

# *Colorado Hospital Transformation Program:*

Program Launch and Application Training

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# *Our Mission*

**Improving** health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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# *HTP Overview*



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# *HTP Overview*

- Five-year program to implement hospital-led strategic initiatives through the establishment of an alternative payment incentive program
- Leverage supplemental payment funding generated through existing healthcare affordability and sustainability fees
- Payments used as incentives in the HTP to improve patient outcomes through care redesign and integration with the community, optimize Medicaid costs through reductions in avoidable care, prepare hospitals for future value-based care



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# Program Goals

- Improve patient outcomes through care redesign and integration of care across settings.
- Improve the patient experience in the delivery system by ensuring appropriate care in appropriate settings.
- Lower Health First Colorado costs through reductions in avoidable hospital utilization and increased effectiveness and efficiency in care delivery.
- Accelerate hospitals' organizational, operational and systems readiness for value-based payment.
- Increase collaboration between hospitals and other providers, particularly Accountable Care Collaborative (ACC) participants.



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# HTP Priorities & Focus

## Priority Areas

1. Care Coordination and Care Transitions
2. Complex Care Management for Targeted Populations
3. Behavioral Health and Substance Use Disorder Coordination
4. Maternal Health, Perinatal Care and Improved Birth Outcomes
5. Social Determinants
6. Total Cost of Care

## Focus Areas

1. Avoidable Hospital Utilization
2. Core Populations
3. Behavioral Health and Substance Use Disorders
4. Clinical and Operational Efficiencies
5. Community Development Efforts to Address Population Health and Total Cost of Care



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# *Eligibility Criteria*

In order to participate in the program, hospitals must meet HTP eligibility criteria:

- The hospital must be located in Colorado.
- The hospital must be an acute care hospital.
- The hospital must participate in Health First Colorado.
- The hospital must have completed the Community and Health Neighborhood Engagement (CHNE) process, including a submission of:
  - CHNE Action Plan
  - CHNE Midpoint Report
  - CHNE Final Report



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# *Rural Support Fund*



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# *Rural Support Fund*

- Complementary funding to the Hospital Transformation Program (HTP).
- Preparing rural hospitals for future value-based payment environments.
- \$12,000,000 annually for each of the five years of the HTP waiver.
- **Who is eligible? Who can apply? Who will be selected?**
- Rural hospitals demonstrating the most financial distress based on financial/utilization measures.
- Funding will be prioritized to low revenue hospitals (Bottom 10%) or Critical Access Hospitals.



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# *Rural Support Fund*

## How can the funding be used?

- **Technical capacity**

- Health Information Exchange (HIE) connectivity, such as Colorado Regional Health Information Organization (CORHIO) fees;
- Strategic planning and consulting;
- Employee trainings to augment leadership and development abilities;
- Data analytics;
- Actuarial services and financial modeling for alternative payment methodologies;
- Facilitation and/or convening of community and partner meetings with key stakeholders; or
- Travel stipends for hospital staff to attend meetings outside of their community.

- **Transformation capital to operationalize strategic plan**

- Establish or augment service lines, such as funding shared clinical resources for behavioral health or substance use disorder; or
- Physical plant changes, such as conversion of intensive beds to ambulatory health or creating behavioral health capacity.



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# *Rural Support Fund*

## How can the funding NOT be used?

- Land or real estate investments for the sole purpose of future financial benefit.
- Finance or satisfy any existing debt.
- Establish service lines that do not service the community's needs.

## Next Steps?

- May 2020 - Application feedback from Rural Workgroup/stakeholders.
- Summer 2020 - Application process begins.
- Fall 2020 - Funding begins subject to CMS approval.



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# *Program and Application Timeline*



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# *Transition from CHNE to Implementation*

The application is a follow-up to completion of the pre-waiver Community and Health Neighborhood Engagement (CHNE) process.



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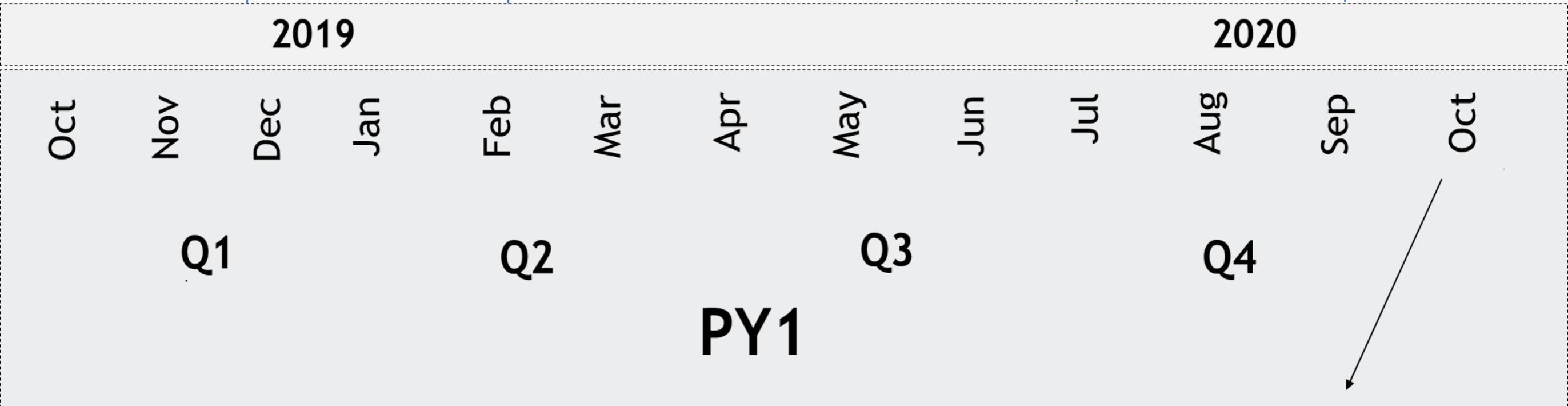
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# Waiver & Implementation Timeline

Waiver Period - Submitted  
 December 31, 2019  
 30-day federal comment period -  
 January 10, 2020 - February 9,  
 2020

Application Submission  
 and Review Period -  
 Estimated: **TBD**

Implementation  
 Plan Submission  
 Review -  
 Estimated: July  
 2020 -  
 September 2020



Start of Initiatives and  
 Milestone Reporting  
 Estimated: October 2020

# Overview of Upcoming Deliverables

- PY 1 Q3 (TBD): Applications:
  - The application portal will be online by April 2020.
  - Hospitals will have one month for submission.
  - There will be a two-month review and revision/finalization period.
- PY1 Q4 (July 2020 through September 2020): Implementation Plans.
- PY2 Q1 (October 2020): Launch of initiatives/activities and milestone reporting.



