



SUD INTERIM COMMITTEE



COLORADO

ACCESS



About Us

We live and work in the communities in which our members and providers live and work. We continue to be a long-term, medium-sized employer in Aurora.

Our employees have diverse backgrounds and work experience.

Many of our leaders and other employees work collaboratively with the state and our key stakeholders to find solutions to many of the most difficult problems facing vulnerable populations in Colorado.

400 + DEDICATED EMPLOYEES, INCLUDING 10 MDS & 16 RNS



180+ DIRECT MEMBER-FACING & 25+ DIRECT PROVIDER-FACING EMPLOYEES

Our culture is inclusive, and our staff is diverse, with many people coming from a range of backgrounds. Our employees speak a variety of languages, including Spanish, Amharic, and Russian.

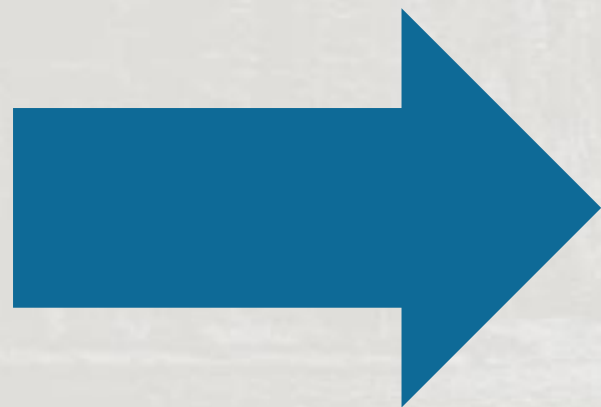
The trend in Colorado follows that more and more people are speaking another language than English at home, and our membership is no different.



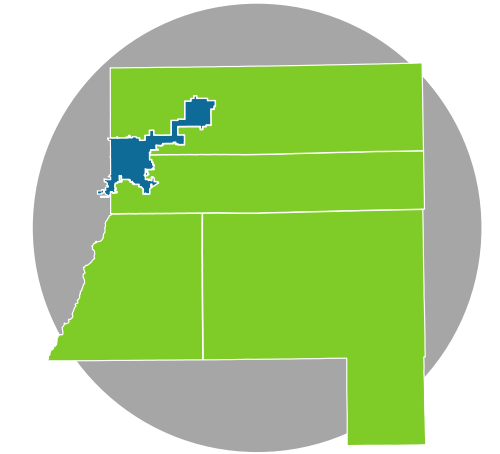


WE'RE A LOCAL, NONPROFIT HEALTH CARE COMPANY THAT HAS BEEN CARING FOR THE HEALTH OF COLORADANS SINCE 1994.

Our mission is to partner with communities and empower people through access to quality, affordable care.



We are a leader in the transformation of Colorado's health care system by employing our leadership and expertise in health plan operations, integrated health care delivery, and population health management.



RAE 3 & 5

Member Population by Region

RAE	Current Quarter Number
RAE 3 (Adams, Arapahoe, Douglas and Elbert Counties)	361,166
RAE 5 (Denver County)	160,225
Denver Health Managed Care (Medicaid Choice)	103,330

Behavioral Health (BH) Providers

RAE 3 & 5	Current Quarter Number
Total BH Providers	6,465
BH Provider Locations	1,681

SUD Services Utilization

SUD Claims from July 2022 to June 2023

Service	Community Mental Health Centers	Independent Providers
Withdrawal Management	1,027	3,946
SUD Residential	155	640
Methadone	0	3,940
SUD In-Patient	0	391



