



COLORADO

Department of Health Care
Policy & Financing

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Accountable Care Collaborative Phase III Regional Accountable Entity Map

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The Department of Health Care Policy and Financing (HCPF) administers Health First Colorado (Colorado's Medicaid program), Child Health Plan *Plus* (CHP+) and other health care programs for Coloradans who qualify. The Accountable Care Collaborative (ACC) is the primary delivery system for Health First Colorado. The ACC was created in 2011 to improve health care access and outcomes for Health First Colorado members. ACC Phase III will launch July 1, 2025, and will include a new map for the Regional Accountable Entities (RAEs), outlined in this document.

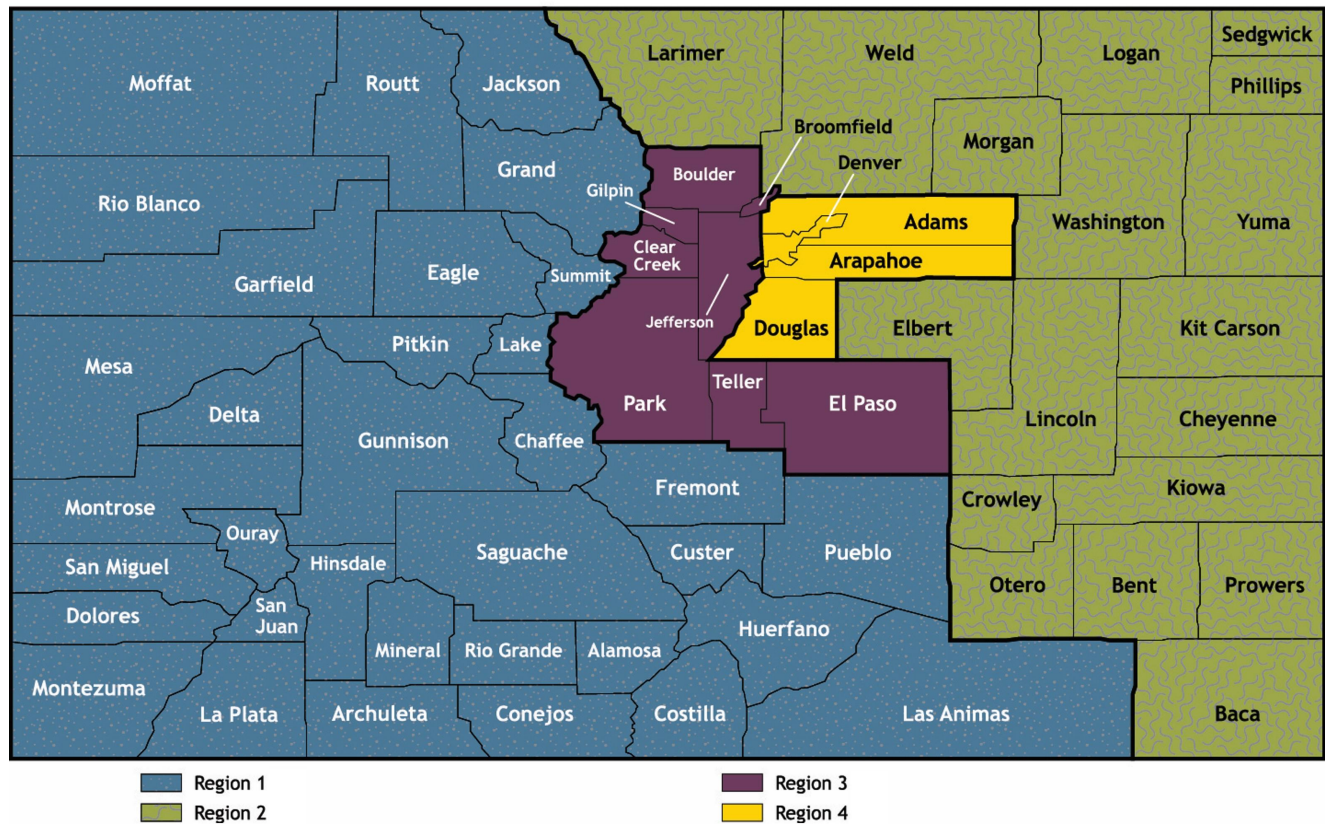
Over the past six months, HCPF has held 20 meetings with more than 1,000 attendees to discuss six possible RAE maps for Phase III. The most recent map proposal outlined in the [Concept Paper](#)¹ divides the state into four regions instead of the current seven-region map. HCPF worked closely with the Behavioral Health Administration (BHA), which is also procuring a set of state contracts for the Behavioral Health Administrative Service Organizations (BHASOs). Together we analyzed care patterns, specifically looking at the counties where people live compared to where they seek care. We reviewed multiple different map options using a set of 28 metrics, including population, demographics, income and eligibility for Health First Colorado or BHA funding, and behavioral health needs.