# *Application Submission, Review and Finalization Timeline*

<b>Deliverable</b>	<b>Length of Time</b>
Application Submission Period	TBD
Application Review Period	5/1-5/29/2020
Application Revision and Resubmission Period	6/1-6/12/2020
Application Final Review Period	6/15-6/26/2020
Final Application Scores Released	6/30/2020



# *Application Overview and Scoring*



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# Application Overview

Hospitals must submit an application in order to participate in the HTP.

- The Application templates and Question-Specific Review Criteria can be found on the HTP website.

The application is broken into two parts:

## Hospital Application

- Executive Summary/Vision Statement
- Points of Contact
- Governance Structure and Overall Project Management Capabilities
- Plan for Ongoing CHNE
- Measure Selection/Statewide Priority
- List of Proposed Interventions

\*Hospitals must complete a *separate* Intervention Proposal section *for each* proposed intervention, and must submit interventions that, together address all of the statewide and local quality measures listed in the hospital's application.

## Intervention Proposal\*

- Name of Intervention
- Quality Measures to be Addressed/Statewide Priority
- Description and Rationale
- Alignment of Intervention and Selected Quality Measures with Community Need
- Evidence Base
- Intersection and Alignment with Ongoing Statewide Initiatives
- Experience
- Existing Interventions (as applicable)
- Partner Organizations (including documentation)



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# Scoring Approach

Responses will be scored in one of two manners:

## Pass/Fail:\*

- Fail: Incomplete response
- Pass: Complete response

## Numerical scores:\*

- One: Answer is incomplete or does not demonstrate a satisfactory approach to the topic addressed.
- Two: Answer represents a generally complete and satisfactory approach but limited additional information or clarification is needed.
- Three: Answer is complete, sufficiently detailed and includes an acceptable response and approach to the topic addressed.

\* The question-specific scoring approach and detailed criteria are specified in the Question-Specific Review Criteria.



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# Scoring Approach

Applicants must earn scores of Pass or Three (as applicable) for every response to qualify for participation in the program.

Any question receiving a Fail, One or Two during the initial application review period will be returned to the applicant with specific instructions for revision prior to resubmission.

The Department will provide assistance aimed at ensuring the revisions result in a score of Pass or Three.



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*(Part 1 )*  
*Hospital Application:*  
*Questions and Review*  
*Criteria*



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# *Executive Summary/Vision Statement*

1. The hospital should articulate how it intends to advance the goals of the HTP.

The response should address:

- The hospital's goals for participation
- The hospital's initial thinking regarding sustainability

**Pass / Fail score:** The response will be reviewed for completeness in addressing each of the points outlined above.



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# *Points of Contact*

2. Please provide all requested contact information
  - Hospital name, Medicaid ID and address, and contact information for the hospital executive and two contacts should be provided, including title, address, phone number and email for each
  - This information should be provided even if it was provided in CHNE Reports

**Pass / Fail score:** The response will be reviewed for completeness.



# *Governance Structure & Overall Project Management Capabilities*

3. The hospital should address all the aspects of governance *of its HTP engagement*:

- A description of the governance structure
- How the structure reflects the needs and experiences of the hospital
- How the structure will ensure successful oversight
- How the structure will ensure management and transparency
- How the structure will engage members of the community
- How the structure aligns with the project management structure of the hospital (which should also be detailed)
- How the project management structure aligns with hospital leadership
- The state of reporting capabilities

**Pass / Fail score:** The response will be reviewed for completeness in addressing each of the points outlined above.

# *Plan for Ongoing CHNE*

4. The hospital must describe its plan for Continuing Community and Health Neighborhood Engagement at a high level.

- Hospitals are not required to submit action plans.
- Hospitals should demonstrate compliance with the Continuing CHNE requirements.
- This response should address:
  - The stakeholders to be engaged
  - The types of engagement activities
  - The expected frequency of engagement activities

**Pass / Fail score:** The response will be reviewed for completeness in addressing each of the points outlined above.



# *Public Input Incorporation*

5. Hospitals must share a draft of their application with stakeholders before submitting it to allow stakeholders the opportunity to provide feedback for hospitals' consideration.

Hospitals must provide information on:

- Which stakeholders received a draft of their application and which submitted feedback.
- How the draft application was shared and how feedback was solicited.
- Details of stakeholder feedback and changes to the application that were made based on the feedback. If no changes are made, please explain why.

**Pass / Fail score:** The response will be reviewed for completeness in addressing each of the points outlined above.



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# Measure Selection

6. The hospital should use the provided narrative box to identify the statewide and local quality measures it will address via HTP initiatives. Please format the response as a numbered list.

In addition, hospitals have the option to replace a local measure with a statewide priority. Each statewide priority will be worth 20 points and if selected the points for each remaining local measure will be equal to the remaining total required local measure points divided by the number of local measures, greatly reducing the risk associated with those measures.

Statewide Priorities:

SP-PH1 - Conversion of Freestanding EDs

SO-PH2 - Creation of Dual Track ED



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# Measure Selection

## 6. (continued)

Measure selection should:

- Adhere to the specified requirements based on the hospital size and type
- Align with the community needs identified during the hospital's CHNE process
- Align with the hospital's improvement priorities
- The response must also include the unique identifier from the measures list for each measure selected. For example, the measure "30 Day All Cause Risk Adjusted Hospital Readmission" should also include the identifier: SW RAH1

This response should include all measures that the hospital included in the submission of the intervention proposals.

