific performance indicators against established benchmarks to assess when utilization falls outside of defined practice patterns. Examples of these utilization review processes include the following:

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- Identifying a minimum number of sessions attended within a defined time period to assure the member is actively engaged in treatment (e.g., mental health and substance use disorder engagement measures)
- Confirming that members at high risk, such as those recently discharged from the hospital, do not miss appointments. This can be addressed on both a system level (e.g., 30, 60, and 90-day ambulatory follow-up measures) and on an individual member level.
- Defining the need of high-risk members for certain types of service interventions (e.g., Intensive Care Management [ICM] services)
- Monitoring Members who discontinue treatment prematurely
- Frequent crisis and/or inpatient service utilization (inpatient re-admission rates)
- High utilization of emergency department services (e.g., identification of members who have two or more emergency department admissions in a 12-month period)

Health Colorado's Medical Management Subcommittee will review under- and over-utilization patterns with the option to recommend a performance improvement project or targeted provider training. In addition, UM staff may take additional steps, specific to individual providers, to remedy patterns of over- and under-utilization, including meeting with a provider to discuss practice patterns and utilization concerns, recommending specific training programs and/or requiring a corrective action plan.

UM Activities for the Client Over-Utilization Program (COUP)
Health Colorado will partner with the Department in administering the COUP. As the RAE, we will outreach all Members identified through the COUP in order to link them to appropriate and available services. We will continue to coordinate care and monitor service utilization for these individuals until utilization patterns are stabilized and clinically appropriate.

Our partners have piloted the COUP project for the Department in 2015/16 and have the processes in place for implementation. Quality staff compiles all care coordination data for this population including all outreach, assessment, and referral activities and reports this back to the State quarterly. When we piloted this program, we also returned to the state qualitative information about barriers encountered, members who should not be included in the program and other anecdotal information that could be helpful to the Department in refining the program. As the RAE, we will continue to provide the State a quarterly report that includes all required information (e.g., outreach attempts, health assessments, interventions, and primary care visits).

As the RAE under the new contract, our quality staff will receive COUP data from the Department, including Members identified for inclusion in the program and those who receive a letter from the Department informing them of their status in the COUP program. Quality staff will apply a data algorithm to determine level of need and whether high utilization is due to a decline in Member health or onset of serious health condition, which may account for the higher utilization. Once data and Member notification lists are evaluated, quality staff pass the information on to care coordinators who are responsible for Member activation, including Member outreach, support, and intervention. Care coordinators use a variety of methods to make contact with each identified Member, including scheduling face-to-face appointments through the Member's PCMP, sending letters, and identifying contact information through EHRs and other available sources for telephonic contact. Once contact is established, care coordinators will

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perform an assessment to identify Member needs and barriers to accessing appropriate care. Care coordinators will provide Member support through referrals, follow-up, and Member education. Every Member is provided with lists of available resources, such as walk in clinics, the call center number, and the nurse help line. Care coordinators educate Members about the importance of establishing a relationship with their PCMP and using them for health care needs. Care coordinators follow-up with Members on a regular basis to determine if the referral and education interventions are working.

Our quality staff will track COUP Members' utilization of services including pharmaceuticals through claims and ADT data, and forward the ongoing tracking information to care coordinators so they will know if their interventions are adequately supporting the Member. Health Colorado will complete a clinical review for Members who remain on the over-utilization list after a period of intervention. The clinical review will evaluate the appropriateness of restricting the Member to either one medical provider and/or one provider. Our Provider Relations Department will approach the identified practitioners and educate them about the COUP and all aspects of becoming a lock-in provider and offer the opportunity to do so if the provider is not already a lock-in provider.

The Care Coordination Regional Director will work with care coordinators who are participating in the COUP to ensure they are in contact with the lock-in provider to offer care coordination outreach and support. We will designate appropriate staff to appear as an expert witness in a state fair hearing for a member who appealed the lock-in status".

Quality staff ensure that providers have the necessary data and Member information necessary to participate and monitors the progress of the program through Member utilization data, including claims and real-time ADT information. A data report will be developed to identify Members who have not utilized their health benefits and/or have not had a well check. That information would be passed to the care coordinators as well so they can engage those Members and get them in for assessments and services.

QUALITY OF CARE CONCERNS

Health Colorado is committed to providing the best possible care and ensuring the safety of our Members. Processes to prevent, evaluate, and respond to the safety of Members are fundamental to our QI Program. If there is ever a care-related issue, we want to know about it as quickly as possible so we can address it. The system we have in place to respond to quality of care issues has three main parts: identification, investigation, and solution.

Identification

We rely on a variety of mechanisms to identify quality of care concerns. The most common ways in which quality issues are identified are:

- Through a report that is received from a provider, our staff, the Department, or others
- A result of reviewing utilization or other treatment or chart audit data
- Through feedback to Health Colorado or advocates
- By means of quality monitoring activities
- Through clinical care managers in the course of their job duties

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Adverse Incident Reporting

Regardless of how we become aware of a quality of care issue, we work promptly to investigate the problem so we can determine its seriousness and address it. Immediate action will be taken for any quality of care issues with the potential to create risk situations for Members, as the safety of our Members is our primary concern.

Complaints about care received from Members are processed as grievances. For any complaint that appears to be quality of care-related, an evaluation will be completed through the quality of care process to determine if further action is necessary. An acknowledgement letter will be sent to the originator of the quality of care concern report.

Investigation

The RAE has defined policies on how to proceed in situations in which we identify quality of care issues. These policies incorporate the requirements for quality of care concerns specified by the Department. Individual cases of poor quality of care are referred to trained, experienced Quality Department clinical staff to ensure Member safety, gather information, and initiate an investigation; review with the Medical Director occurs as necessary. Investigation results are submitted to the Medical Management/Quality Committee for evaluation and follow-up recommendations. When appropriate, based on the investigation findings, the Quality Committee may make recommendations for corrective action. Depending on the severity of the issue, other people and organizations may also participate in the investigation and follow up, including our Medical Director, Clinical Director, providers, and Provider Relations staff.

Resolution

If the Quality Committee determines a corrective action is necessary based on the findings of the investigation, their role is to define the corrective action, specify the frequency of monitoring, and evaluate the results. If the Quality Committee believes more serious action is required in response to the findings, a recommendation is made to the local credentialing committee for follow-up action. It is our policy that practitioners and providers have the right to formally appeal decisions concerning acceptance into the provider network, including corrective and disciplinary actions and changes in network status. We comply with all applicable state and federal regulations related to the provider appeal process. Any quality of care issues that appear to be system-related are referred to the Medical Management Subcommittee for follow-up action; quality of care issues that are provider-related are addressed with the specific provider following investigation. Documentation of quality of care issues, investigations, and findings are documented and tracked using Beacon's care management system; findings are stored centrally in the provider's electronic file. This centralized system allows improved tracking of provider performance issues.

The findings of the investigation may indicate the need for a report to the appropriate regulatory agency and/or Child or Adult Protective Services. If a network provider is suspended or terminated due to a quality of care concern, the appropriate regulatory agency or licensing board will be notified. Health Colorado will comply with all contract and regulatory requirements and notifications necessary as part of quality of care process. It is important to note that investigational findings are used to evaluate systems and processes to determine how to prevent

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similar occurrences in the future and to improve care across the broader system, as well as at the provider and member levels.

We will respond to requests from the Department for information regarding a quality of care concern with a response letter within 10 business days of the Department's request. A quarterly report will be submitted to the Department in an agreed upon format that includes a brief description of the concern and the outcome of each review by the specified due date.

Improving Care through the Prescription Drug Intervention Program (PDIP)

In addition to the process described above, we incorporate other mechanisms into our system to promote better care outcomes, and to identify and prevent potential quality of care issues. One mechanism adopted by Health Colorado is Beacon's PDIP. Beacon designed PDIP to integrate and analyze pharmacy data to improve adherence to antidepressants and antipsychotics and prescribing practices among providers. This program combines expertise in psychiatry, psychopharmacology, and analytics to identify medication-related concerns, addressing problems through evidence-based interventions, at both the Member and provider levels. This retrospective drug utilization review program for psychotropic prescribing targets poly-pharmacy, non-adherence, sub-optimal dosing, Suboxone, HEDIS® AMM, and fraud, waste, and abuse through provider and Member interventions.

To ensure Members receive optimal care and providers adhere to best practices, we send notifications to providers and Members, when appropriate, regarding clinically validated medication-related problems based on our findings. We engage providers and Members to understand and resolve the most common medication-related issues found among prescribers, such as polypharmacy and sub-optimal dosing. We also address Member non-adherence to recommended medication refills. The use of PDIP promotes the safety of our Members in addition to the support and education available to our providers through this program.

EXTERNAL QUALITY REVIEW

Evaluative feedback gained from objective reviews is welcomed by our staff. We value the opportunity to demonstrate our progress and our programs, technology and focus on improving health outcomes.

Our staff have several years of experience assisting the Department in the execution of external quality review activities. Our leadership and Quality Department staff are knowledgeable regarding the federal PIHP and PCCM requirements, and have structured our programs to meet contractual and other regulatory requirements. In past years, we have audited providers and clinics to ensure procedures and standards are consistent with the relevant PIHP and PCCM requirements.

