Accountable Care Collaborative 3.0

CCI Conference Winter 2022

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Today's Agenda

- Ground Ourselves: Accountable Care Collaborative Attributes and Evolution
- Share draft changes for ACC 3.0
- Get your feedback and ideas
- Discuss New Bill Opportunity

CO Medicaid ACC Evolution

1995 2011 2018

Accountable Care Collaborative Phase I
- Administered by RCCOs
- Managed FFS for Physical Health
- Medical Home
- Cost savings
- Iterative

Community Behavioral Health Services
- Administered by BHOs
- Capitated Mental Health and SUD Services
- Cost Savings

Accountable Care Collaborative Phase II
- Administered by RAEs
- Join administration of physical and behavioral health
- Refine focus on cost and outcomes
- Physical PMPM, BH Capitation

ACC Advances & Role of RAEs

ACC Advances

1. Strengthen care coordination
2. Expand PCMP Attribution
3. Evolve health & support programs (i.e.: prenatal, diabetes, complex case management)
4. Pay providers for value
5. Increase RAE/provider accountability, transparency
6. Improve data exchange, reporting, contracts

HCPF's Annual ACC Legislative Report released 12/12/22

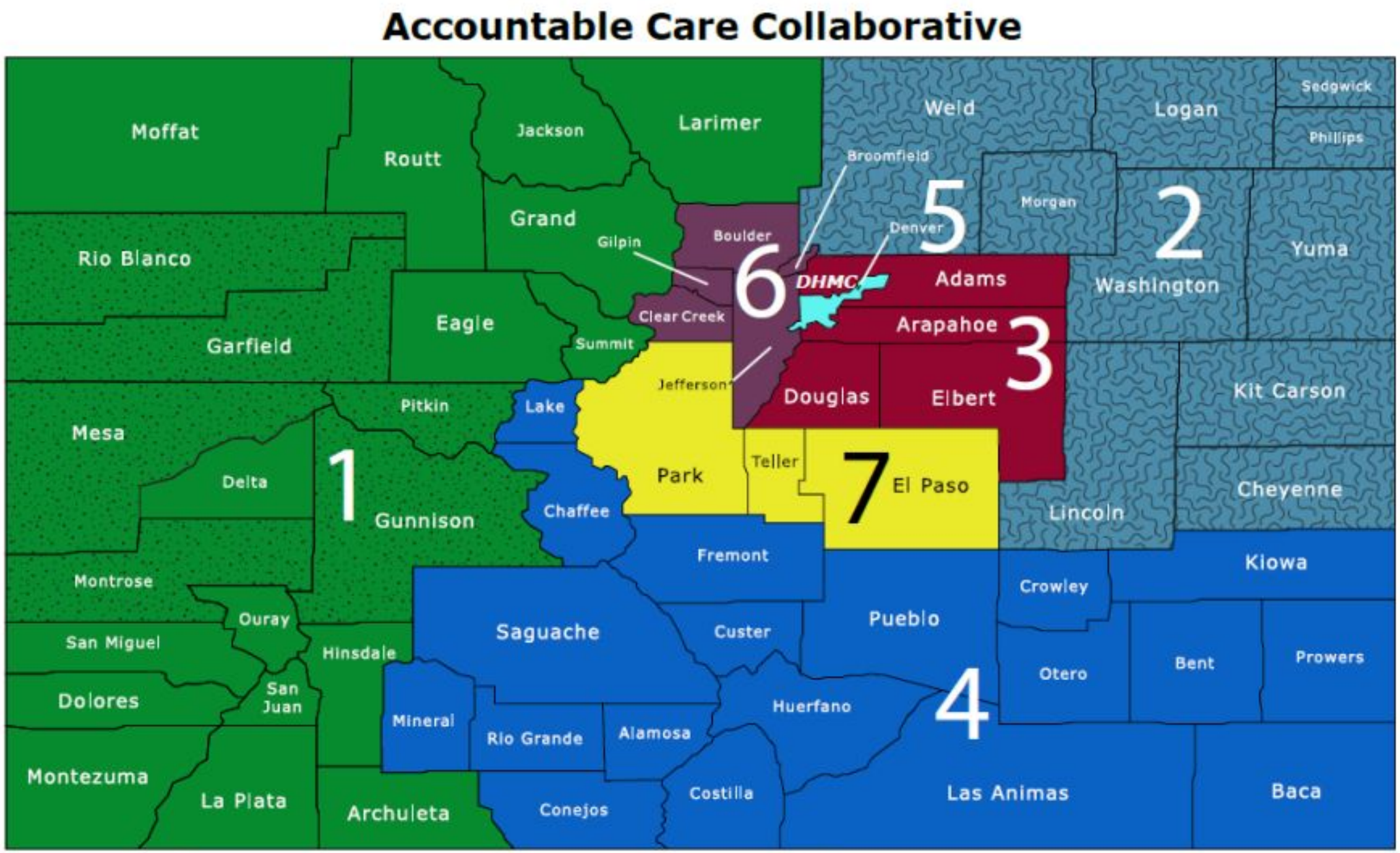
RAE Focus within ACC

1. Promote physical & BH health
2. Contract PCMPs as member medical home
3. Administer & contract capitated BH benefit
4. Coordinate care for all, but add'l attention on special populations
5. Practice transformation assistance
6. Address focus areas directed, rewarded by Dept in contract
7. Provide other supports directed by Dept (ie: Marshall Fire, COVID vaccines, Prescriber Tool uptake)

Two Managed Care Organizations (MCOs)

- Rocky Mountain Health Plans Prime
  - operates in 9 counties in Region 1 (expanded to Delta, Ouray, and San Miguel on 7/1/22)
  - Cap is 60k members (prior was 46k), now at 55k
- Denver Health Medicaid Choice
  - operates in 4 counties (Denver, Adams, Jefferson, Arapahoe).
  - Membership cap was 90k, then 100k, then 110k. 110k members now.

RAE Regions



- Region 1 - Rocky Mountain Health Plans
  - Rocky Mountain Health Prime
- Region 2 - Northeast Health Partners
- Region 3 - Colorado Access
- Region 4 - Health Colorado, Inc.
- Region 5 - Colorado Access
  - Denver Health Medicaid Choice (DHMC)
- Region 6 - Colorado Community Health Alliance
- Region 7 - Colorado Community Health Alliance

Capitated Behavioral Health Benefit

State Plan/Medical Services

Behavioral Health Assessment

School-Based Mental Health Services

Psychotherapy

Physician Services