Similarly, each of the measures and statewide priorities listed in this response should also be included in the response to Question 2 in the Intervention Proposal section in at least one of the intervention proposals submitted by the hospital.

**Pass / Fail score:** The response will be reviewed for completeness based on the criteria outlined on the previous slide.

# List of Proposed Interventions

7. The hospital must provide a numbered list of all proposed interventions in the narrative box. Following each proposed intervention, the hospital must identify which of the measures (from Question 6) the intervention addresses by using the unique identifier.

*Example:*

1. *Intervention Name*

a. *Applicable measures: SW-RAH1, RAH2, etc.*

All interventions for which the hospital submitted an intervention proposal should be included. Similarly, an Intervention Proposal should be submitted for each intervention included in this response.

**Pass / Fail score:** Responses will be reviewed for completeness based on the criteria outlined above.



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*(Part 2)*  
*Intervention Proposal:  
Questions and Review  
Criteria\**

*\* A separate Intervention Proposal must be submitted for each proposed intervention.*



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# *Name of Intervention*

1. The hospital should identify which of the interventions listed in response to Question 7 of the hospital application this section applies to.

**Pass / Fail score:** Responses will be reviewed for completeness based on the criteria outlined above.



# Quality Measures to be Addressed

2. The hospital must specify which of the statewide and selected local quality measures it will address through the intervention. Responses must align with the intervention-specific list included in the response to Question 6 of the Hospital Application.

Please note, hospitals are also required to complete the Intervention Proposal for statewide priorities identified in Question 6 of the HTP Hospital Application.

Please format the response as a numbered list and include the unique identifier associated with the measure name.

**Pass / Fail score:** Responses will be reviewed for completeness based on the criteria outlined above.



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# *Description & Rationale*

3. The hospital should:
  - Describe the intervention
  - Explain its rationale for selecting the intervention, including based on how the intervention advances the goals of the HTP

**Numerical score:** Responses will be reviewed for completeness and approach. The response must include a description of the intervention and demonstrate that the intervention will advance at least one of the HTP goals.



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# *Alignment of Intervention & Selected Local Quality Measures with Community Need*

4. The response should demonstrate that the intervention and selected local quality measures align with community needs identified during the CHNE process.

Factors to consider include:

- Alignment with significant community health needs
- Alignment with service capacity resources and
- Leveraging of available resources

**Numerical score:** Responses will be reviewed for completeness and approach. The response must demonstrate that the intervention and measures were selected based on - and align with - identified community resources and needs, as outlined above.



# Evidence Base

5. The hospital must select the most appropriate option for describing the evidence base for the intervention's *use among the target population*.

Based on the initial response, the hospital must include a narrative either:

- Summarizing the evidence base, or
- Explaining why an intervention without an evidence base is being proposed

**Numerical score:** Responses will be reviewed for completeness and approach. Both sections of the question must be completed and the hospital must demonstrate that evidence supports the use of the intervention and that it will impact the applicable quality measures, or demonstrate the appropriateness of selecting the proposed intervention despite the lack of an evidence base.



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# *Intersection & Alignment with Ongoing Statewide Initiatives*

6. Intersection with another ongoing statewide initiative is not required. However, if it exists, the hospital must identify the applicable statewide initiative and describe how it will ensure alignment. A list of Statewide Initiatives is included in the Intervention Proposal document.

**Pass / Fail score:** Responses will be reviewed for completeness.



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# *Intersection & Alignment with Ongoing Statewide Initiatives*

6. (continued)

## Statewide Initiatives:

- [Behavioral Health Task Force](#)
- [Affordability Road Map](#)
- [IT Road Map](#)
- [HQIP](#)
- [ACC](#)
- [SIM Continuation](#)
- Rx Tool
- [Rural Support Fund](#)
- [SUD Waiver](#)
- [Health Care Workforce](#)
- [Jail Diversion](#)
- Crisis Intervention
- [Primary Care Payment Reform](#)



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# *Experience*

7. The hospital must explain whether it or an HTP affiliated community partner has implemented a similar intervention or targeted the same population previously. The response should note how any prior experience will impact the success of the intervention.

**Pass / Fail score:** Responses will be reviewed for completeness.



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## *Existing Interventions (if applicable)*

8. The hospital must identify existing interventions defined as those interventions that the hospital has implemented or is implementing on the day it submits the hospital application.

If the intervention is an existing intervention, the hospital must demonstrate that:

- Use of the existing intervention is the best approach for meeting community needs
- The project will be enhanced to meet HTP goals

**Numerical score:** Responses to be reviewed for completeness and approach based on the criteria above.

# *Roles & Documentation of Partner Organizations*

9. Partnerships are optional, but if the intervention is a joint effort aimed at impacting a measure, the hospital must complete the section to identify partners, whether it has worked with the partner(s) previously and the partner(s) role(s) in the intervention.



# *Roles & Documentation of Partner Organizations*

## 9. (continued)

Documentation of the partnership(s) must be submitted and can include:

- Contracts
- Memoranda of understanding
- Business association agreements
- Letters of partnership meeting standards enumerated in the application template and template posted to the HTP website

**Pass / Fail score:** Responses will be reviewed for completeness.



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# *Application Submission*



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# Application Submission

Hospitals will complete two separate documents that will comprise the full application.

1. **Hospital Application** - Executive summary, contact information, governance, stakeholder engagement, public input incorporation, measure selection, intervention inventory
2. **Intervention Proposal** - Overview of each proposed intervention; Must be completed separately for each proposed intervention

All sections must then be combined and submitted as one document in .pdf form with any supporting documentation.

Questions have suggested word limits for responses, but responses will not be cut off.