Each year, Beacon assists providers and partners in preparing for the annual RCCO EQRO audits by reviewing medical records and preparing staff who will be participating in the audit. Beacon prepares requested reports and data for presentation during the audit, arranges for care coordination staff to assist in case

> *Objective Performance*
> *Our EQRO scores place us amongst the highest performing in the State*

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reviews with the auditors, reviews care coordination activities and records with the auditors, and ensures all audit requests are met. Results of our efforts are demonstrated in the most recent scores shown below.

Contract	EQRO Compliance Site Review Scores				
	Fiscal Year Covered				
	FY 12/13	**FY 13/14**	**FY 14/15**	**FY 15/16**	**FY 16/17**
Colorado Health Partnerships, LLC (South/West Service Area BHO)	99%	100%	91%	91%	95%
Integrated Community Health Partners, LLC (Region 4 RCCO)	93%	100%	100%	97%	N/A*

*The RCCO was not scored for FY 16/17

Health Colorado looks forward to participating in the development and design of external independent review studies to assess and assure the quality of care as specified by the Department. We agree to fully cooperate with and participate in all external quality reviews and the associated documentation submission.

ADVISORY COMMITTEES AND LEARNING COLLABORATIVES

An interactive provider Learning Collaborative focusing on performance will be established by Health Colorado. The Learning Collaborative will regularly offer training on:

- The fundamentals of performance improvement
- The specifics of performance measures used in this contract
- Incentive program information and how to earn incentives,
- Support tools and recommendations to assist providers in aligning clinic operational practices to achieve improved performance

The Learning Collaborative will be interactive to encourage sharing of best practices and tips along with challenges so providers and staff alike can benefit from the experiences of others. The RAE will employ one staff person who is dedicated to the role of educating and supporting performance improvement in the provider network, and will facilitate the collaborative.

Participation in the Statewide PIAC, Advisory Committees, and Learning Collaboratives is the most effective way to communicate the current information to RAE Members, providers, and staff, and to learn about the experience of other organizations. Key material regarding the quality of the program overall as well as the most recent program performance updates and initiatives will be conveyed to the regional PIAC, and disseminated to the QI sub-committees.

Timely dissemination to providers, families, and Members will be accomplished through email updates and website postings. Health Colorado will designate one key personnel staff to serve as a member of the Statewide PIAC to attend monthly meetings, and nominate two representatives

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from the Regional PIAC to serve as members of the Statewide PIAC. We will ensure consistent attendance and participation in the Statewide PIAC monthly meetings.

Health Colorado's Regional PIAC will comprise Medicaid Members, family members, and various stakeholders, including providers, agencies, Health Neighborhood participants, and other regional and community representatives. Every effort will be made to engage diverse stakeholders as listed in *Section 5.14.9.2* of the RFP. The role of this committee is to inform and guide Health Colorado's leadership and staff about how to improve health, service access, Member and provider satisfaction, costs, and identify other essential needs associated with the RAE program.

In addition to reviewing Health Colorado performance data and contractor deliverables, the Regional PIAC agenda will include discussion regarding any program policy changes, proposed and current performance improvement projects and initiatives, member materials and committee input as well as recommendations for changes.

The Regional PIAC will have a formal budget and a charter that specifies membership and governance structure, and will be publicly posted on the RAE website. Meetings are planned monthly; however, PIAC membership may recommend changes to meeting frequency, location, and suggest additional options to solicit feedback. Meetings are open to the public and will accommodate individuals with disabilities; committee minutes will be posted on the public website within 30 days of the meeting.

Quality Improvement Committee

The Director of Quality Improvement will participate in the Department's Quality Improvement Committee to provide input regarding quality priorities, performance improvement topics, measurement, reporting formats and timeframes and other projects.

Operational Learning Collaborative

Health Colorado will participate in a monthly Department Operational Learning Collaborative to monitor and report on RAE and ACC activities specified by the Department, as well as in annual and ad hoc Learning Collaboratives to monitor activities and share lessons learned. Minutes and information from the Operational Learning Collaborative will be shared through the QI Program structure and disseminated to providers, Members, and other leadership as applicable.

AD HOC QUALITY REPORTS

Health Colorado is able to accommodate all information and data reporting requests from the Department or its agents in a timely manner in the requested format through claims, medical records, internal data warehouses, and internal records such as call center/grievance and appeals.

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OFFEROR'S RESPONSE 24

> Describe how the Offeror will ensure compliance with the Accountable Care Collaborative Program rules, Contract requirements, state and federal regulations, and confidentiality regulations. In addition, describe how the Offeror proposes to conduct compliance and monitoring activities in compliance with 42 C.F.R. part 2.

Health Colorado, Inc.'s (Health Colorado's) partners all have experience implementing compliance programs designed to ensure full compliance with the Accountable Care Collaborative (ACC) Program and Behavioral Health Organization (BHO) rules and requirements, contract requirements, state and federal regulations, and confidentiality regulations. We are dedicated to the highest standards of integrity and conducting business in an ethical and legal manner. Based on our partner organizations' collective experience, we approach compliance from an integrated perspective and seek to integrate that experience into an all-encompassing Compliance Program. We will adopt a Compliance Program that encourages collaborative participation at all levels and stimulates a culture of compliance. The Compliance Program and Code of Conduct will be tailored and implemented to meet and exceed the Seven Elements of a comprehensive Compliance Program as defined by the U.S. Department of Health and Human Services, Office of the Inspector General (HHS OIG).

The Compliance Program provides foundational oversight of the multitude of requirements by which our organization must abide. Health Colorado will conduct an annual risk assessment to determine the areas that will require compliance attention as an organization. Risk areas are typically evident in audits, performance measurements, and events from the prior year where deficiencies are identified for correction. The goal is to address areas of concern to mitigate and reduce risk factors. Based on our annual risk assessment, we will develop a Compliance Plan to document the Compliance Program and guide our efforts. The Program Officer and Compliance Officer will approve and submit the Plan to the Department of Health Care Policy and Financing (the Department) 30 days after the effective date. The Compliance Program and Plan will be reviewed and updated at least annually; the updated Plan will be submitted to the Department for review by July 31 of each year.

The program structure for the Regional Accountable Entity (RAE) will incorporate all necessary requirements as we move into establishing the RAE operations. This includes ACC Program rules, as well as the Deficit Reduction Act, False Claims Act, Criminal Penalties for Acts Involving Federal Health Care Programs Act. Our Compliance Department also has easy to read reference charts for protected health information (PHI), which includes HIV/AIDS, substance use disorder, and state privacy laws.

HEALTH COLORADO'S COMPLIANCE PROGRAM

Our Compliance Program, as described in the Compliance Plan, are defined by HHS OIG and comprise the following seven elements:

1. Written Standards of Conduct and Policies and Procedures
2. Compliance Oversight
3. Education and Training
4. Developing Effective Lines of Communication
5. Conducting Internal Monitoring and Auditing
6. Enforcement
7. Response and Prevention

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In the following paragraphs, we detail each element of our Compliance Program.

1. Written Standards of Conduct and Policies and Procedures

Health Colorado will develop written policies and procedures based on established policies and procedures of our partner organizations. These policies and procedures will ensure that all officers, directors, managers and personnel know and understand what is required to ensure that Health Colorado observes and maintains high standards of ethical conduct in its business and operational practices. Policies and procedures will be accessible to staff as they provide guidance on key clinical and operational processes as well as compliance related topics that impact daily management of Members during service delivery. We will submit copies of policies and procedures to the Department within five business days of the request.

An important component of the Compliance Program is a Code of Conduct, which sets out basic principles which all personnel must follow. This Code of Conduct applies to all business operations and personnel. Non-personnel representatives of Health Colorado, such as external advisors and consultants, will be directed to conduct themselves in a manner consistent with this Code of Conduct when they are acting on behalf of Health Colorado.

The Compliance Program and this Code of Conduct are not intended to and shall not be deemed or construed to provide any rights, contractual or otherwise, to any personnel or any third parties. This Code of Conduct is not intended to conflict with any employment policy contained in the Employee Handbook which applies to all employees of the organization. This Code of Conduct and the Compliance Program does not alter in any way the employment-at-will status of all employees of the organization.

The Code of Conduct explains our commitment to ethical standards and sets expectations for all employees in achieving and maintaining these standards. Employees are trained on the Code of Conduct upon hire and, at a minimum annually thereafter. Training includes review of the Code and the Compliance Program; various compliance related case studies, and the opportunity for clarification and questions. At the conclusion of training, employees are required to attest that they have read and understand the Code, agree to abide by its principles, and report any suspected or possible violations. The Code of Conduct may be updated periodically and establishes the ethical standards employees must uphold in critical areas and aspects of the Company's operations.

The scope of our Code of Conduct includes, but is not limited to, the following:

- Information privacy, confidentiality, and security
- Open communication and non-retaliation
- Continuous quality improvement
- Ethical and accountable behavior

- Detection, correction and prevention of noncompliance and fraud, waste, and abuse
- Conflicts of interest
- Timely and accurate reporting

Health Colorado will maintain and enforce policies and procedures that define and support the compliance program and address, at minimum, in the following areas:

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- Reporting potential incidents of non-compliance or fraud, waste, and abuse
- Protecting the confidentiality of Member identifiable health information
- Providing security for access to and transmission of protected health information
- Compliance risk assessment and mitigation
- Compliance training for employees, contractors and volunteers
- Conflict of interest
- Screening for exclusion or suspension from federal programs
- Anonymous compliance reporting

We review and update policies annually or as needed off-cycle, in order to ensure compliance with applicable federal, state and local laws and regulations.