Pharmacological Management

Outpatient Day Treatment

Outpatient Hospital

Psychosocial Rehabilitation

Crisis Services

Emergency Services

Inpatient Psychiatric Hospital

State Plan/Medical Services—SUD Specific

Substance Use Disorder Assessment

Alcohol/Drug Screen Counseling

Medication Assisted Treatment

Social Ambulatory Detoxification

Inpatient Withdrawal Management (1115 Waiver)

Residential Withdrawal Management and Treatment (1115 Waiver)

Community-based/Alternative Services

Prevention/Early Intervention

Clubhouses/Drop-in Centers

Vocational Services

Intensive Case Management

Assertive Community Treatment

Residential (Mental Health)

Respite Care

ACC priorities for FY 2022-23:

- Advancing Health Equity and Social Determinants of Health supports
- Advancing Innovations to improve access, equity, affordability:
  - eConsults, Prescriber Tool adoption, Social Determinants of Health, Providers of Distinction (cost & quality indicators)
- Increasing care access with a special focus in the areas of behavioral health, specialty care and care in rural communities
- Implementing ARPA projects in BH & HCBS
- Collaborating with BHA on BH systemic transformative goals
- Advancing CMS's directive: 50% of payments within VBP by 2025
- Finalize ACC 3.0 design with stakeholders

Wins from ACC 2.0

- RAEs developed programs to improve member health and control costs for targeted conditions (e.g. maternity, diabetes, depression)
- Expanded access to and utilization of telemedicine
- RAEs achieved >99% payment or adjudication of behavioral health claims within 30 days
- Added new substance use residential services which served 8,844 unique members in 2021

- From July 1, 2021 to June 30, 2022, the Department added 1,150 providers to the behavioral health network.

Goals for ACC Phase 3.0 Changes

- Improve Quality Care for Members
- Close health disparities and promote equity for members
- Improve care access
- Improve the member and provider service experience
- Manage costs to protect member coverage, benefits and provider reimbursements

Creating ACC 3.0 Design Including YOUR Valued Input

- Build on strengths of Phase 2
- Align with advances made by other state agencies
- Incorporate input received over the past several years
- Identify opportunities for improvement
- Focus on priority initiatives
- HCPF experts/exec input
- Governor's Health Cabinet
  - EDs from CDHS, CDPHE, BHA, OSPMHC and DOI
  - Interagency Staff Experts
- Beginning External stakeholder input (CHI leading much of this)