VALUE-BASED

PAYMENT PROGRAMS



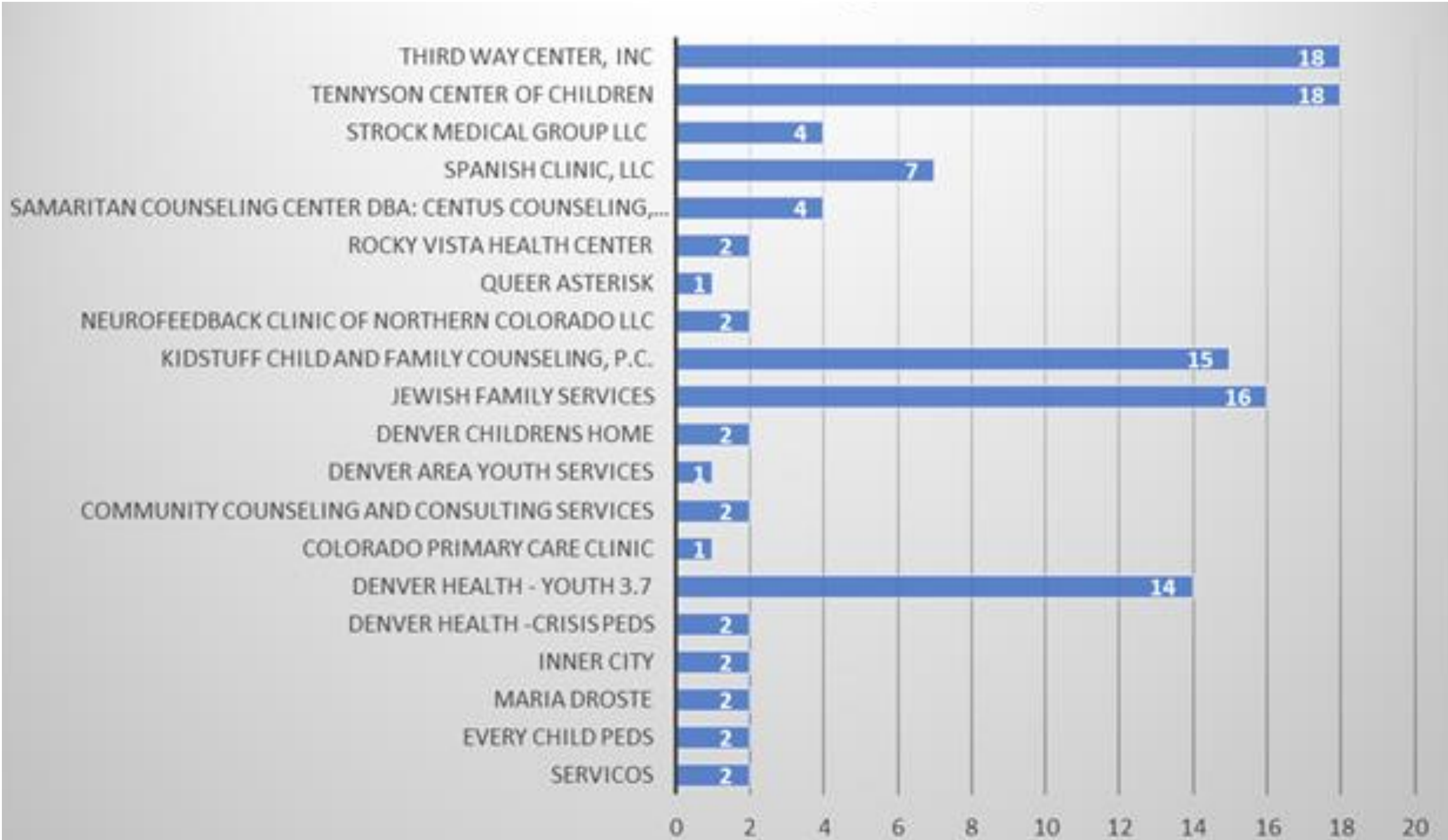
Value-Based Payments (VBP)

Allow for flexibility

Allow providers to implement services not billable in Fee for Service (FFS) models

Allow for new programs and customized treatment plans

New Positions Funding Through BH Expansion



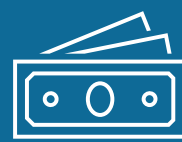
COA Supports for VBP



COA offers Practice Support through behavioral health practice facilitators to help providers be more successful



Facilitators assist with understanding best practices and provider data and trends



Facilitators can offer support for funding needs through COA or other sources



Provider Perspectives of VBP

- Supports provider partnerships which improve overall reimbursement rates
- Allows for flexibility to use payments in ways that are typically non-billable but critical to successful member outcomes
 - Recruiting/onboarding new practice associates
 - Sobriety incentives for youth patients
 - Community patient outreach
- Increased practice sustainability and provider satisfaction from increased control over reimbursement structure
- Greater “fairness” in compensation for services rendered

VBPs and Social Determinants of Health (SDOH)

Flexible payment models allow providers to better and more directly address SDOH needs.