Distribution of our policies and Code of Conduct to employees begins upon hire, through orientation and a mandatory training program. The mandatory training program must be completed within the first 90 days and annually thereafter.

Examples of the policies and procedures that Health Colorado will develop as part of our Compliance Program based on our partner organizations' existing policies and procedures. We have provided our current Compliance Program policies and procedures as **Attachment 22**, and, as needed, we will develop new or revise existing policies in response to audit findings or new or revised federal and state regulations.

2. Compliance Oversight

Health Colorado will maintain oversight of the Compliance Program through multiple levels of the organization including designation of a Compliance Officer responsible for administering the Compliance Program in conjunction with other key Executive staff, a Compliance Committee to serve as the primary oversight body for tracking and trending compliance indicators, and Network Management as the immediate resource for compliance issues and follow through at the network level. This multi-leveled approach to overseeing compliance in our system is effective and achieves individual as well as systemic levels of impact.

Compliance Officer. Health Colorado will have a designated Compliance Officer to serve as the coordinator of all compliance activities who will be accountable to our Program Officer. The Compliance Officer will have direct access to the Board of Directors and to Executive Leadership as needed to report any findings. The Compliance Officer will oversee day-to-day activities related to the Compliance Program and will guide development of the Compliance Plan and policies and procedures.

The Compliance Officer has unfettered access to the Health Colorado Program Officer and Board of Directors. Additionally, the Compliance Officer will be available to assist partner organizations with state or contract specific compliance needs. The Compliance Officer has a direct line of communication to the Corporate Compliance Department. This enables the Officer to learn about best practices and current fraud trends from across the country. The Compliance Officer will be responsible for developing and implementing compliance policies, procedures, and practices that assure compliance with contractual requirements.

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The Compliance Officer functions independently and objectively and has several responsibilities, including, but not limited to:

- Establishing and maintaining all necessary policies and procedures to support the Compliance program
- Creating a compliance plan
- Overseeing the day to day functions of the Compliance Department
- Reporting findings to the Program Director and Board

The Compliance Officer's primary responsibilities will include:

- Creating, overseeing and monitoring the implementation of the compliance program
- Creating a compliance plan
- Establishing and maintaining all necessary policies and procedures to support the Compliance program
- Overseeing the day-to-day functions of the Compliance Department
- Reporting on a regular basis to Health Colorado's Quality Committee, Executive Leadership, and Governing Board as needed and assisting these governing authorities to establish methods to improve Health Colorado's efficiency and quality of services, and to reduce Health Colorado's vulnerability to fraud, abuse, and waste
- Periodically revising the program in light of changes in the needs of the organization, and in the law and policies and procedures of government and private payer health plans
- Developing, coordinating, and participating in a multifaceted educational and training program that focuses on the elements of the compliance program, and seeks to ensure that all appropriate employees and management are knowledgeable of, and comply with, pertinent federal and Colorado standards
- Ensuring that independent contractors and agents who furnish services to Health Colorado are aware of the requirements of Health Colorado's Compliance Program with respect to coding, billing, and marketing, among other items
- Coordinating personnel issues with Health Colorado Human Resources Department and Credentialing Office to ensure compliance requirements in these arenas are being met
- Coordinating with the Health Colorado's Program Managers and Supervisors regarding internal compliance reviews and monitoring activities
- Independently investigating and acting on matters related to compliance, including the flexibility to design and coordinate internal investigations (e.g., responding to reports of problems or suspected violations) and any resulting corrective action with all departments, providers, related facilities, agents and, if appropriate, independent contractors
- Developing a culture that encourages personnel to report suspected fraud and other improprieties without fear of retaliation

The Compliance Officer has the authority to review all documents and other information that are relevant to compliance activities, including, but not limited to Member records, billing records, and records concerning the marketing efforts of Health Colorado and Health Colorado arrangements with other parties, including employees, professionals on staff, independent contractors, suppliers, agents, and physicians. The Compliance Officer can review contracts and obligations, seeking the advice of legal counsel where appropriate, that may contain referral and

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payment issues that could violate the anti-kickback statute, as well as the physician self-referral prohibition and other legal or regulatory requirements.

Compliance Committee. Health Colorado will establish a multi-level Compliance Committee structure. The Health Colorado Board of Directors is responsible for appropriately resourcing and directing the Compliance Program, Regulatory Compliance Committee activities, and overall program compliance with contract and regulatory requirements. The Compliance Oversight Committee (COC) consists of Executive level management, including the Executive Program Director and Compliance staff from the RCCO and BHO. In order to capitalize on the knowledge from each organization, RCCO and the BHO will maintain separate Compliance Workgroups with leadership for their respective organizations. The COC will review the minutes and activities and performance of the workgroups to ensure consistent implementation of an effective compliance program throughout the partnership.

The Compliance Committee will report directly to the RAE Board; a Compliance Plan will document the program and guide our efforts. The Executive Program Officer and Compliance Officer will approve and submit the Plan to the Department 30 days after the effective date. The Compliance Program and Plan will be reviewed and updated at least annually; the updated Plan will be submitted to the Department for review by July 31 of each year.

The COC's functions related to the Compliance Program will include:

- Analyzing the organization's requirements with which it must comply and specific risk areas;
- Assessing existing policies and procedures that address specific risk areas for possible incorporation into the Compliance Program;
- Working with appropriate Health Colorado departments to develop standards of conduct and policies and procedures to promote the Compliance Program and the Code of Conduct;
- Recommending and monitoring, in conjunction with the relevant departments, the development of internal systems and controls to carry out the organization's standards, policies and procedures as part of its daily operations;
- Determining the appropriate strategy to promoting adherence to the Compliance Program and the detection and reporting of potential violations; and
- Addressing other functions where compliance impacts operating structure and daily routine of Health Colorado's service delivery.

Network Management. Network Management provides an avenue for compliance actions led by the Compliance Officer as it relates to the provider network. Actions may include provider education regarding the Compliance Program, provider reporting of potential compliance issues, and interventions to respond to compliance related issues with providers.

3. Education and Training

Our training program supports compliance awareness and understanding across all levels of the company. It provides training on our mission, business, and individual job functions. We require all employees to complete specified new hire and annual trainings as a condition of employment. Topics include, at minimum:

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- Our Code of Conduct
- Confidentiality policies
- Fraud, waste, and abuse

- Federal and state laws
- Our compliance programs
- Confidentiality policies

In addition, how to report potential non-compliance and fraud, waste, and abuse issues and whom to contact with compliance or policy and procedure questions is also provided.

Training is delivered via an eLearning platform that enables us to produce evidence of training when requested. The Compliance Officer will also be available to create and deliver location and department specific compliance, contractual and program integrity training not only to our staff, but also to the provider network. Providers will receive training on general compliance requirements and fraud, waste and abuse activities, including, but not limited to, how to successfully conduct and comply with an audit, the seven primary elements of an effective compliance program and the need to have a compliance plan.

Health Colorado staff, including members of the Board of Directors, who are involved with the administration or delivery of the ACC Program, complete the following training within 30 days of the beginning date of employment:

- Embracing a Culture of Compliance
- Compliance laws, including State-specific training on fraud, waste, and abuse laws and whistleblower protections
- Fraud, waste, and abuse
- HIPAA Privacy and Security
- The Code of Conduct
- Conflict of Interest and Confidentiality, Privacy and Security policy requirements

Staff are required to complete annual training that includes False Claims Act training that highlights state and federal requirements; the Deficit Reduction Act; the Fraud Enforcement and Recovery Act; the federal Anti-Kickback Statute; and the Stark law. Through this annual training program, staff are educated on the False Claims Act and its relevance to fraud and abuse in Medicaid programs. Staff are alerted to specific provisions for whistleblower protections and are provided with resources to help them remain compliant with False Claims Act laws.

4. Developing Effective Lines of Communication

Effective lines of communication between employees and the Compliance Officer will be in place and incorporated into employee training. Written policies and procedures are available to all employees who may want advice on certain policies and procedures, or who wish to report actual or suspected violations of law or the Code. A system designated for routine internal monitoring and auditing for compliance risks will be available. The Compliance Officer interacts regularly with functional areas in order to conduct investigations, monitor and support business operations and respond to inquiries. Reports of potential non-compliance, suspected fraud, waste or abuse, privacy incidents or general compliance concerns come into the Compliance Officer through several avenues including, emails to the compliance inboxes and in-person conversation with compliance staff.

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All staff are encouraged to ask questions and report any problems or concerns about the organization or our operations. Health Colorado maintains a Compliance and Ethics Hotline and other procedures to foster an open atmosphere for employees, providers and Members to report issues and concerns, anonymously. We contract with a third party for reporting compliance concerns via mail, online, or by telephone. Staff may also direct any questions or concerns to their supervisor, manager, operating unit executives, the Compliance Officer, or Human Resources. Concerns made by staff may require investigation to assure compliance with the requirements of the contract and applicable laws.

Effective lines of communication are also maintained between Health Colorado, agencies, subcontractors, providers, and Members operating under the scope of this contract. Communication shall be conducted using the best and most appropriate means available, such as, direct mail, telephone, email, website and Committee meetings.