Your Feedback Over the Years

- Counties provided feedback on ACC/Delivery System historically
- Your feedback fueled many advances:
  - Universal contracting: shared expectations, regardless of payor, for behavioral health services
  - Expectations for credentialing of behavioral health providers, with new language in the RAE contracts
  - Robust contract management to hold RAEs accountable
- We appreciate your input in crafting ACC 3.0

ACC Phase 3.0 Timeline

Ongoing Stakeholder Activities

- Fall 2022- Begin stakeholder activities to assist with program development

Spring-Summer 2023
Concept Paper

November 2023
Draft Request for Proposal

- Ongoing community engagement to collect feedback and refine design

- Revise draft request for proposal based on stakeholder feedback
- Begin operational implementation

April 2024
Request for Proposal

September 2024
Vendor Awards

- Proposal review
- Implementation work

- Vendor transition activities
- Member and provider transition and preparation

July 1, 2025
GO LIVE

Commitments to Continuity

- Compliance with federal guidance supporting paying for value
- Coordinated behavioral, physical and community-based services through a regional delivery system with the existing seven regions
- Continued evolution towards a comprehensive, integrated, and accountable behavioral health benefit
- Innovating the managed fee-for-service infrastructure for physical health while holding MCOs accountable

- Collaboration with state agencies to provide high quality, whole-person care that improves health equity and the overall health of Medicaid members

Broad Questions To Think About

- ✔ What is working well in the ACC that should be continued and/or built upon for Phase 3?

- ✔ What are the opportunities for improvement in the ACC that should be considered for Phase 3?

- ✔ What challenges do you and your staff face everyday when interacting with the delivery system?

Website and ACC Updates Newsletter:
Colorado.gov/HCPF/accphase3

ACC Phase 3.0 Priorities

- Member Communication & Support
- Accountability for Equity & Quality
- Improving Referrals to Community Partners
- Alternative Payment Methodologies
- Care Coordination
- Children and Youth
- Behavioral Health Transformation
- Technology and Data Sharing

Primary Care Evolution Discussion

- Move primary care relationship from PCMH to ACO-like to enhance accountability for health outcomes, closing disparities, and affordability
- Continue to improve PCMP attribution payments:
  - To PCMPs based on risk-adjusted provider cost/quality perf.
  - Vary payment based on member acuity and/or target pop
  - Leverage payment to promote BH integration
- Increase RAE requirements for use of PCMP supports and tools (e-consult, prescriber tool, referrals to POD, other)

Behavioral Health Discussion

- BHA Alignment
  - Enroll new safety net providers
  - Implement APM and VBP
  - Cost reporting requirements
  - BHASO alignment
  - BH care coordination definitions and requirements
  - Data collection and reporting standards
- Addressing gaps in care
  - Youth residential and step-down services and home-based services
  - Increase access points for high intensity outpatient services
  - Continue growth of peer/unlicensed workforce
- Incorporate ARPA lessons: Mobile crisis; Secure transport; supportive housing

Case Mgmt/Care Coordination Discussion

- Address unique populations by leveraging partners who work closely with these populations
  - D-SNP enrolled members
  - Transplants
  - Kids that are high-risk
  - HCBS waiver members
  - Transitions of Care
  - Serious mental illness
  - SUD
  - Pregnant people
- Standardize definition with the BHASOs
- Requirements to address health equity and reduce disparities
- Engage in SDOH screening and connection to support
- RAE standardized requirements and reporting

Children and Youth Discussion

- Standardize RAE contract requirements for coordination and management of children and youth, particularly around EPSDT and Child Welfare
- Implement SB19-195 high-fidelity wraparound services
- Pursue ACE Kid's Act Health Home model for children with medically complex conditions
- Programs and policies to improve pediatric care and preventive care performance
- Programs to improve perinatal health

Technology Innovations Discussion

- Incorporate new technologies to close disparities, improve access and improve quality—
  - e-consult,
  - prescriber tool SDOH module
  - Enhanced BIDM, cost and quality analytics and resources, including support for VBP
- Improve data sharing among all parties: HCPF, RAEs, providers—strive for real-time data exchanges
- R-23 CBMS data reporting and claim integration into HCPF systems (BHA, CDHS, CDPHE 1st program priorities)
- Incorporate all new VPB innovations and methodologies
- Rural provider investments

Standardizing/Centralizing Functions

- Universal contracting rules for BH
- Single vendor for BH provider credentialing
- Member stratification
- Performance measurement
- CMS core metrics
- Industry standard cost and quality metrics
- Consistent member communications prototypes across RAEs
- Potential for consolidated complex care coordination and discharge planning, and very high-risk case management (i.e. transplants)

New Affordability Bill Opportunity

Thank You!