Accountable Care Collaborative (ACC) Phase II

Primary Care and Behavioral Health Provider *Guidance for Contracting*

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Our Mission

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

Agenda

- ACC Phase II Overview
- Role of Regional Accountable Entities (RAEs)
- What You Need to Know for Contracting
 - Primary Care Providers
 - > Behavioral Health Providers
- What Health Neighborhood Providers Need to Know
- Action Providers Need to Take

Phase II Overview

Goals

To improve member health & reduce costs

Objectives

- Join physical and behavioral health under one accountable entity
- Strengthen coordination of services by advancing team-based care and health neighborhoods
- Promote member choice and engagement
- Pay providers for the increased value they deliver
- Ensure greater accountability and transparency

Key Aspects of Phase II

June 30, 2018: Current RCCOs and BHOs end operations

July 1, 2018: New vendors, Regional Accountable Entities (RAEs), begin operations

RAEs are single entities performing duties previously contracted by RCCOs and BHOs

What is Staying the Same

- ✓ Members have choice of provider
- ✓ Physical health services will be reimbursed fee-forservice
- ✓ Behavioral health capitation will continue
 - Behavioral health providers will need to contract with RAE for reimbursement of covered services
- ✓In most cases, members will be able to continue receiving services from their current provider

What is Changing

- ☐ There will be no RCCOs or BHOs
 - RAEs will perform previous roles of RCCOs and BHOs
- □All full-benefit members will be enrolled in ACC
- □Geographic location of member's attributed PCMP site will determine member's assignment to a RAE
- □ Department will no longer directly pay PCMPs administrative Per Member Per Month or KPI incentive payments
- ■New federal authority

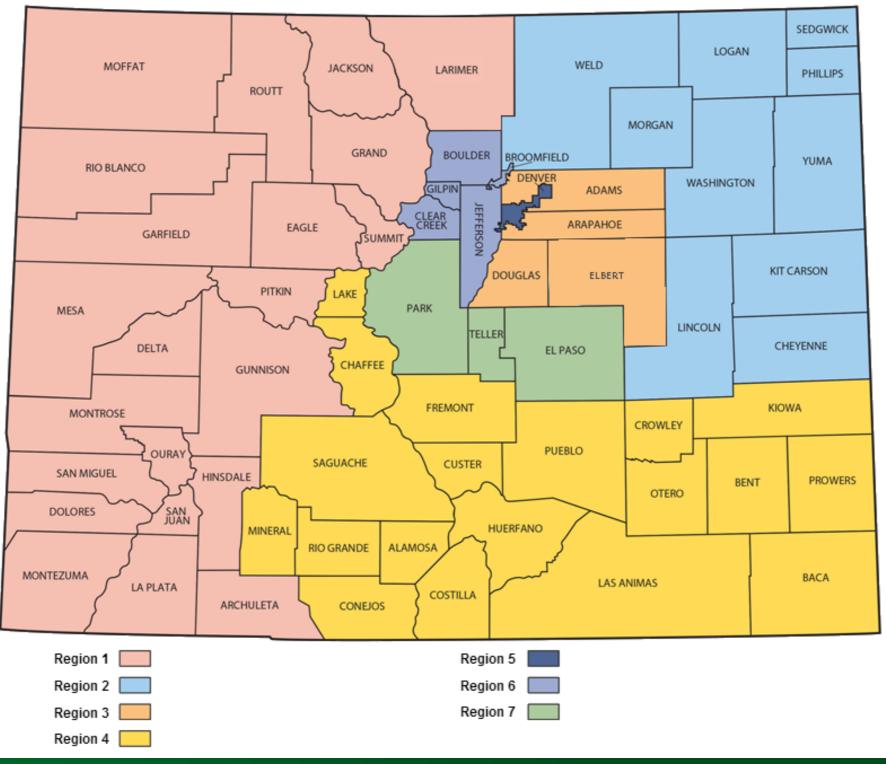
Implementation Timeline

January	February	March	April	May	June	July	August
Contract Negotiations with RAEs			Contract and Rate Approval by CMS				
1915(b) Waiver Negotiations with CMS			1915(b) Waiver Approval by CMS				
RAE		Readiness Review					
		System (Jpdates				
				Enrollment	Member Enrollment Noticing		
			RCCO and BHO Contract			ts Closeout	
Provider & Partner Resources		Implementation Activities and Related Communications			ications		
						Phase II Launch Program Imp	lementation