5. Conducting Internal Monitoring and Auditing

In addition to proactive reviews, Health Colorado also maintains a Compliance and Ethics Hotline that allows employees, contractors, Members, and providers to anonymously report issues related to compliance or fraud, waste, and abuse. Hotline contact information is published in a variety of places, including external newsletters and the company website. Identified compliance risks will be investigated and addressed promptly to assure that the risk of future recurrence is reduced. The routine internal monitoring system will include:

- Processes to monitor Members for improper prescriptions for controlled substances, inappropriate emergency care or card-sharing
- Processes to screen provider claims collectively and individually for potential fraud, waste, or abuse
- Processes to identify overpayments to providers including upcoding, unbundling, of services, services that were billed but not rendered, inflated billing, and other improper payments
- Processes to monitor for and promptly resolve other compliance risks identified

The purpose of internal monitoring and auditing activities is to ensure the organization is meeting expectations and the contract requirements of the RAE, and state and federal regulations. Additionally, Health Colorado's Compliance Officer will monitor and review reports issued by the various operational and business departments of Health Colorado to validate adherence to the Compliance Program.

Concerns reported to the Compliance Officer or through other communication sources that suggest substantial violations of compliance policies or regulations, will be documented and investigated promptly to determine their veracity. The Compliance Officer will document all reports, including the nature of any investigation and its results. As appropriate, such information will be included in reports to the Program Officer, Board of Directors, or the COC. Issues will be reported to the Department as appropriate.

6. Enforcement

Response to non-compliance must be enforced to have an effective Compliance Program. Disciplinary actions are consistent with the action regardless of a staff's position across the

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organization and response to non-compliance is contingent with the level of finding. Decisions about actions are a collaborative effort between compliance, legal, human resources, and supervisory staff to assure proper action occurs following incidents that impact compliance.

Health Colorado will establish clear expectations of compliance through our Code of Conduct and Compliance Program policies and procedures. The Code of Conduct and Compliance Program policies and procedures will require staff to report issues of non-compliance; fraud, waste and abuse; and unethical behavior. Disciplinary guidelines are provided to staff in the Code of Conduct and other organization polices, including but not limited to the Disciplinary Action and Sanctions for Violating HIPAA Privacy and Security policies.

Violations may be grounds for termination or other disciplinary action, depending on the circumstances of each violation as determined by the Human Resources Department in consultation with the Health Colorado Compliance Officer or designee.

7. Response and Prevention

It is important that Health Colorado respond to an incident or report as a way of continual process improvement. The response will occur at the employee/supervisor level or higher depending on the incident. Investigation of reports is a necessary component of a Compliance Program should the report warrant such action. Investigations may involve human resources, legal, and/or the Compliance Officer based on the incident to ensure a thorough assessment of the incident and potential follow up.

Investigation findings are reviewed to assess if modifications are necessary to prevent future incidents. Modifications may include revisions to policies and procedures, staffing adjustments, or implementation of new/modified audits or protocols.

At the end of the fiscal year, the Compliance Plan is reviewed and a report completed regarding successes and opportunities. Compliance indicators are continually assessed and updated to ensure current relevance. Policies with compliance components are updated as standards change.

If an investigation identifies fraud, waste, or abuse, misconduct, violation of applicable laws or regulations, or noncompliance with ACC Program requirements, Health Colorado will take prompt appropriate action, including but not limited to, the following:

- For staff, when warranting an investigation, the Compliance Officer consults with the Human Resources Department to determine appropriate action in accordance with the Code of Conduct and other applicable policies and procedures.
- For providers, corrective action plans may be required based on investigative findings designed to correct underlying problems that resulted in program violations and prevent future program violations or misconduct. Depending on the circumstances, corrective action plans may involve repayment of overpayments, disciplinary action or other remediation in response to the violation. Each corrective action plan is tailored to address issues identified in the investigation, provide structure and timeframes for completion, and is monitored and tracked by to ensure that the improvement is fully implemented in a timely manner.

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- Training and education to prevent recurrence of program violations or misconduct may be provided as needed to staff or providers.
- The Compliance Officer and affected business areas will monitor and audit to ensure effective resolution of issues identified during an investigation.
- Voluntary self-reporting and referrals to law enforcement, governmental authorities and/or the County will be enforced, as appropriate. Health Colorado will report instances of potential fraud, waste or abuse, misconduct and/or noncompliance related to the Department as applicable.

INSPECTION AND AUDITS

As the RAE, Health Colorado agrees to allow the Department, CMS, the U.S. Department of Inspector General, the Comptroller General, and their designees to inspect and audit any Health Colorado records or documents, or those of our subcontractors, if applicable. We agree to allow inspectors and/or auditors to inspect the premises, physical facilities, and equipment where Medicaid-related activities and/or work is conducted at any time. This will include Department staff access to our claims system and data for audit program integrity activities. In addition, the entities listed above will retain inspection and audit privileges for 10 years from the final dates of the contract period or from the date of completion of any audit, whichever is later.

Further, we agree to allow CMS or its agent or designated contractor and the Department or its agent to conduct unannounced, on-site inspections for any reason. If right of access is requested, we will make staff available to assist in an audit or inspection and provide adequate on-site spaces to reasonably accommodate the Department, state, federal contractors, or their designees' personnel conducting all audits, site reviews, or inspections. Health Colorado also agrees to allow Department staff access to our claims system and claims data for program integrity activities.

We agree, in consultation with the Department, to participate in compliance monitoring activities and respond to any Department or designee request for information related to compliance monitoring, including Encounter Data analysis and Encounter Data validation, and other information or analyses needed for compliance monitoring. We will submit copies of existing policies and procedures to the Department with five business days of request. Many Health Colorado staff have previous experience in the preparation and timely submission of compliance monitoring documentation preparation, on-site visits, and other monitoring activities. Health Colorado will also submit copies of existing policies and procedures to the Department within five business days of request.

Exclusion Screening

It is Health Colorado's policy not to employ, contract, or conduct business with individuals or entities listed by a federal agency or state law enforcement, regulatory or licensing agency as excluded, suspended, debarred, or otherwise ineligible to participate in federally funded health care programs, or who have been identified as potential terrorists or having connections with terrorists. To do this, we will screen employees, the Board of Directors, vendors and providers against state and federal lists such as:

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- The General Services Administration (GSA) System for Award Management (SAM) list
- HHS OIG List of Excluded Individuals and Entities (LEIE) for Medicare/Medicaid sanctions
- The U.S. Department of the Treasury's Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons List (SDN) for individuals and/or entities involved with terrorists and/or terrorist activities
- State exclusion lists

Our Human Resources Department also screens all individuals with an ownership or controlling interest of five percent or more on a monthly basis. Provider Network Operations screens all individual providers, clinicians within a group practice and any owner of more than five percent of any participating provider during credentialing and re-credentialing and monthly thereafter or consistent with the reporting entity's publishing cycle if the publishing cycle is greater than monthly. If we discover an employee or provider on any of the exclusion lists, we will notify the Department within five business days of discovery.

This information will be disclosed by Health Colorado at the time of executing the RAE contract with the Department, at contract renewal or extension, and within 35 calendar days of either a change of ownership or written request by the Department.

FRAUD, WASTE, AND ABUSE

Health Colorado Compliance Plan described above will articulate our Compliance Program designed to detect and prevent fraud, waste and abuse. The experience of our organizational partners will be leveraged for the Health Colorado Compliance Program, including methods to identify potential fraud, waste and abuse. These methods include:

- Member or family member reports of services billed but not provided
- Claims review using algorithms designed to detect unusual billing practices
- Medical record audits
- Claim and encounter data validation processes
- Provider or other agency reports
- Quality of care evaluations

Health Colorado supports good stewardship of state funds and promotes efforts to educate staff and providers on appropriate practices to avoid fraud, waste and abuse. Our fraud, waste and abuse efforts consist of four major functions: prevention, audit and detection, investigation, and resolution. Effective prevention efforts are built on provider education, training, communication, monitoring, and industry partnerships. Specific examples of prevention mechanisms include:

- **Provider Communication:** Providers can find information relating to their roles and responsibilities in ensuring compliant practices in their Provider Handbook. Additionally, information in the handbook informs the provider of the reason and nature of audits we've done and how an audit is triggered.
- **Training and Education:** Annually, we conduct training programs focused on detecting consumer, provider, and facility fraud, or abuse cases. This training is provided to Health Colorado staff, including quality management, provider relations, credentialing, compliance, utilization, and clinical management staff. As part of its Provider Monitoring Program, these

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staff members monitor providers through a variety of measures, including chart audits, service calls, claims analyses, clinical reviews, and care authorizations. Our training programs detail current federal and state regulations concerning Health Colorado's obligation to actively work to identify and stop fraudulent activity and educate stakeholders. Our training program also includes examples of simple claims billing errors that may trigger a fraud investigation and provides an overview of the False Claims Act and other applicable laws, fraud reporting and referral processes, and whistleblower protection. Identified cases of potential fraud or abuse are reported to our Compliance Officer, as described in the section on reporting fraud, below. Additionally, all Health Colorado employees receive CMS-compliant anti-fraud training when first hired and annually thereafter, while information is available on our website for Members regarding identifying and reporting suspicious activities. All training is documented and verifiable.

