



Advocating for Kids' Priorities in Phase II of the ACC

The Accountable Care Collaborative (ACC) program is the primary Medicaid delivery system in the state of Colorado. Nearly 500,000 Colorado kids are enrolled in this program. A significant redesign of the program is underway, with new regional contracts going into effect in July 2017. The Colorado Department of Health Care Policy and Financing (the Department) is proposing to make enrollment into the ACC program simultaneous with enrollment into the Medicaid program. One-third of childbirths in Colorado are covered by Medicaid. The redesign provides an opportunity to advocate for an improved health system for Colorado children. All Kids Covered (AKC) is a non-partisan coalition advocating for sound policy to reduce the number of uninsured children in Colorado, and improve access to and the quality of health care for Colorado's kids. This document is a guide for AKC members to use when engaging in stakeholder meetings regarding the Colorado ACC program and when advocating for kids' priorities in ACC Phase II.

While roughly half of those insured by Medicaid in Colorado are children, they make up a significantly smaller portion of program spending. Maintaining and expanding their access to high-value preventive health care, quality care coordination services, and all of the resources they need for a healthy start in life and healthy early development should be of highest priority.

AKC Policy Priorities in ACC Phase II

1) Ensure that the system offers incentives for developmental and behavioral health screenings and appropriate follow-up care, including referral and treatment

AKC views the redesign of the ACC program as a key opportunity for creating a system with an increased focus on child developmental screening and caregiver mental health screening. This may require additional reimbursement for these services or allowing for the reimbursement of multiple screenings even if they are completed at a single well-child visit.

AKC recommends that:

- Developmental screenings should take place in a child's medical home and that the ACC program offers incentives for connecting children to services when their screening indicates a need for additional supports.
- Children should be screened for Adverse Childhood Experiences at their first visit with their primary care provider and again at regular intervals at least annually.
- The current policy of allowing for post-partum depression screening to be conducted at a child's primary care visit should be maintained.



- Providers should be encouraged to complete post-partum screening of new mothers at several intervals during a child's first year because post-partum depression can occur at any time during the first year of a child's life.
- Screening outcomes and referrals to additional services should be captured in a care coordination tool so that necessary information is shared with all members of a client's health team to reduce unnecessary and duplicative screenings.

2) Ensure that all new Medicaid clients are connected with appropriate medical and non-medical services

AKC supports the Department's proposal to ensure that every ACC client be screened to identify his or her behavioral health, physical health and social needs upon enrollment into the program. AKC applauds the Department's plans to include a family component in a child's screening, recognizing that a child's welfare is often dependent on his or her caregiver's social, emotional and physical well-being.

AKC recommends that:

- The program should be designed with incentives in place to ensure that individuals whose screening raises concerns are evaluated and are connected to services as needed.
- The screening should be completed by either the Regional Accountable Entity (RAE) or primary care provider after a client is enrolled in Medicaid. The current Medicaid application and eligibility determination process can be lengthy and require multiple appointments, and assistance sites are not equipped to handle personal screening information.
- If it is determined that there are insufficient resources to provide for universal screening, pregnant women should be a population of focus for screening and connection with additional resources.

3) Ensure that RAEs and Health Team Members are held accountable for the quality of care provided to children during their most sensitive periods, and are given incentives to improve that care

AKC supports the Department's proposals to use data to drive improved health outcomes and to explore the use of clinical outcomes measures through a client incentive program. AKC commends the Department's proposal to establish six consistent Key Performance Indicators (KPIs) for the entire length of the next contracting period and to ensure that some KPIs will focus on the specific needs of children. AKC also supports the Department's proposal to set goals for increasing the provision of certain high-value services to children and pregnant women in alignment with the Colorado Opportunity Project.