- SDOH needs often involve making referrals and collaborating with housing agencies
- Many SDOH needs are best addressed in the community; this work is not typically supported by FFS models
- COA is exploring multiple partnerships across agencies to better address SDOH needs

COA and Community Mental Health Center's (CMHC) VBP Partnership

7/1/23 — COA partnered with CMHCs to participate in a new VBP program focused on:

Quality and
cost of care
model

Enhancements
to SUD
program

Implementation
of diagnostic
tools to improve
health outcomes

Behavioral
health practice
support

COA's SUD Specific Value-based Models

Withdrawal
Management
Value Based
Payments

Centers of
Excellence

Access
Transformative
Outreach
Program



Withdrawal Management (WM) Value-Based Payments

Goal: Disrupt frequent, cyclical member utilization of WM services without follow up or treatment by incentivizing WM providers to engage members in longer term treatment

Launched 2021

Partnered Providers

- Aurora Mental Health Center
- Denver Cares
- Jefferson Center

Program Goals

- Increase member participation and motivation for treatment
- Member engagement is measured by number of treatment services delivered
- 20% increase of treatment services delivered from baseline performance of previous 24 months

2022 Outcomes

- 2 of 3 providers exceeded baseline increase requirement
- Providers have earned incentives for engaging clients in outpatient care

Centers of Excellence

Improve clinical quality of SUD residential services while helping providers to build the capacity for success in managed care setting

Focus on improving quality of care

- Aligning with American Society of Addiction Medicine (ASAM) training and documentation
- Care coordination up and down SUD continuum to expedite referrals
- Transition and follow up care

Value based incentive payments

- Bonuses tied to performance metrics
- Increase to per diem rates

Provider partners

- Addiction Resource and Treatment Services (ARTS), Denver Cares, Jefferson Center, Mile High Behavioral Healthcare, Sobriety House

Initial Outcomes

- All partnered providers earned quality bonuses and per diem increases in Year 1
- Improved relationships with SUD providers
- Created new partnerships for coordination and transitions of care up and down SUD continuum

Plans for the future

- Expand the Centers of Excellence model across SUD provider continuum
- Create robust, multi-tiered VBP system to increase clinical outcomes

Access Transformative Outreach Program (ATOP)

Intensive, community-based intervention for members with severe substance use disorders

Partnership with Denver Health

- COA funded a new treatment team at Denver Health
- Program launched mid 2022

Goals

- Engage and support members with severe alcohol and substance use disorders in a person-centered, trauma informed manner to help reduce alcohol and substance use, encourage engagement in treatment and reduce the need for crisis services (ED/inpatient medical care/WM)

ATOP participants often are experiencing

- Severe and chronic substance use disorders
- Homelessness
- Significant medical or mental health conditions

Expected participant outcomes

- Reduce alcohol and drug use
- Reduce use of EDs, crisis services, and withdrawal management programs
- Increase access to long-term stabilization services
- Enhance quality of life



Lessons Learned & Looking Forward

COA is encouraged by high levels of provider engagement and speed at which new programs have been executed

RAE model allows COA to be flexible towards providers, fostering innovation in programs and provider services while allowing us to be receptive and highly responsive to member needs

COA's practice support model creates consistent opportunities for feedback and program modifications as needed

COA's partnership with CMHCs will inform our provider expansion strategies to best serve our members

Through our governing council and provider partnerships, we are seeking better ways to meet SUD population needs

QUESTIONS