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# Application Submission

Hospitals have one month to submit applications

- Applications can be submitted from 
- Applications will be submitted through a secure authentication portal.
- If the hospital has any questions or concerns related to the application, please reach out to [COHTP@state.co.us](mailto:COHTP@state.co.us) ahead of this deadline.

Applications will be made public.

Following review, hospitals will have any opportunity to make revisions.



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# *Questions*



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*Upcoming Deliverables:  
Implementation Plan,  
Milestone and Interim  
Activity Reporting and  
Ongoing CHNE*



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# Implementation Plan Timeline

Implementation Plan submission, review and finalization is projected to occur in PY1 Q4\*, in accordance with the following timeline.

Deliverable	Length of Time
Implementation Plan Submission Period	TBD: est. 7/15-8/15/20*
Implementation Plan Review Period	20 business days
Implementation Plan Revision and Resubmission Period	10 business days
Implementation Plan Final Review Period	10 business days
Final Implementation Plans Approved	TBD: est. 10/15/20

\*The exact timing of the process is dependent on the timing of Federal SPA approval.

# Implementation Plan

Hospitals must submit an implementation plan *for each* intervention approved for participation in the HTP.

The implementation plan is broken into two parts:

## Organizational Approach to Implementation

- Implementation Overview
  - Including hospital contact information and governance structure engaged in implementation

## Approach to Intervention Implementation

- Overview of Intervention
  - Including interventions, measures addressed, key roles, target population, major functions and resources, major challenges and risks, Continued CHNE
- Intervention Milestones

\*An Implementation Plan Template can be found on the HTP website.



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# *Submission of Proposed Milestones*

Milestones will be submitted via Implementation Plans. For each proposed milestone, hospitals will have to:

- Include the milestone title
- Include the milestone description
- Identify the milestone phase
  - Planning and Implementation or Continuous Improvement
- Identify the functional area (P&I only)
  - People, process, technology, patient engagement
- Identify the supporting documentation that will be submitted
- Identify whether it is an “impact milestone”



# Milestone Phases

## Planning and Implementation

- These milestones should document the process through which the participant will complete all necessary preliminary activities (e.g. preparation, gap assessments) that support implementation.
- The final set of this phase's milestones should focus on implementation activities resulting in the intervention's inception.

## Continuous Improvement

- This second phase of milestones must focus on how the participant is incorporating continuous quality improvement practices into the intervention's ongoing operation.
- These milestones could include documented progress toward deploying quality improvement teams, cycle completions for quality improvement exercises or the development and use of various types of quality improvement forums, technical assistance programs or other quality improvement capacity development.



# *Milestone Functional Areas*

1. **People:** These milestones could include activities related to workforce development, including training new or existing staff members, redeploying staff members into materially new roles or identifying key project personnel.
2. **Process:** These milestones include activities related to a material shift in how clinical processes (e.g. patient hand-offs, post discharge follow-ups) will be completed as a result of the proposed intervention.
3. **Technology:** These milestones apply to the updating, acquisition or repurposing of underlying electronic health data storage, use or exchange either within or across the HTP participant's primary service units or with the state's health information exchange (CORHIO).
4. **Patient Engagement:** These milestones include the identification and enrollment of patients that fall within target populations. Patient Engagement milestones should be included for all interventions and must include quantifiable impact targets relative to progress toward reaching full engagement of the target population as outlined in more detail below.



# *Example Milestones*

**Intervention:** Care Coordination for patients with diagnosis related to behavioral health/substance use disorder and developing discharge planning and notification protocols with the RAE

**Category:** Planning and Implementation

**Overview:** Hospital X will demonstrate that a Clinical Improvement Committee (CIC) has been established for the proposed intervention which seeks to impact Statewide Measure (SW-BH1)- Development of a collaborative discharge planning or notification process with the appropriate RAE's for eligible patients with a diagnosis of mental illness or substance use disorder (SUD) discharged from the hospital or emergency department. The CIC will be responsible for determining and defining the key clinical assessment protocols and workflow changes that will take place with the full implementation of the care coordination intervention. Following the establishment of new protocols and operational processes, the CIC will oversee changes in transitional care coordination services across applicable internal operations and external partners.



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# Example Milestones

## PY2 Milestone Examples

PY2Q2:

**People Milestone:** Key members of the CIC have been identified, roles and responsibilities have been established, and the committee has held its initial meeting.

- Supporting Documentation: The CIC's charter and an attestation illustrating the hospital leadership's authorization for the creation of the CIC and a list of key members and their roles and responsibilities. Copy of meeting agenda.

**Process Milestone:** Discharge Planning and Notification protocols developed and finalized.

- Supporting Documentation:

PY2Q4:

**Technology Milestone:**

- Supporting Documentation:

# *Example Milestones*

## PY3 Milestone Examples

PY3Q2:

**Patient Engagement Milestone:**

- Supporting Documentation:

PY3Q4:

**Final Impact Milestone:**

- Supporting Documentation:



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# Example Milestones

## PY4 Milestone Examples

PY4Q2:

**Continuous Improvement Milestone:**

- Supporting Documentation:

PY4Q4:

**Continuous Improvement Milestone:**

- Supporting Documentation:



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# Submission of Proposed Milestones (New)

Phase	Q	PY2	PY3	PY4	PY5
Planning and Implementation Phase Milestones	Q2	Milestone:	Milestone:	N/A	N/A
		Functional area:	Functional area:		
	Q4	Impact Milestone: Y/N	Impact Milestone: Y/N	N/A	N/A
		Milestone:	Milestone:		
Continuous Improvement Phase Milestones	Q2	N/A	N/A	Milestone:	Milestone:
	Q4	N/A	N/A	Milestone:	Milestone:

*NOTE: Impact Milestones for new interventions must be completed by the end of PY3. Continuous Improvement Phase Milestones must begin no later than PY4Q2.*

# Submission of Proposed Milestones (Existing)

Phase	Q	PY2	PY3	PY4	PY5
Planning and Implementation Phase Milestones	Q2	Milestone: Functional area: Impact Milestone: Y/N	Milestone: Functional area: Impact Milestone: Y/N	N/A	N/A
	Q4	Milestone: Functional area: Impact Milestone: Y/N	N/A	N/A	N/A
Continuous Improvement Phase Milestones	Q2	N/A	N/A	Milestone:	Milestone:
	Q4	N/A	Milestone:	Milestone:	Milestone:

\* Impact Milestones for existing interventions must occur prior to PY3Q4. Continuous Improvement milestones must begin prior to PY4.