After careful consideration of the available data and stakeholder feedback, HCPF will be moving forward with the following region map proposed in the Concept Paper for ACC Phase III. This document describes the following guiding principles that led to the final decision:

- Ensuring appropriate population size
- Reducing administrative burden for providers and members
- Recognizing member utilization patterns
- Aligning with BHA and community providers
- Addressing stakeholder feedback
- Maintaining contractor accountability

¹ Link: <https://hcpf.colorado.gov/sites/hcpf/files/2023%20ACC%20Phase%20III%20Concept%20Paper%209-7-23.pdf>

Figure 1 - ACC Phase III RAE Map



Ensuring appropriate population size

An important component of this map is ensuring that each region has large enough populations to provide RAEs with sufficient budget and resources to successfully meet HCPF contractual requirements. Each region in the above map has at least two urban population centers to ensure more appropriate and balanced enrollment size. This balance of large and small communities within each region will ensure that RAEs can build strong and sustainable regional infrastructure to best support Health First Colorado members and providers.

Reducing administrative burden for providers and members

As part of the effort to simplify systems for ACC Phase III, HCPF aims to reduce the administrative burden for members and providers. RAEs must offer a statewide behavioral health network, which means that many behavioral health providers may currently manage up to seven different contracts. This is especially challenging for smaller practices and those in the independent provider network that may have limited resources to manage administrative tasks. In addition to other proposed changes for Phase III, such as centralized credentialing, reducing the number of regions is designed to lessen the administrative burden on providers so that they can instead focus on providing quality care for Health First Colorado members.

Additionally, HCPF aims to create a simpler system for members to navigate. Reducing the number of regions means it is more likely that members will remain with the same RAE if they move or change providers locally. This is intended to create more consistency and reduce confusion around who members should contact.

Recognizing member utilization patterns

ACC Phase III is designed to build on the successes of Phase II, while minimizing disruptions for members and providers. The map above more closely resembles the current Phase II map than other proposals HCPF has received and considered, which supports the care relationships and community resources that have been established over the course of the ACC. While reducing the number of regions necessarily will change some patterns of care and established relationships, HCPF's analyses of member utilization patterns for both behavioral health and physical health services shows that the map above is likely to be the least disruptive compared to others that were considered.

In addition to supporting the natural utilization patterns and care relationships, this map accounts for the geographic barriers within the state that impact access to services. The Rocky Mountains, especially during the winter months, can make it challenging to seek care to the east for those living on the Western Slopes. Rocky Mountain National Park separates Larimer and Grand Counties with limited access between the two depending on the time of year. This map was designed not only with those natural barriers in mind, but also with the consideration of drive times to major medical centers from rural and frontier areas.

Aligning with BHA and community providers

HCPF will continue to partner with BHA to align RAEs and BHASOs. This map also considers the [Case Management Agency \(CMA\) redesign map](#)²; only one CMA out of 20 will require more than one RAE business agreement. Additionally, HCPF sought a balanced distribution of Community Mental Health Center (CMHC) and Federally Qualified Health Center (FQHC) locations across each region.

Addressing stakeholder feedback

Over the past six months, HCPF held 20 meetings to discuss six different map proposals. More than 1,000 attendees participated, including representatives from each region, advocacy groups, providers, legislators and members. Members and advocacy groups have shared their support for this map. This map also recognizes the long-time feedback HCPF has received about specific county placement on the Phase II map (e.g., Larimer and Elbert Counties). Overall, there has been positive feedback on reducing the number of regions, as well as consensus around the composition of the two Denver Metro regions.

Although this four-region map is unable to accommodate all of the unique communities across Colorado, regional identity has still been considered in its design. Stakeholders in the Eastern Plains have shared that they feel more connection with other Eastern Plains counties than they do with the Western Slopes or the greater Denver area. Similar comments were shared from stakeholders in mountain regions, as well as stakeholders that wanted to maintain the connection between Pueblo and the San Luis Valley. This map also connects counties that are dependent on each other in terms of workforce, housing, education, and social services, in addition to health care, such as Lake and Chaffee Counties to neighboring counties with resort towns.

² Link: <https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20IM%202021-055%20Case%20Management%20Redesign%20Policy%20Update%20Catchment%20Area.pdf>

Maintaining contractor accountability

Although the regions will be changing for Phase III, contractor responsibilities for supporting members will not change. Contractors that serve as RAEs will be responsible for maintaining a statewide network of behavioral health providers to support members in receiving the care they need. RAEs will be expected to collaborate with one another and other entities that serve Health First Colorado members, as well as coordinating care for members even if that member may require services outside of their region.

Conclusion

Thank you to all of the stakeholders that have participated in the engagement process for the Phase III RAE region map. Colorado is incredibly fortunate to have such an engaged and informed set of community partners. Based on the guiding principles outlined in this document, which include various data analyses as well as stakeholder feedback, HCPF will proceed with the above RAE region map for ACC Phase III.