AKC recommends that:

- At least two of the six consistent KPIs should focus on pediatric-specific care and that one of these KPIs should focus on pregnancy-specific care.
 - For one of the measures on pediatric care, AKC suggests that “Developmental Screening in the First Three Years of Life” from the Child Core Set of Health Care Quality Measures. AKC also recommends that the Department commit to reporting annually to the Centers for Medicare & Medicaid Services its performance on this Child Core Set measure beginning in 2016. Reporting on this measure will help establish a data baseline for developmental screenings in Colorado. It will also help to reach the threshold of 25 states reporting on this measure so that data on this measure is available from states across the country.
 - For the measure of pregnancy-specific care, AKC recommends that post-partum depression screening be one of the six consistent and defined KPIs in Phase II.
- Department should set goals for increasing the provision of:
 - well-child visits, especially for infants, which according to the Bright Futures guidelines endorsed by the American Academy of Pediatrics, should have seven well-child visits in their first year of life;
 - annual influenza vaccination;
 - evidence-based developmental screenings;
 - preventive dental services; and,
 - post-partum depression screening of new mothers.
- Some of the payments should be tied to each RAE’s performance among a subset of child populations, including:
 - children in extreme poverty;
 - medically complex children;
 - children in the foster care system; and,
 - minority racial and ethnic groups.

4) Recognize the importance of integrated physical and behavioral health care for kids
Behavioral health is a critical and central part of healthy child development and well-being. AKC supports the Department’s numerous proposals to encourage integrated physical and behavioral health care in ACC Phase II through team-base care, value-based payment strategies and promoting the provision of physical and behavioral health care within a practice.

AKC specifically supports the Department’s efforts to:

- increase the integration of physical and behavioral health services;



- remove the covered diagnosis criteria for behavioral health services that currently limits the provision of general counseling services that might be needed without a specific diagnosis; and,
- find additional innovative ways to reimburse for physical and behavioral health care that is delivered in the same visit.

AKC recommends that:

- The Department should add evidence-based integrated behavioral health services to the primary care bundle.

5) Provide care that is appropriate to culture, language and ability and support the sustainability of trusted local resources

AKC supports the Department's efforts to ensure that the ACC program reflects person- and family-centered values, including providing care that is appropriate to a client's culture, language and ability. AKC applauds the Department's plans to allow for local control and support local resources, which often have a deep understanding of the cultural and linguistic needs of the populations they serve. AKC also supports the Department's proposal to require each RAE to develop mechanisms to ensure that program and policy decisions are vetted by clients and family members.

AKC recommends that:

- Practices and health teams with fewer than 1,000 attributed clients should remain eligible for value-based payments and per member per month payments from RAEs, as these payments can be important to small practices. and encourages
- The Department should recommend the use of the American Institutes for Research Patient Engagement Framework as RAEs develop their plans for client and family engagement.
- RAEs should be required offer technical assistance trainings to primary care providers on culturally responsive care.
- RAEs should be required to have translation and interpretation services and accessibility standards that align with the final rules published under section 1557 of the Affordable Care Act.

6) Ensure secure and reliable sharing of data across systems that support the health and well-being of children

AKC supports the Department's proposal to ensure that each RAE offers an interoperable care coordination tool to support communication and coordination across Health Team Members.



AKC recommends that:

- RAEs receive incentives to also facilitate the secure and HIPAA-compliant transfer of some information into the care coordination tool across additional systems that support the well-being of children. These include:
 - oral health care providers,
 - Early Intervention Colorado,
 - home visitation programs,
 - school-based health clinics,
 - the Colorado Department of Education,
 - the Colorado Department of Human Services,
 - the Colorado Department of Public Health and Environment,
 - the immunization registry,
 - Hospital Admission, Transfer and Discharge data, and
 - child care and early learning settings.
- The Department should also prioritize data sharing with these systems in the new statewide data analytics system, and into the Medicaid claims payment system.
- The Department should require RAEs to facilitate clients easily receiving copies of their own health records, helping them to be active health consumers.

7) Provide additional services and a higher level of care for Colorado children during sensitive periods

AKC supports the Department's efforts to improve care for special populations such as children with high behavioral health needs who are at-risk for out-of-home placement, by providing additional wrap-around services.

AKC recommends that:

- The Department consider the inclusion of additional special populations for this higher-level of care, including, potentially:
 - children with high behavioral health needs who are in foster care,
 - children in refugee families,
 - children with substantial disabilities, and
 - children with substantiated cases of abuse or neglect.