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# *Questions*



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# *HTP Reporting*

# *HTP Portal Development*

- Hospitals will use an online portal to upload their program application and implementation plan and to report their milestones and interim activities.
- Hospitals will be able to upload their program application and program data within a standard reporting template to the portal. They will use a Data Collection Tool to submit their implementation plan and report milestones and interim activities.
- Hospitals will have access to a performance dashboard which displays their intervention information and will display their performance data starting in PY2.



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# *Interim Activity Report*

- Hospitals will report their completion of interim activities for their upcoming milestones during Q1 and Q3 in each program year.
- Hospitals will describe how their interim activities are supporting completion of program milestones and will designate a functional area for each interim activity.
- Hospitals must state whether they consider their interim activities to be on target to complete their milestones and if not, what challenges or risks are preventing completion and how the hospital plans to mitigate these challenges or risks.



# Milestone Reporting

- Hospitals must propose at least one milestone to be completed in Quarters 2 and 4 for each Program Year starting with PY2 Q2.
- Milestones will be reported through the performance dashboard and can be amended throughout the HTP.
- Hospitals will be able to see their progress against milestones on quarterly basis and will also be able to track supplemental payments across initiatives.
- Milestone reporting will occur via the HTP portal during Q1 and Q3 of each program year (30 days following the end of the milestone quarter). Hospitals will report interim activities in Q2 and Q4.



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# *Ongoing CHNE Requirements*

Hospitals are expected to continue engaging stakeholders through the following venues:

1. Consultation with Key Stakeholders
2. Community Advisory Meetings
3. Public Engagement
4. Participation in State Convenings of Hospitals

Hospitals must keep the State informed of their ongoing CHNE as part of hospitals' regular HTP reporting.



# *Ongoing CHNE Requirements*

## **(1) Consultation with Key Stakeholders:**

- Must consult key stakeholders at least quarterly
- This can be one-on-one or in a group setting
- Provide updates and seek input and feedback
- Must include a broad range of stakeholders, including those impacted by, or particularly relevant to, any of the hospitals' HTP initiatives



# Ongoing CHNE Requirements

## (2) Community Advisory Meetings:

- Must convene or participate in community advisory meetings at least semi-annually
- Hospitals should determine the most appropriate manner of convening meetings and who should participate based on local conditions and existing relationships.
- Hospitals may participate in existing meetings (i.e., health alliance meetings, ACC PIAC meetings) or convene meetings.
- Hospitals may convene multiple groups to jointly satisfy this requirement.



# Ongoing CHNE Requirements

## (3) Public Engagement:

- Must seek public engagement at least once per year
- Can be achieved via public forum, focus groups and/or online or paper surveys
- Hospitals may leverage the public meeting pursuant to Colorado Revised Statutes Title 25.5, Article 1, Part 7.
  - Members of the public must be given a specific opportunity to learn about and provide feedback on the hospitals' HTP initiatives.
- Hospitals may convene public engagement opportunities jointly with other hospitals.
  - Members of the public specific opportunities to learn about and provide feedback on each hospital's CHNE initiatives.



# Ongoing CHNE Requirements

## (4) Participation in State Convenings of Hospitals:

- The Department plans to convene hospitals in a mandatory, yearly Learning Symposium.
  - Will be an opportunity to take stock on their progress, share and learn together and accelerate the system-wide transformation
- Topics for the HTP Symposium may include:
  - Pulling data
  - Intervention best practices
  - Performance analysis
  - CHNE
  - Course correction
  - Regulatory analysis
- The Department will work with hospitals to integrate public engagement into the Learning Symposium
  - However, that does not fulfill hospitals' obligation to host annual public input opportunities in their communities.