1/9/2018

Role of Regional Accountable Entity

Regions



Regional Accountable Entities (RAEs)

Region	Regional Accountable Entity
1	Rocky Mountain Health Plans
2	Northeast Health Partners
3	Colorado Access
4	Health Colorado, Inc.
5	Colorado Access
6	CO Community Health Alliance
7	CO Community Health Alliance

Role of RAEs

Responsible for physical and behavioral health

- Pay administrative medical home payments
- Administer capitated behavioral health benefit
- Work with provider network to assist in coordinating care across disparate providers

Primary Care Medical Provider (PCMP) Network

- Must develop a contracted network of PCMPs to serve as medical home for members
- Provide practice support, including data support
- Assist PCMPs participating in the Department's Alternative Payment Model

Role of RAEs

Behavioral Health Provider Network

- Must develop a contracted statewide network of behavioral health providers to provide services under the capitated behavioral health benefit
- Credentialing of contracted behavioral health providers
- Utilization management of covered behavioral health services
- Reimbursement of behavioral health providers for all services covered under the capitated behavioral health benefit

Role of RAEs

Promote Population Health

- Develop a population health management plan to manage health needs of all members
- Utilize evidence-based practices and promising local initiatives, including those addressing social determinants of health

Coordinate Care across disparate providers

- Engage and leverage full range of Health Neighborhood providers
- Establish and improve referral processes
- Collaborate with community partners to address social determinants of health

RAE Activities

Now– July 2018

Contract with provider networks

Hire staff

Test health information technology

Develop operating policies and procedures

Conduct community outreach and education on RAE role

Primary Care Providers



PCMP Network

- RAEs are responsible for establishing a regional PCMP network to serve as member's medical home
- PCMPs can be the following licensed providers:
 - Family medicine
 - Geriatrics
 - Internal medicine
 - Obstetrics and gynecology
 - Pediatrics

Contracting with the RAE



- PCMPs must contract with their RAE
 - > Primary care providers will no longer have a PCMP contract with the Department
- PCMP practice sites will contract with the RAE based on their geographic location
 - > Specifically, brick and mortar location
 - Locations are identified by unique billing ID created though provider revalidation
 - Member attribution is based on PCMPs brick and mortar location

Per Member Per Month

- RAEs will pay administrative medical home payment to PCMPs
 - Department will no longer pay the PMPM medical home payment to PCMPs
 - Minimum: PCMPs will have option to receive at least \$2 PMPM
- RAEs have flexibility to design value-based payment arrangements to support services PCMPs provide and encourage transformation

Action Needed

Contact your RAE to become a PCMP

- If not contracted with the RAE, you will not get attribution
- Contracted PCMPs can participate in Department's Alternative Payment Model, go to:
 - CO.gov/HCPF/primary-care-payment-reform-3

Behavioral Health Providers

Behavioral Health Network

- RAEs are responsible for establishing a <u>statewide</u> behavioral health network, including:
 - Community Mental Health Centers
 - Substance Use Disorder providers
 - Independent providers
 - Providers employed by PCMP
 - Hospitals including psychiatric hospitals
 - Non-physician practitioner groups

Behavioral Health Payment



 RAEs will pay claims under the capitated behavioral health benefit

RAEs will authorize services

Action Needed

Contact your RAE to become a contracted Behavioral Health Provider

- If not contracted with the RAE, you will not receive payment for capitated behavioral health benefit services
- Behavioral Health providers must also be enrolled as a Health Frist Colorado provider

Health Neighborhood and Community Providers

Health Neighborhood and Community

- Promote member health by participating and creating Health Neighborhood and Community
- Engage and leverage diverse network of health care providers and community organizations
 - > LTSS providers
 - Managed Service Organizations
 - > Healthy Communities
 - > Hospitals
 - Educational and social support organizations
 - > And many others