- **Provider Profiling and Credentialing:** Health Colorado requires all providers to register with appropriate types and categories of service, and to be credentialed prior to contracting. As part of our credentialing process, we screen providers through databases such as the Federal LEIE and GSA Debarment List to ensure that they are not sanctioned or excluded from participation in federal programs.
- **Fraud and Abuse Hotline:** Health Colorado disseminates our toll-free Compliance and Ethics Hotline number through Member materials and Provider Handbooks to give Members and others a confidential means for reporting fraud and other issues.
- **Claim and Encounter Edits:** Our system has edits in place that automatically deny claims for reasons such as duplicates, unknown service, unknown or ineligible Member, and ineligible providers. Knowledge revealed (e.g., emerging patterns) by data validation audits and trend analyses are used to design new rules/edits to prevent improper payments.

Audit and Detection Mechanisms used by Health Colorado to identify suspicious provider activity include:

- Member or family member reports of services billed but not provided
- Claims review using algorithms designed to detect unusual billing practices
- Medical Record audits
- Claim and encounter data validation processes
- Provider or other agency reports
- Quality of Care evaluations
- Program Integrity audits and investigations
- Fraud and abuse hotline
- Annual verification of services mailing to Members

We will implement a systematic medical record review process for conducting audits on a regular basis. Auditing procedures were refined over several years and have proven useful and effective in improving documentation according to feedback received from providers. This process will include clinical oversight from the Medical Director.

The medical record review process includes education, corrective actions, recoupment of funds for unsubstantiated services and reporting for potential fraud when repeated patterns of improper billing are identified.

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Our process will begin with education up front. During new provider on-boarding, each provider is required to review material about documentation requirements and encouraged to ask questions. Documentation requirements are also available in the Provider Handbook. During a provider's first year in the network, a medical record audit is typically completed.

Health Colorado will conduct several types of medical record audits over the course of the contract. At times, focused audits are completed. These audits may be associated with performance measures, quality initiatives, service types, grievances, quality of care, and/or validation of services or content. Examples of types of audits that may be conducted include:

- Medical record content documentation for mental health and substance use disorders
- Quality of Care
- Evaluation and Management Codes
- Coordination of Care
- Inpatient and Residential Treatment
- Encounter/Claims Validation Quality Review (411 Audit)
- Risk Assessment and Evaluation

Non-medical record audits include:

- Contract Compliance
- Enhanced Primary Care Medical Provider (PCMP) Standards
- Performance Measures
- ADA Disability Assessment

Medical Record Audit Procedures
Selection
Providers may be selected randomly for routine audits or may be audited for a variety of other reasons, such as grievances, quality of care concerns, retrospective claims review, and requests by the Department. Providers selected for audit will be asked to provide a record for each Member chosen. For routine outpatient audits, the selection pool consists of Members who had three or more services from the provider. Claims review will be done at the same time as the medical record audit on at least four claims for each record. Providers will be re-audited when six months have passed after a previous failed audit.

Audit Procedures
Providers who submit records to us have three weeks from the date of the request letter to submit their materials. A two-week extension may be granted on request for special circumstances. Beacon's audit staff will complete the medical record audit and claims review within 30 days after receiving the charts. Claims reviews that were done along with chart audits will be submitted to the Compliance Officer for review and action, if necessary. Such decisions will be made according to compliance policy. Providers will receive a letter stating the audit results and a copy of each audit form completed. The letter will contain recommendations for improvement, as needed, and a time line for future audit. Sample forms for provider use or tip sheets for complying with problem areas may also be included. Contact information is included and the provider is invited to call the auditor with questions regarding the audit results.

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Scoring

There may be items at the beginning of the audit that are monitored but not scored. These are typically new audit items. Each audit comprises five scored sections, and each section is scored separately. In the case of a claims audit, a claims audit consists of 14 question for each claims. A passing score is 80 percent in each of the audit tool section; there is no aggregate score.

Re-audit Procedures

Providers who have a score of 80 percent or better in each section of the audit will "pass" the audit and no further action will be taken. The provider will be placed back in the pool for random selection for their next audit in two years. Providers who score between 60 and 80 percent on one or more sections of the audit will "fail" the audit and receive education and recommendations for improvement. They will be re-audited in six months. If the provider receives failing scores at the second audit, they will be asked to submit a Corrective Action Plan and will be re-audited again in six months.

Providers who score below 60 percent will "fail" the audit and be asked to submit a Corrective Action Plan for the relevant items within three weeks of receiving their results. Provider who fall into this category will also be re-audited in six months. Providers who do not improve significantly after a Corrective Action Plan will be referred to the Quality of Care Committee for quality concerns.

In cases where the documentation does not substantiate the service billed, a recoupment is initiated and education is provided. A follow up audit is scheduled within six months. In the process of auditing, the auditor may encounter information that appears potentially fraudulent. In those instances, auditors are trained to report the potential fraud to the Compliance Officer for further action. Continued instances of audit results indicating the documentation does not support the service billed will result in a program integrity referral to the Compliance Officer.

Provider Education and Training

We will offer documentation training to providers to support and assist them in meeting documentation requirements. Education is offered several times each year; topics may vary by treatment type. Round table discussions are also offered on specific topics and discussion may include documentation and other procedural and compliance-related questions. These sessions are always available by webinar for those providers who are unable to attend in person. Health Colorado also presents documentation training in-person open to all providers and available by webinar at least semi-annually.

Another method we will use to communicate compliance expectations to providers is via email. Tip sheets for medical record documentation, Member engagement and other topics are brief and structured so providers can keep the information at hand. Emails are also sent to notify and remind providers of events and procedural, contractual, or regulatory changes.

QUALITY IMPROVEMENT INSPECTION, MONITORING, AND SITE REVIEWS

Health Colorado agrees to make staff available to assist in any audit or inspection under the RAE contract. We agree to fully comply with all requirements regarding site reviews conducted by the Department or its designee at ours or our providers' locations. We agree to:

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- Allow the Department or its designee to conduct site reviews at least annually, or more frequently as determined by the Department
- Cooperate with Department site review activities to monitor Health Colorado's performance
- Allow the Department or the State to inspect and review our operations for potential risks to the state of Colorado operations or data
- Allow the Department or its designee to conduct an emergency or unannounced review for instances including but not limited to Member safety, quality of care, potential fraud, or financial viability
- Fully cooperate with any annual, external, independent review performed by an EQRO or other entity designated by the Department
- Participate in the preview of the monitoring instrument to be used as part of the assessment for a routine site review
- Submit copies of policies, procedures, manuals, handbooks, reports and other requested materials to facilitate the Department and/or designee's desk audit prior to the site review
- Make available to the Department and/or designee and its agents for site review all records and documents related to the RAE contract, either on a scheduled basis or immediately on an emergency or unannounced basis

We understand that site reviews may include a sample of our network providers to ensure that providers have been educated and monitored by Health Colorado about the requirements under the RAE contract. In the event that the site reviewers wish to inspect a provider location, we will ensure that providers make staff available to assist in the audit or inspection effort, and that providers make adequate space on the premises to reasonably accommodate the Department, state, or federal personnel conducting the site visit.

Various system checks, described below, are built into our claims and encounter processing systems to detect errors, inaccuracies and overpayment, and prevent upcoding, unbundling of services, services billed but never rendered, inflated charges for services, miscoding or other improper payments.

Claims
Part of the adjudication process of paying a claim through our system involves matching incoming claims to existing service authorizations. If a claim does not have a matching service authorization, the claim is not paid.

Encounters
Upon receipt of monthly encounter data files, checks are performed on all encounter data received before being reported to the State. Specially developed software programming is used to perform these checks. Among the errors that could trigger the identification of questionable service coding or inaccurate CPT billings are:

- Place of service is not provided or is invalid
- Procedure code supplied by provider does not match the one derived by the RAE
- Number of units is not provided
- Duration is invalid or not provided
- Procedure code is not on State-approved list
- Number of units is not numeric
- Start time is invalid or not provided
- Provider credential is invalid or not provided

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- Invalid core service code
- Invalid program code
- Number of units does not match that calculated by the RAE

- Invalid modality code
- Procedure code is not provided
- Procedure code is not on state approved list for service date

The types of errors are then compiled into a report and returned to the provider submitting the file for resolution. A monthly data report card is then produced to show the overall health of our encounter submission for the month. A summary of this report is presented to the Health Colorado Board monthly to ensure the required corrections and follow-ups are completed.

Encounter Data

Having performed the encounter data certification process many times under the previous BHO contract, Health Colorado is very familiar with the importance of attestation of accuracy and completeness of the data delivered to the Department. Incoming claims and encounters are subjected to more than 80 different edits to test for completion and accuracy, including several specific checks for eligibility. A data report card process has been in use since 2006, and it will be used by Health Colorado to provide positive feedback to submitters of encounter data about the quality of their data submissions and where opportunities may exist for improvement. Data certification will include certification that data submitted are accurate, complete, and truthful,

and that all "paid" encounters are for covered services provided to or for enrolled Members. Prior to the monthly submission of encounter data to the Department, the raw data is reviewed by our Health IT Director for completeness and accuracy and compared to previous submissions' totals as a reality check. Once the encounters are submitted to the Department and no questions are raised, the letter of certification is then sent.