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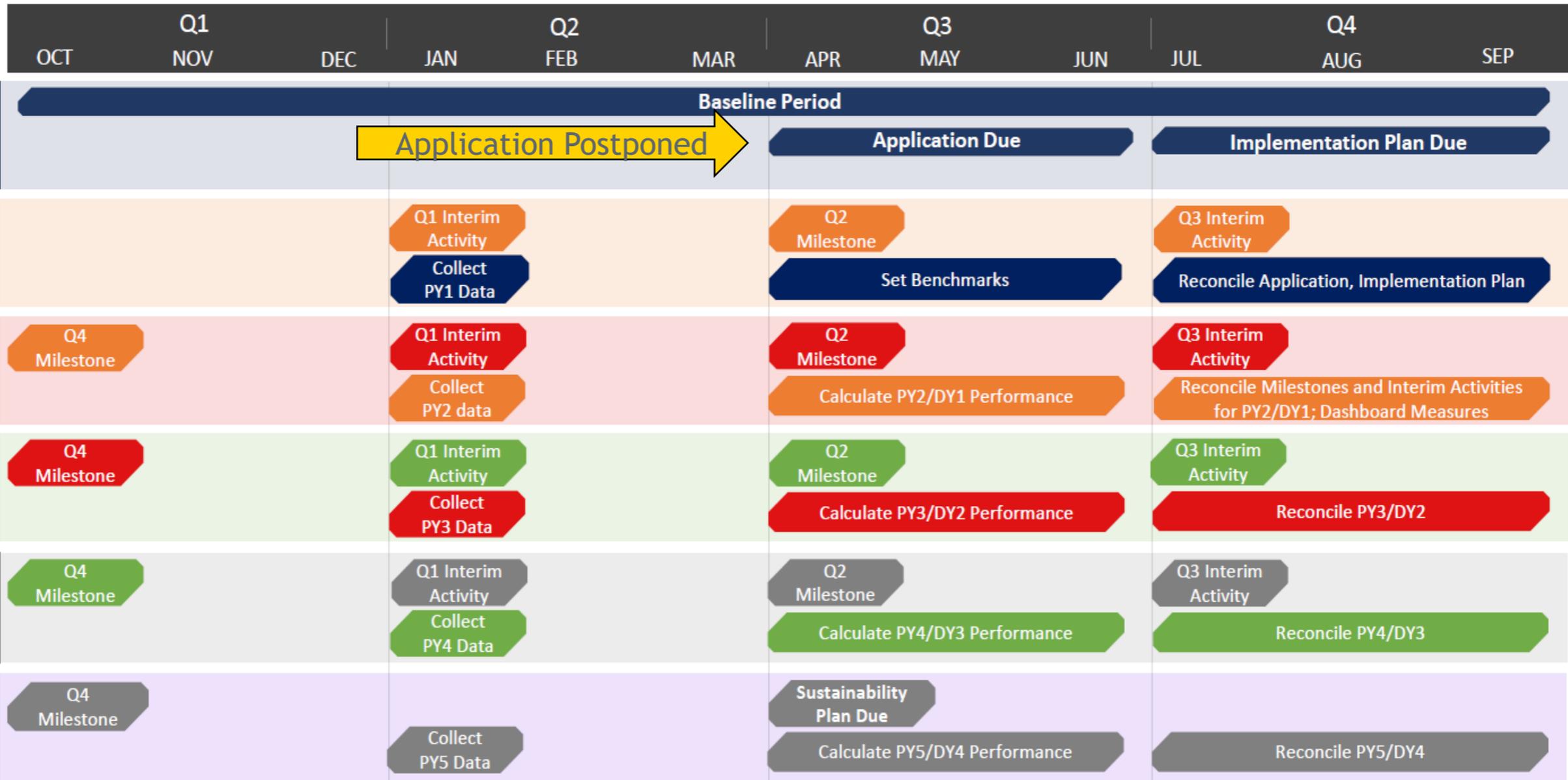
# Payment & Data Reporting Timeline



## Colorado Hospital Transformation Program Timeline

For the purposes of this program timeline, the following abbreviations will be used

PY = Program year  
PmY = Payment year  
DY = Demonstration year



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# *HTP At-Risk and Funds Flow*



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# Financing Risk

HTP Year	Total % At-Risk (Downside)	Upside Risk	Description of Activities At-Risk	% At-Risk by Activity
Year 1	3	Redistribution of penalties from Year 1	Community and Health Neighborhood Engagement Reporting	0
			Application Approved Q1	1.5
			Implementation Plan with Milestones Approved Q2	1.5
Year 2	6	Redistribution of penalties from Year 2	Timely Reporting	2
			Meeting Major Milestones	4
Year 3	15*	Redistribution of penalties from Year 3	Timely Reporting	2
			Meeting Major Milestones Course Corrections	8
			Meet or Exceed Measurement or Improvement Threshold	5*
Year 4	20*	Redistribution of penalties from Year 4 and shared savings	Timely Reporting	2
			Meet or Exceed Measurement or Improvement Threshold	18*
Year 5	30*	Redistribution of penalties from Year 5 and shared savings	Timely Reporting	2
			Sustainability Plan	8
			Meet or Exceed Measurement or Improvement Threshold	20*

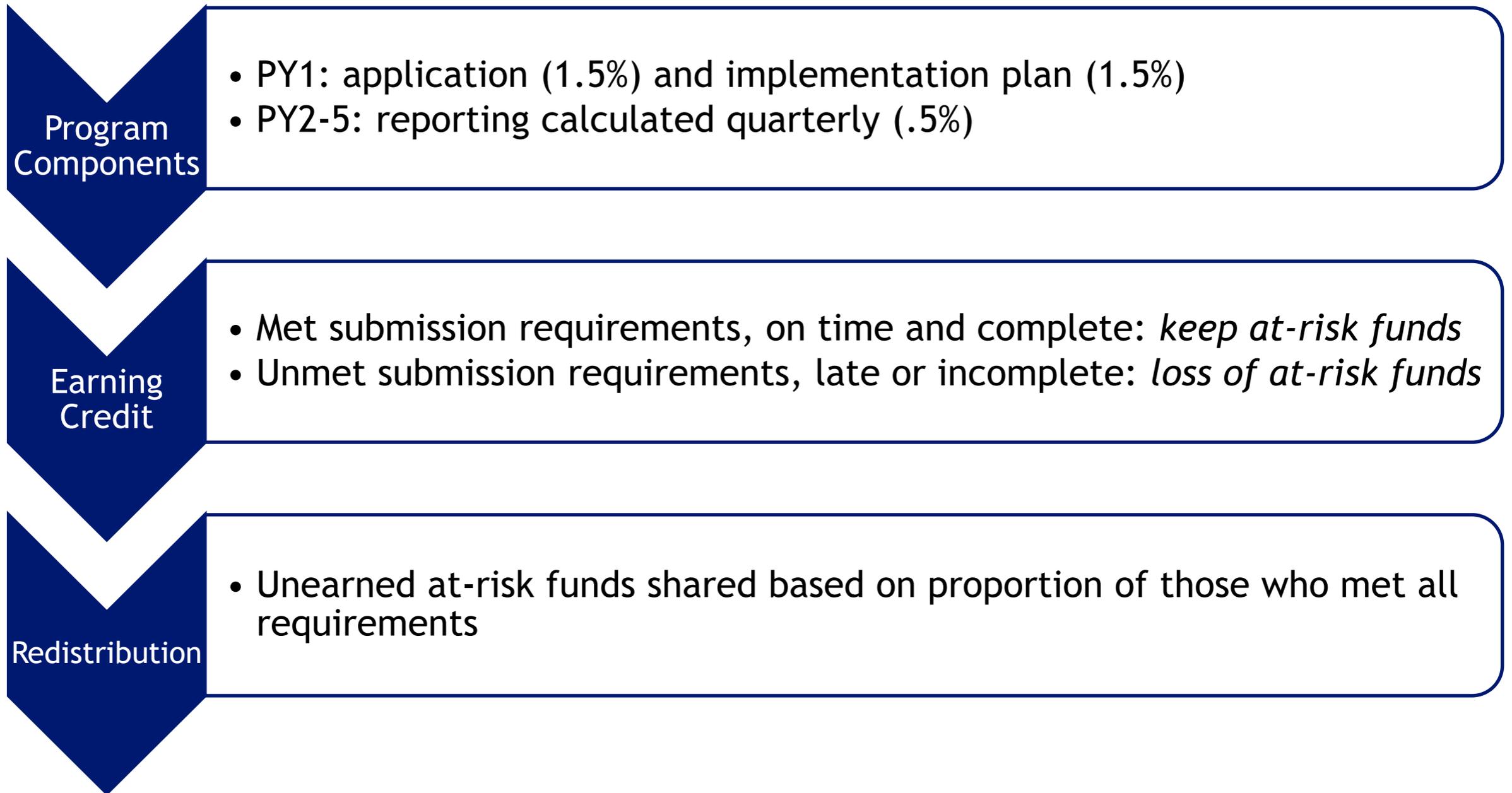
\*Critical Access Hospitals will have their risk reduced by 40%