Action Needed

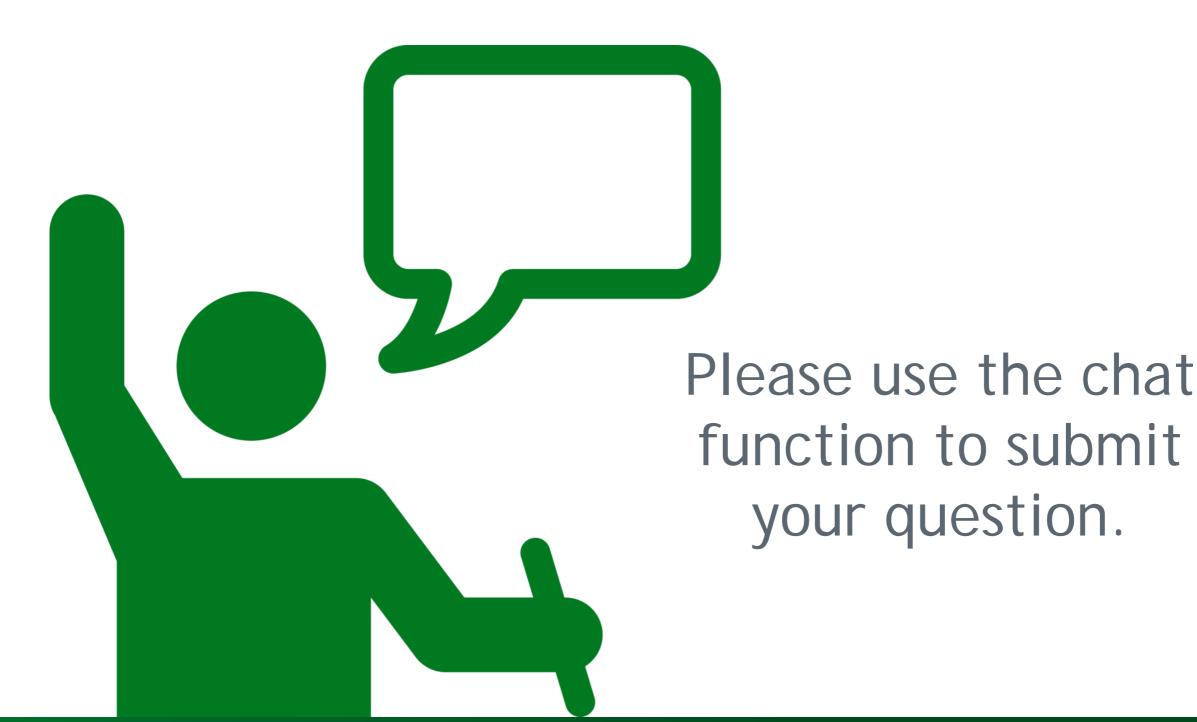
Contact your RAE to learn how you can partner to improve member health

Action Providers Need to Take

RAE Contacts for Providers

Region	Regional Accountable Entity	Contact Information
1	Rocky Mountain Health Plans	Email: support@rmhpcommunity.org
2	Northeast Health Partners	9925 Federal Drive, Suite 100
		Colorado Springs, CO 80921
		Phone: 1-800-804-5040
		Email: COProviderRelations@beaconhealthoptions.com
3	Colorado Access	Amber Garcia
		Phone: (720) 744-5487
		Email: pns@coaccess.com
4	Health Colorado, Inc.	9925 Federal Drive, Suite 100
		Colorado Springs, CO 80921
		Phone: 1-800-804-5040
		Email: <u>COProviderRelations@beaconhealthoptions.com</u>
5	Colorado Access	Amber Garcia
		Phone: (720) 744-5487
		Email: pns@coaccess.com
6	CO Community Health Alliance	Phone: (303) 256-1717 (Local) (855) 627-4685 (Toll-Free)
		http://www.cchacares.com/about-ccha/contact-us
7	CO Community Health Alliance	Phone: (303) 256-1717 (Local) (855) 627-4685 (Toll-Free)
		http://www.cchacares.com/about-ccha/contact-us

Questions?



Upcoming Communications & Resources

January

February

- Provider Contracting
- Attribution Process

March

 Behavioral Health Services in Primary Care

April

 Performance Measurement

More Information

CO.gov/HCPF/ACCPhase2

Thank You!