> *Data quality submitted by our staff through the BHO contract was monitored through the use of a monthly data report card, which Health Services Advisory Group (HSAG) described as a "best practice."*

We have extensive experience submitting Encounter Claims Data electronically, consistent with the Colorado Medical Assistance Program policy rules and the Medical Assistance Manual of the Department. We typically submit multiple encounter data files to the Department every month, in the ANSI ASC X12N 837 format. We have a robust Electronic Data Interchange (EDI) system and proven experience in working with the ANSI ASC X12N standards. Since 2009 we have reported over 5.8 million services to Medicaid Members, averaging about 645,382 unique services per year. Our EDI system successfully completed the X12 migration from version 4010 to 5010 in 2011. In October 2015 our EDI system successfully completed the migration from ICD-9 to ICD-10. Health Colorado participates in monthly meetings with the Department to discuss encounter data submission quality, as well as to help prepare for the future of these data submission standards in an integrated environment. Health Colorado represents the partners and providers during the meetings with the Department.

Health Colorado makes full use of the enrollment reports provided by the Department to identify and confirm membership and as a basis for payments, adjustments, and reconciliation of claims and encounters. We use these files to drive almost all of its system processing, including, but not limited to, authorizations, claims payments, Member mailings, recoupment/payment recovery

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activities, quality improvement, provider contracting, financial planning, reporting, and auditing. Data provided by the Department has been key in our ability to provide care and monitor performance. By using the data extensively in everything that we do, we have been able to provide clarity and confidence of decision-making to the State, providers and Members.

Member Services Verification

Health Colorado conducts a Member services verification process as a key component of its efforts to detect and deter fraud, waste, and abuse. This plan is designed to validate Member service delivery and ensure Members are receiving the services for which billing occurred. The plan involves randomly selecting a sample of paid claims/encounters on an annual basis and sending Members written correspondence that requests the Members identify if the services did not occur as billed. We investigate every response received and potential outcomes include:

- Requesting progress note documentation from the billing provider to ensure the service was documented and billed appropriately
- Following up with the Member to discuss the service in more detail
- Recouping claims/encounters that were billed incorrectly
- Expanding to a Program Integrity audit to determine if other services billed by the provider are affected
- If fraud is suspected, reporting to the Department within the timeframes specified in the Medicaid contract and to the Medicaid Fraud Control Unit (MFCU) as directed

Data related to the Member Services verification process is maintained and reported as needed, including notices sent, responses received, follow-up actions taken, whether fraud was suspected and when it was reported to the Department, and overpayments recovered.

Investigation

On behalf of Health Colorado, Beacon conducts alleged fraud and/or abuse investigations of providers. Beacon maintains a Compliance Department staffed with Certified Fraud Examiners, Certified Internal Auditors, Certified Professional Coders, Accredited Healthcare Fraud Investigators, and licensed clinical staff.

Health Colorado, in compliance with the Office of Inspector General (Medicaid and Medicare), Insurance Fraud Bureau (Commercial), and Office of Personnel Management (Federal Employee Health Benefits Programs), has put in place a fraud and abuse program designed to meet regulatory requirements and protect health plan Members, providers, and staff. Beacon's Program Integrity Department is dedicated to detecting, investigating, and preventing all forms of suspicious activities related to possible health insurance fraud and abuse. This includes any reasonable belief that insurance fraud will be, is being, or has been committed. The online interactive Fraud and Abuse training fulfills our responsibilities defined under the Deficit Reduction Act to provide training for all Health Colorado staff about the Federal False Claims Act, the rights of employees to be protected as whistleblowers, and our policies and procedures for detecting, reporting, and preventing fraud, waste, and abuse.

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Responsibilities of the Compliance Department include:

- Examining and identifying billing trends through a set of "data mining" tools that include regular reports for (internal use only) examining:
    - High volume of sessions
    - High volume of dollars paid
    - Family groupings of sessions
    - High volumes of unduplicated Members reports (high quantity of Members)
    - Duplicate claims submission
    - Matching surnames (providers and Members with matching surnames)
- Following up on all referrals from all sources to determine if fraud and/or abuse is occurring
- Coordinating the education of providers, staff, and enrollees about the incidence and types of health care fraud
- Generating fraud guidelines for handling claims when fraud issues are involved
- Requesting from the managed health care system special handling flags for those providers suspected of aberrant activities and reviewing the reports generated from these flags
- Proposing to senior management ongoing revisions of policies and procedures in claims payment and case management practices resulting from fraud investigations
- Maintaining documentation on all cases referred for investigation
- Coordinating with state fraud agencies on investigations and findings, as directed
- Performing all preliminary background investigation of claims history and previous interactions with suspected aberrant providers
- Creating and maintaining a central reporting database on all providers under investigation to generate to the Department's fraud unit
- Acting as a resource to provider relations in procedures of disenrollment of participating providers
- Being prepared to testify at any hearings or trials resulting from fraud investigations
- Recovering improper payments made on fraudulent or abusive claims, when approved by the Department
- Coordinating with Health Colorado staff to suspend provider payments, when requested by, or in consultation with, the Department
- Participating in joint meetings held by the Department and the MFCU
- Providing reports on Fraud, Waste, and Abuse activities per contractual requirements and when requested by the Department

Reporting Fraud

Potential occurrences of fraud or abuse are reported to the Health Colorado Compliance Officer, who conducts an initial investigation of such reports, involving other staff as necessary. If the findings of the initial investigation support potential fraud or abuse, notification of the potential fraud or abuse is made to the Department within the timeframes specified in the Medicaid contract and to the MFCU as directed. Referrals include cases that involve potential fraud or abuse by employees, practitioners, Members or family members, community mental health center partners, or other organizations or facilities involved in the provision of mental health services to Members. We will work collaboratively with the Department and MFCU to conduct or assist in investigations and to make available all documentation and records pertaining to the

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fraud investigations upon request. Upon completion of an investigation, the following steps may be taken in collaboration with the Department and MFCU:

- Reversal of claims/resubmission of encounters
- Recovery of overpayments
- Recommendation of a corrective action plan
- National Credentialing Committee review for credentialing issues, or possible disenrollment and suspension of referrals
- Provider education
- State agency notification
- Initiating a provider and/or Member flag for monitoring claims/encounter activities

Health Colorado's partners have a track record of reporting potential fraud to the State in accordance with the requirements of our contract. Through investigative efforts, funds were recouped based on inappropriate billing and documentation practices and corrective actions and monitoring were put in place to ensure accurate billing and documentation in the future.

The Compliance Officer will attend and participate in joint meetings held by the Department and MFCU to discuss issues related to fraud, abuse, and misuse of Medicaid funds and resources.

Health Colorado will report shall submit a fraud, waste, and abuse report to the Department every six months and annually that contains the following information:

- All audits or reviews which have been started, are on-going or completed in the previous six months (or annually)
- All instances of suspected fraud discovered and reported to the Department during the past six months (or annually)
- The number of notices sent to Members to verify and report whether services billed by providers were actually received by Members

Monitoring Members for Improper Prescriptions for Controlled Substances, Inappropriate Emergency Care, or Card-Sharing

Health Colorado will deploy the Prescription Drug Interaction Program (PDIP) to identify the use of improper prescriptions or prescribing patterns. The program combines expertise in psychiatry, psychopharmacology, and analytics to identify medication-related concerns and address problems through evidence-based interventions, at the individual and provider levels. The use of PDIP will allow Health Colorado to obtain regular reports detailing controlled substance prescribing and dispensing that include Member, as well as prescriber detail. We will use these reports to initiate follow-up with the State and appropriate authorities.

Corrective Action Plans

Health Colorado agrees to respond to the Department for any required actions with a corrective action plan that will be submitted to the Department for approval within 30 calendar days of the final report, specifying the action to be taken to remedy the deficiencies and time frames. We agree to make all changes to the plan as required by the Department and resubmit the plan for the Department's approval. Once approved by the Department, we also agree to implement the plan

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and continue progress until we are found to be in compliance by the Department. In addition, we agree to ensure that Covered Services are provided to Members during corrective action periods that affect the provision of covered services to Members.

PROHIBITIONS

Health Colorado will comply with the requirements defined in *Section 5.15.7* of the RFP. We will educate our Network Providers and monitor for adherence to requirements for Network Provider participation in the Accountable Care Collaboration Program including the following:

- Provider identification of provider-preventable conditions
- Enrollment with the state as a Medicaid Provider
- No payment will be made to an entity or individual who has been excluded from participation in federal health care programs
- Prohibited affiliations regarding any entity of individual who has been debarred, suspended or otherwise excluded from participation in procurement activities or non-procurement activities in accordance with applicable federal or state regulations
- We will create and submit a Provider Preventable Conditions Report to the Department annually, and by July 31 of each year.

Further, we understand that the Department will not make any payments to Health Colorado should any of our ownership partners be excluded under Section 1128(b)(8) of the Social Security Act as being controlled by a sanctioned individual, or an entity that employs or contracts, directly or indirectly, for the furnishing of health care, utilization review, medical social work, or administrative services and are debarred, suspended, or excluded from participation from federal health care programs, or have a prohibited affiliation as delineated in *Section 5.15.7.4* of this RFP. We will provide written disclose to the Department for any prohibited relationship with a person or entity within five days of discovery.