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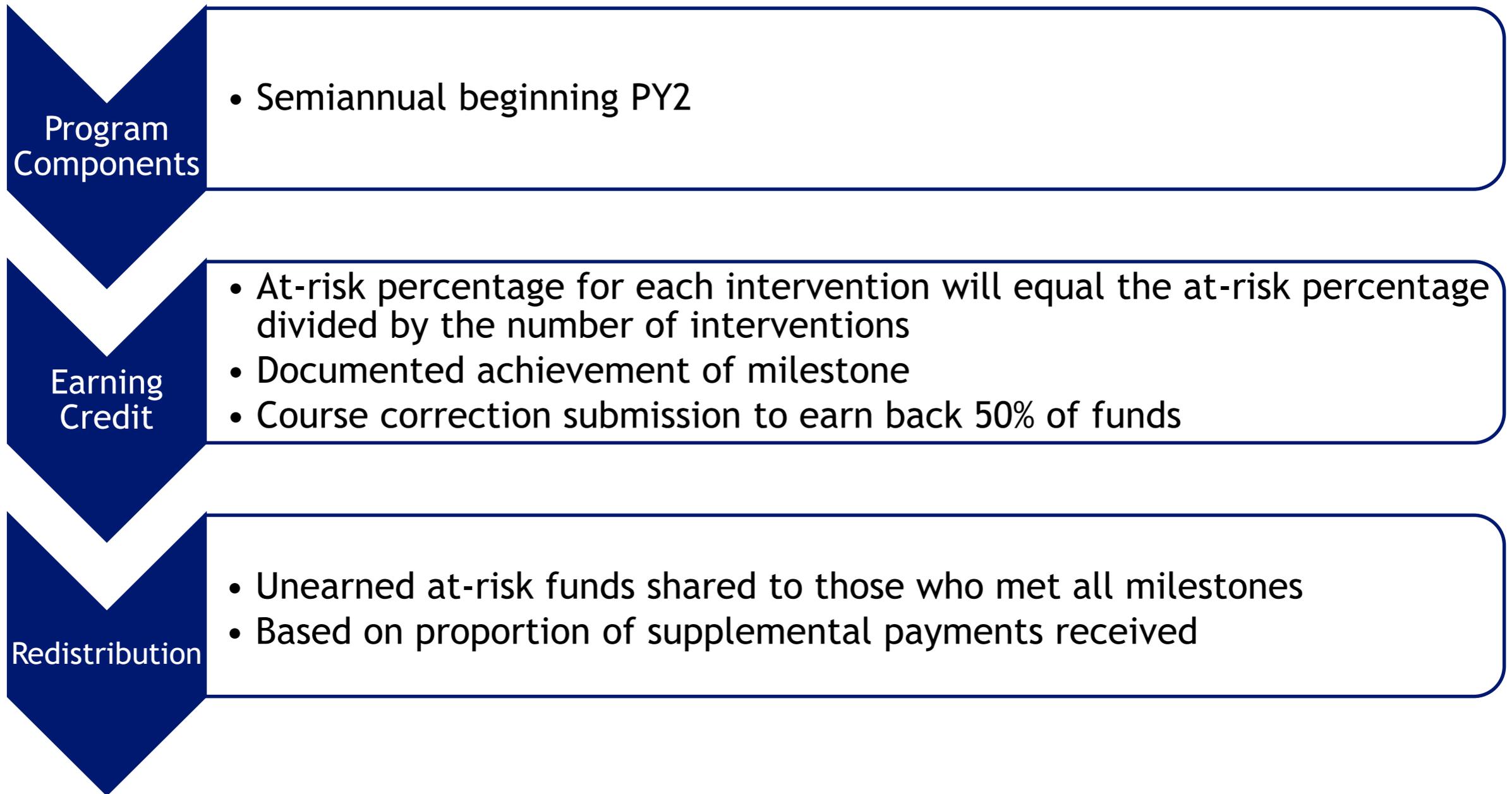
# Reporting