Network Providers not meeting these requirements will not be eligible for payment for the delivery of services. Upon discovery, we will report to the Department and the HHS Secretary, as applicable, any non-compliance issues with these requirements.

SCREENING OF EMPLOYEES AND CONTRACTORS

Health Colorado routinely performs initial and monthly exclusion checks of our staff and network providers. Prior to hire or contracting, we screen staff to ensure they are not debarred, suspended, or otherwise excluded from participation in federal health programs by checking against Officer of Personnel Management (OPM), the Office of Inspector General's (OIG) List of Excluded Individuals (LEIE). Staff are then screened monthly throughout the duration of their tenure. Likewise, during initial credentialing, we screen all potential network providers against the above databases, and will not accept any provider into the network that is excluded from participating in federal health programs. Once accepted into the network, providers are screened monthly for continued compliance.

If during the course of the contract that Health Colorado determines that one of our staff, subcontractors, or network providers has been excluded, we will take appropriate action in

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accordance with federal and state statutes and regulations, and will report the discovery to the Department. This report will be delivered within five days of discovering the excluded provider.

REPORTING

Health Colorado will return any overpayments to the Department within 60 days (or earlier upon identification). We will work collaboratively with the Department to keep each other informed of any anomalies or errors in the capitation payments, underlying data received, and cash paid by the Department. An example of our collaboration is reflected by how closely our staff worked with the Department during the new MMIS system transition.

Health Colorado will promptly notify the Department about changes in a Member's circumstances that may affect eligibility. We will report all adverse licensure or professional reviews it has taken against any provider, according to 45 C.F.R. Subtitle A, Part 60, Subpart B, to the National Practitioner Data Bank and to the State regulatory board. We will immediately notify the Department of information that may affect a provider's eligibility to participate in the managed care program or in the ACC program as required.

Health Colorado will immediately notify the Department upon receipt of information about a change in a provider's circumstances that may affect the provider's eligibility to participate in the managed care program or in the Colorado Medicaid program, including a change in provider licensing, ownership or control, elimination from the provider network, or the conviction of a crime related to the provider's involvement in any program under Medicare, Medicaid, or Title XX service program of the Social Security Act.

At times, it may be necessary to terminate an existing provider due to non-compliance with contract requirements, quality or performance issues. We will notify the Department in writing of a decision to terminate an existing network provider at least 60 calendar days prior to services being terminating, except for quality or performance issues as appropriate. For provider termination due to a quality or performance issue, we will notify the Department in writing and will submit with the notice of termination a description of our plan to provide or secure services following the termination. In such instances, we commit to submitting the notice of Network Provider Termination within two business days of the decision to terminate.

FRAUD, WASTE, AND ABUSE COMPLIANCE REPORTING

For all covered services included in the RAE contract, Health Colorado will create and submit a Fraud, Waste, and Abuse Compliance Report every six months. This report will contain all audits/reviews from the past six months that were either started, in process, or completed, and all issues of suspected fraud discovered and reported to the Department during the past six months. Information include in this report for either audit/review or suspected fraud issues will include the provider legal name and trade name if any, NPI, and location of the provider.

For fraud, waste, and abuse audits specifically, the report will include the:

- Issue(s) being reviewed or audited
- Amount of the overpayment identified if any, and the amount recovered, if any
- Status of the review or audit

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- Start and end dates of services covered by the review or audit
- Start date of the review or audit and the date of recovery, if any

For issues of suspected fraud, waste, and abuse audits specifically, the report will include the:

- Suspected fraud issue
- Start and end dates of the services suspected to involve fraud
- Approximate amount of the claims affected
- Date of fraud report to the Department

The report will also include the number of notices sent to Members to verify and report whether services billed by providers were actually received by the Member; the number of responses received; number of responses warranting further action; whether a review or audit was conducted or fraud report was made regarding responses warranting further action; and the amount of overpayments recovered.

The Fraud, Waste, and Abuse Compliance Report will be submitted to the Department within 45 days of the end of the reporting period, with an annual summary report for the past year that includes all the information of the semi-annual report by July 31.

ADMINISTRATIVE REPORTING

Health Colorado is very familiar and has in-depth understanding of the administrative and financial data that underlies the Administrative Report. Our accounting systems can readily provide the data covering the requested period to meet the 10-day turnaround timeframe for this deliverable. We understand that the Department may change or terminate any fixed submission schedule it creates by notifying Health Colorado in writing of the change or termination.

Health Colorado's Administrative Report will contain all information regarding our staffing, expenses, and revenues relating to the scope of work under the RAE contract as directed by the Department for the period that the report covers. The report will include, but is not limited to:

- Number of FTEs per position category, as determined by the Department, and total salary expenditure for that position category
- Operating expenses broken out by category, as determined by the Department
- Number of staff that were newly hired/terminated and number of vacant positions, broken out by position category as determined by the Department
- Administrative revenues, such as payments by debt and interest revenues, broken out by source as directed by the Department
- Administrative expenditures, such as payments to subcontractors, if any, and providers, broken out by source as directed by the Department
- Remaining cash-on-hand at the end of the period

FINANCIAL REPORTING

Health Colorado is very familiar and has in-depth understanding of the financial data that underlies financial reporting. Our accounting systems can readily provide the data to meet the specified turnaround times for each deliverable. We have experience and has previously

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submitted quarterly internal financial statements, trial balance, crosswalks, and other relevant financial data to the Department both quarterly and annually. All financial reports were submitted timely and were accepted by the Department.

As the RAE, Health Colorado will submit financial information to the Department quarterly and annually, and attend in-person quarterly meetings to review and discuss our financial information. We will compile financial information that will include, but not be limited to:

- Quarterly internal financial statements, including balance sheet and income statement
- Quarterly trial balance listing all account numbers, descriptions, and amounts
- Crosswalk and/or allocation schedule(s) to link the quarterly trial balance to the quarterly financial report

We will submit the quarterly financial report using a template that has been mutually agreed upon by Health Colorado and the Department. The report will contain a detailed accounting of the total revenue received from the Department during the quarter and how payments were spent, including but not limited to the amount and percentage of PMPM payments spent during the reporting period, and a breakdown of how the PMPM payments were spent to support the following work categories:

- PCMP network provider support, with a break-down of administrative payments made to PCMPs based on the payment strategy used (e.g., PMPM, other payment arrangement)
- Care coordination, with a break-down of dollars spent on contracted care coordination and provided by Health Colorado
- Practice support to include specific information about the types of practices supported
- Administration
- Network development
- Community infrastructure and Health Neighborhood participants
- Systems support and capital infrastructure investments
- Subcontractors, if any
- Any additional categories that may be expanded

Health Colorado will submit Quarterly Financial Information to the Department no later than 30 days from the end of the state's fiscal quarter.

Annual Financial Statement

Health Colorado's partners have previously submitted audited financial statements to the Department on an annual basis. The audited financial statements are also provided to and required by the Colorado Division of Insurance. Audited annual financial statement will be complied by Health Colorado and will include, but not limited to:

- Annual internal financial statements, including balance sheet and income statement
- Audited annual financial statements prepared in accordance with Statutory Accounting Principles (SAP)

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The audited annual financial statements will certified by an independent public accountant and Health Colorado's Chief Financial Officer or their designee. Our audited annual financial statements will be submitted no later than six months form the end of the fiscal year to the Department in a template provided by the Department and modified as needed.

Quarterly Financial Meetings

Health Colorado's Chief Program Officer and CFO will participate in quarterly meetings with the Department to formally present and review the quarterly financial reports submitted to the Department. The Contractor shall submit other financial reports and information as requested by the Department or its designee, and assist the Department in verifying any reported information on request. If the Department determines that there are errors or omissions in any reported information, Health Colorado will produce an updated report that corrects all errors and includes all omitted data or information. The updated report will be submitted to the Department within 10 days from the date of request.

HEALTH INSURANCE PROVIDERS FEE REPORTING

Health Colorado's staff have previously prepared and submitted the IRS Form 8963, both preliminary and final calculations by the IRS, and all relevant additional information to the Department by the required due date. Health Colorado will produce and submit a Health Insurance Providers Fee Report to the Department as applicable.

In the event that Health Colorado is subject to any Health Insurance Providers Fee under 26 C.F.R. § 57 and required to file IRS Form 8963, we will create and submit a Health Insurance Providers Fee Report to the Department that contains all of the required under *Section 5.15.13* of this RFP annually, and no later than October 1 of each year in which we filed IRS Form 8963.

DISPROPORTIONATE SHARE AND GRADUATE MEDICAL EDUCATION HOSPITAL REPORT

Health Colorado's staff have previously produced and submitted this report Disproportionate Share and Graduate Medical Education Hospital Report to the Department in a timely, accurate, complete, and truthful manner. This certification will be signed by either Health Colorado's Chief Program Officer or CFO, or their designee. We will continue to meet the requirements for this deliverable as specified by the Department and submit this report quarterly on July 31, October 31, January 31, and April 30.

MAINTENANCE OF RECORDS

Health Colorado commits to maintaining a complete file of all records, documents, communications, notes and other materials that pertain to the operation of this Program and work and delivery of services performed under this contract sufficient to disclose the nature and extent of services/goods provided to each consumer for 10 years or longer as required according to the requirements in Appendix B and federal regulations.

We will maintain all records related to the work performed by Subcontractors required to ensure proper performance of that work. Records will be maintained by Health Colorado until the last to occur of: (i) the date 3 years after the date this contract expires or is terminated, (ii) final payment under this contract is made, (iii) the resolution of any pending contract matters, or (iv) if

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an audit is occurring, or we have received notice that an audit is pending, the date such audit is completed and its findings have been resolved (the "Record Retention Period").

We will retain and require all subcontractors to retain enrollee Grievance and Appeal records, in accordance with 42 C.F.R. subsection 438.416, base data in accordance with42 C.F.R. subsection 438.5(c), MLR reports in accordance with 42 C.F.R. subsection 438.8 (k), and the data, information and documentation specified is 42 C.F.R. subsection 538.604, 438.606, 438.608 and 438.610 for at least ten years.

NOTICES AND DISCLOSURES

Health Colorado will create policies and procedures for handling all of the notices and disclosures referenced in Section 5.15.16 of this RFP. Our policies and procedures within 10 business days of the Department's request. These policies and procedures will cover the following:

- **Security Breaches and HIPAA violations.** In the event of a breach of the security of sensitive data, Health Colorado will immediately notify the Department of all suspected loss or compromise of sensitive data within five business days of the suspected loss or compromise and will work with the Department regarding recovery and remediation. All HIPAA violation will be reported in accordance with the Business Associate Addendum.
- **Ownership or Control Disclosures.** Ownership and control disclosure information specified in *Section 5.15.16.3* of this RFP will be disclosed to the Department regarding ownership or control interests in Health Colorado at the time of submitting a provider application and when executing, renewing, or extending the RAE contract with the State. Disclosure information will be submitted in a Department approved form and within 35 calendar days of either a change of ownership or a written request by the Department.
- **Disclosure of Information on Persons Convicted of Crimes.** Health Colorado will notify the Department of the identity of any individual who has ownership, controlling interest, or managing employee in Health Colorado who has ever been convicted of a criminal offense related to that individual's involvement in any program under Medicare, Medicaid, Title XX services program, or Title XXI of the Social Security Act. We will notify the Department at the time of submitting a provider application and when executing, renewing, or extending the RAE contract with the State, and within 35 days of written request by the Department.
- **Business Transaction Disclosures.** We will submit full and complete information concerning the ownership of any subcontractor with whom Health Colorado has had business transactions totaling more than $25,000 during the 12-month period ending on the date of the request; and any significant business transactions between Health Colorado and any wholly owned supplier or subcontractor during the five-year period ending on the date of the request. This disclosure will be submitted within 35 calendar days of the date of a request by the Department or by the Secretary of the Department of Health and Human Services.

CONFLICT OF INTEREST

Health Colorado's organizational partners have experienced identifying potential conflicts of interest and providing full disclosure statements to the Department with the details that create the appearance of a potential conflict of interest. We will comply with the conflict of interest safeguards described in 42 C.F.R. §438.58 and with the prohibitions described in Section

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1902(a)(4)(C) of the Act applicable to contracting officers, employees, or independent contractors. We will submit a full disclosure statement to the Department that sets forth the details that create the appearance of a conflict of interest within 10 business days of learning of an existing appearance of a conflict of interest situation.

SOLVENCY

Health Colorado will notify the Department upon becoming aware of or having reason to believe that it does not, or may not, meet the solvency standards specified in the RAE contract. We will not hold any Member liable for our debt in the event of insolvency. The Department will be notified within two business days Health Colorado becomes aware of a possible solvency issue.

SUBCONTRACTS AND CONTRACTS

Health Colorado will disclose copies of any existing subcontracts and contract to the Department within five business days of request. We will further ensure that Members are not billed by a subcontractor or provider for any amount greater than would be owed if the contractor provided the services directly or in violation of 25.5-4-301(1)(a)(I), (II), and (II.5), C.R.S.

WARRANTIES AND CERTIFICATIONS

We will disclose to the Department if we are no longer able to provide the same warranties and certifications as required at the effective date of the contract within five business days of becoming aware of the inability to offer the warranty and certifications.

ACTIONS INVOLVING LICENSES, CERTIFICATIONS, APPROVALS, AND PERMITS

Health Colorado will notify the Department within two days of being notified of the following situations:

- Any action on the part of the Colorado Commissioner of Insurance identifying any noncompliance with the requirements of Title 10, Article 16, C.R.S.
- Any action on the part of the Colorado Commissioner of Insurance suspending, revoking, or denying renewal of Health Colorado's certificate of authority
- Any revocation, withdrawal or non-renewal of any necessary licenses, certifications, approvals, permits, etc., required for Health Colorado to properly perform this contract

Health Colorado will notify the Department within two business days of a notification of any of the actions above.

Colorado Department of Health Care Policy and Financing
Regional Accountable Entity for the Accountable Care Collaborative
Request for Proposal 2017000265

OFFEROR'S RESPONSE 25

Provide a positive statement attesting to the Contractor's willingness and ability to perform the work described in the proposed Accountable Care Collaborative: Medicare-Medicaid Program scope of work and negotiate with the Department in good faith, provided existence of appropriate funding.

Health Colorado, Inc. (Health Colorado) fully supports the Medicare-Medicaid Program (MMP) and attests our willingness and ability to perform the work described in the proposed Accountable Care Collaborative (ACC) MMP scope of work and will negotiate with the Department of Health Care Policy and Financing (the Department) in good faith, providing the existence of appropriate funding. As of May 2017, Region 4 had 6,707 ACC MMP enrolled Members. It is the highest regional population of MMP Members in the state compared to other Regional Accountable Entity (RAE) regions. Therefore, our demonstrated expertise and support of this program is essential for RAE Region 4 Members' success.

OFFEROR'S RESPONSE 26

Provide a positive statement attesting to the Contractor's willingness and ability to perform the work described in the proposed Wraparound Program scope of work and negotiate with the Department in good faith, provided existence of appropriate funding.

Health Colorado attests to our willingness and ability to perform the work described in the proposed Wraparound Program scope of work and will negotiate with the Department in good faith, providing the existence of appropriate funding.

OFFEROR'S RESPONSE 27

Provide a positive statement attesting to the Contractor's willingness and ability to perform the work described in the proposed PASRR scope of work and negotiate with the Department in good faith, provided existence of appropriate funding.

Health Colorado attest to our willingness and ability to perform the work described in the proposed Pre-admission Screening and Resident Review (PASRR) scope of work and will negotiate with the Department in good faith, providing the existence of appropriate funding.

OFFEROR'S RESPONSE 28

Provide a positive statement attesting to the Contractor's willingness and ability to perform the work described in the proposed Brokering of Case Management Agencies scope of work and negotiate with the Department in good faith, provided existence of appropriate funding.

Health Colorado attests to our willingness and ability to perform the work described in the proposed Brokering of Case Management Agencies scope of work and will negotiate with the Department in good faith, providing the existence of appropriate funding.

Colorado Department of Health Care Policy and Financing
Regional Accountable Entity for the Accountable Care Collaborative
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OFFEROR'S RESPONSE 29

> Provide a positive statement attesting to the Contractor's willingness and ability to perform the work described in the proposed Health Information Exchange Connectivity Assessment scope of work and negotiate with the Department in good faith, provided existence of appropriate funding.

Health Colorado attests our willingness and ability to perform the work described in the proposed Health Information Exchange (HIE) Connectivity Assessment scope of work and will negotiate with the Department in good faith, providing the existence of appropriate funding.

OFFEROR'S RESPONSE 30

> Provide a description of a capitated payment reform initiative the Offeror seeks to implement in Region 1 or Region 5 that describes:
>
> a. Payment methodology, including:
>   i.   The rate structure and logic model.
>   ii. Performance and/or quality measures that are incorporated into the proposed value payment model and how they affect payments.
> b. Policy innovation goals or targets that may enhance the Medicaid program and support the Accountable Care Collaborative's goals to improve Member health and life outcomes and to use state resources wisely.
> c. Mechanisms for cost neutrality or cost savings, and the estimated amount of projected cost savings, if applicable.
> d. Population and geography, including:
>   i.   Regions or counties in which the capitated payment reform initiative will operate.
>   ii. Approximate number of Members included in the capitated payment reform initiative.
>   iii. Eligibility categories included in the capitated payment reform initiative.
>   a)   Any limitations on who may participate.
> e. Provider network, structure, and value-based payment arrangements.
> f. How the proposed capitated payment reform initiative structure will foster communication, cooperation, and alignment with the Contractor's Accountable Care Collaborative structure.
>
> The Offeror's response shall include a Letter(s) of Support from the local system of care (Denver Health Medicaid Choice or Rocky Mountain Health Plans Prime).

Health Colorado is submitting our proposal for the Region 4 RAE only. Therefore, Offeror's Response 30 is not applicable to our submission.

OFFEROR'S RESPONSE 31

> Provide a statement that the Offeror agrees to:
>
> a. Operate the Accountable Care Collaborative, as described in Section 5, irrespective of whether or not the Department exercises its option for implementing the Offeror's proposed capitated payment reform initiative.
> b. Accept the actuarially certified Capitated Rate developed after the award based on the Contractor's proposed capitated payment reform initiative if the Department chooses to exercise its option to implement the Offeror's proposed capitated payment reform initiative.

Health Colorado is submitting our proposal for the Region 4 RAE only. Therefore, Offeror's Response 31 is not applicable to our submission.