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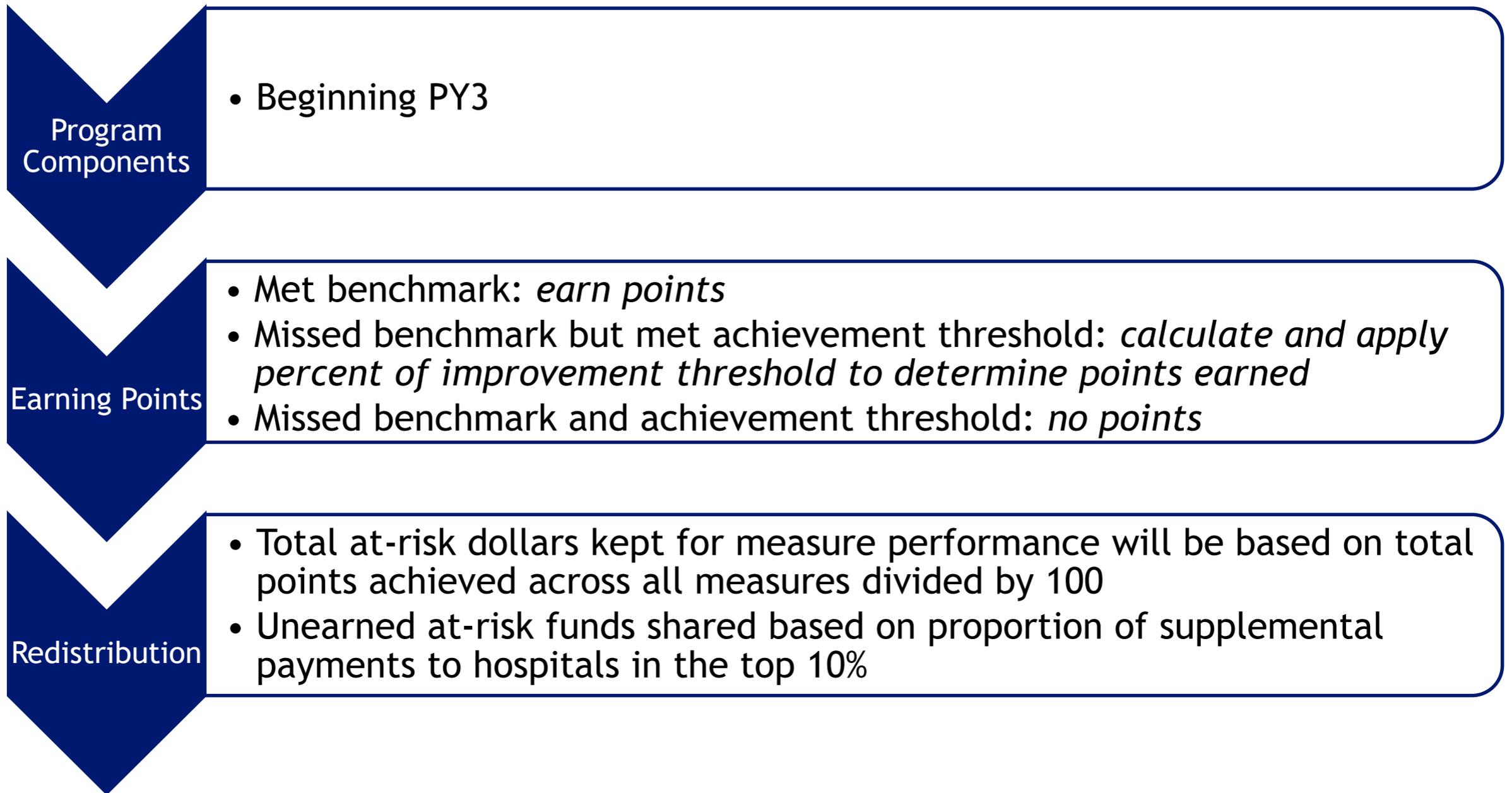
# Milestones



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# Measures



# Benchmark and Achievement Thresholds

- Beginning in PY3, hospitals will be at risk if they do not:
  - Achieve/exceed benchmark
  - Demonstrate improvement on measure
- If a hospital achieves or exceeds the benchmark, points will be earned
- If a hospital does not meet the benchmark but meets the achievement threshold, points for that measure will be based on the relative percentage for improvement towards the benchmark
- If neither are met, no points will be given for the measure



# Benchmark and Achievement Thresholds

Measure Basis	Program Year	Benchmark	Achievement Threshold
All measures with 10 or more hospitals	PY3	Average performance of the top 75% of hospitals during PY1	50 <sup>th</sup> percentile of all eligible hospitals' performance during PY1
	PY4	5% improvement from PY3 benchmark	
	PY5	5% improvement from PY4 benchmark	
Process rate measures with less than 10 hospitals	PY3	80%	Individual hospital's performance from the prior year
	PY4	85%	
	PY5	90%	
Non-process rate measures with less than 10 hospitals	PY3	5% improvement of individual hospital's PY1 performance	Individual hospital's PY1 performance
	PY4	5% improvement of individual hospital's PY3 benchmark	
	PY5	5% improvement of individual hospital's PY4 benchmark	



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# Redistribution of Unearned At-Risk Dollars

- For each statewide measure, unearned risk dollars will be redistributed to top performers recognized for scoring in the top 10% on the measure
- Unearned at-risk dollars for local measures will be pooled together and distributed to hospitals whose average performance as a percent of benchmark for their local measures is in the top 10% of all hospitals

Hospital A	Hospital B
4 local measures	2 local measures
Measure 1 = 90% of benchmark = .9	Measure 1 = 120% of benchmark = 1.2
Measure 2 = 110% of benchmark = 1.1	Measure 2 = 105% of benchmark = 1.05
Measure 3 = 105% of benchmark = 1.05	
Measure 4 = 120% of benchmark = 1.2	
Average = 1.0625	Average = 1.125



# *Savings Bonuses*

- Dollars saved as a result of the program hospital utilization changes, attributable to HTP efforts, determined based on a comparison of actual to expected hospital-based service payments for the same period
- Shared with all hospitals based on their relative proportion of Medicaid hospital utilization adjusted by their average performance on HTP measures
- Savings will be calculated at the end of each performance year (PY3-5) and shared in the subsequent year
- Pool of hospital savings will be capped by the lesser of hospital savings and total Medicaid program payment savings



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# *Questions*



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# *Thank You*

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