



COLORADO

Department of Health Care
Policy & Financing

303 E. 17th Avenue
Denver, CO 80203

ACC Phase II RFP Offeror Questions

January 2024

The following questions were included as part of the Accountable Care Collaborative (ACC) Phase II Request for Proposal (RFP). Organizations that responded to the RFP to become Regional Accountable Entities (RAEs) had to include responses to the following questions. The terminology used and sections referenced in each question can be found in the [Phase II RFP](#) on the [ACC Phase II webpage](#).

Interested stakeholders may review these questions and provide feedback on which should be included in the Phase III RFP, as well as suggestions for additional questions to include. Feedback can be shared through this [online survey](#).

Offeror's Response 1.

Provide documentation demonstrating how the Offeror meets all mandatory qualification requirements including, at a minimum, the following information: Offeror's legal name and address, number of years in business under this legal name, total number of employees, including contracted staff, and the organization's location(s), including any in Colorado. Documentation of the Offeror's licensure required to perform the Work and verification that the licensure is not suspended, revoked, denied renewal or found to be noncompliant by the Colorado Division of Insurance. If the Offeror is not licensed as required by the Colorado Division of Insurance at the time the proposal is submitted, the Offeror shall attest that the appropriate licensure shall be obtained prior to executing a Contract with the Department. Attestation that the Offeror meets the requirements of a PCCM Entity and a PIHP.

Offeror's Response 2.

Provide a detailed description of Offeror's organizational experience and skills, including specific years of experience, pertaining to each of the following:

1. Managing projects of similar size and scope.
2. Serving Medicaid covered populations.
3. Administering managed care.
4. Managing financial risk for covered services.

Offeror's Response 3.

Provide a detailed description of the Offeror's experience providing, arranging for, or otherwise being responsible for the delivery and coordination of comprehensive physical health, behavioral health, or both. Include for each project:

1. The name and location(s) of each project.
2. The population(s) served and number of covered lives.
3. Whether the population served was Medicaid, Non-Medicaid or a combination.
4. The primary health care services included in the project.
5. Level of managed care and financial risk.
6. Activities in Rural and Frontier areas, if appropriate.
7. Any corrective action plans relating to contract non-compliance and/or deficient contract performance.
8. Adverse contract actions and/or project-associated litigation (including terminations and/or cancellations) in which the Offeror was (or is) involved.
9. A Project Contract Manager with contact information. For behavioral health projects, the Offeror must describe their experience delivering community behavioral health care, as described in 4.2.2.2.1.

Offeror's Response 4.

Provide all of the following:

1. Description of the internal organizational structure, including a delineated management structure. The organizational structure shall clearly define lines of responsibility, authority, communication and coordination within and between various components and departments of the organization and be easily understood and accessible by those interfacing with the organization.
2. Describe how the organizational structure facilitates creative thinking and innovative solutions.
3. An organizational chart listing all positions within the Contractor's organization that are responsible for the performance of any activity related to the Contract, their hierarchy and reporting structure.
 - a. A list of Key Personnel and their resumes. Identify which Key Personnel has the majority of their work experience in behavioral health.

Offeror's Response 5.

Describe how the Offeror will:

1. Ensure adequate essential personnel to perform the functions of the Contract.
2. Train and support personnel to ensure the Contract is carried out as effectively as possible.

3. Fill personnel vacancies to fulfill Contract requirements.

Offeror's Response 6.

Describe how the Offeror will use Subcontractors (if the Offeror plans to), and the percentage of work that will be completed by each Subcontractor. Include the anticipated positions and roles the Subcontractor will hold, as well as a plan for how the Offeror will manage the Subcontractor and all Subcontractor personnel to ensure that the portions of the Work assigned to the Subcontractor will be completed accurately and in a timely manner.

Offeror's Response 7.

Describe how the Offeror will administer the PCCM Entity and PIHP as one program with integrated clinical care, operations, management, and data systems.

Offeror's Response 8.

Describe the Offeror's governing body and its responsibilities, including a list of members and their credentials. Include a description of how the Offeror plans to address any perceived conflicts of interest among its governing body.

Offeror's Response 9.

Describe the Offeror's strategy for member engagement, in accordance with the requirements in Section 5.5.

Offeror's Response 10.

Describe how the Offeror will handle grievances and appeals.

Offeror's Response 11.

Describe how the Offeror will develop a network of PCMPs and Behavioral Health providers, inclusive of providers listed in 5.7.1.3. In the response, describe how the Offeror will:

1. Allow for adequate Member freedom of choice amongst providers.
2. Meet the unique needs of the populations in its region.
3. Ensure sufficient capacity to serve diverse Members with complex and special needs.
4. Support the participation of smaller practices in its network, particularly in Rural and Frontier areas.

Offeror's Response 12.

Describe the Offeror's approach to managing its Provider Network, including how the Offeror will:

1. Certify Providers as meeting the Accountable Care Collaborative criteria.
2. Credential Providers.
3. Notify Providers regarding selection and retention.
4. Monitor and ensure compliance with access to care standards.

Offeror's Response 13.

Describe how the Offeror will support and establish Health Neighborhoods in the region, including how the Offeror will define Health Neighborhoods and address requirements in Section 5.8.2.

Offeror's Response 14.

Describe the Offeror's plan to support and build Communities in the region to address social determinants of health, including how the Offeror will define Community and address requirements in Sections 5.8.3 and 5.8.4.

Offeror's Response 15.

Describe in detail the Offeror's proposed population health management strategy and document the specific major interventions the Offeror will implement using the forms in Appendix I Population Health Management Plan. Describe how the Offeror will monitor and track the delivery of interventions defined in the Offeror's Population Health Management Plan.

Offeror's Response 16.

Describe in detail how the Offeror will provide the required Care Coordination interventions to support the Offeror's Population Health Management Plan, including how the Offeror will:

1. Design, deliver and track Care Coordination activities across the full continuum of care.
2. Align and collaborate with care coordinators from different systems to reduce duplication and Member confusion.
3. Outreach, intervene, and monitor Members who meet the criteria for inappropriate overutilization of health care services.

Offeror's Response 17.

Describe in detail how the Offeror will support Network Providers in accordance with the requirements in Section 5.10, including descriptions of the types of payment arrangements the Offeror will make available to PCMPs and Health Neighborhood providers to support achievement of the Accountable Care Collaborative goals.

Offeror's Response 18.

Describe how the Offeror will administer the Capitated Behavioral Health Benefit within the broader Accountable Care Collaborative while ensuring the continued delivery of sufficient Behavioral Health services and successfully managing the financial risk. Specifically address how the Offeror will:

1. Administer the Capitated Behavioral Health Benefit according to the principles outlined in Section 5.12.4.
2. Deliver services in multiple community-based setting.
3. Ensure compliance with federal managed care regulations.

Offeror's Response 19.

Describe the Offeror's process for providing or arranging for the provision of each Covered Service and how 1915(b)(3) Waiver services will be used in conjunction with State Plan services to maximize available resources and outcomes for its Members. The response should specifically include the following:

1. Comprehensive list of the Offeror's package of 1915(b)(3) Waiver Services using the table in Appendix S. This comprehensive list shall include the type of services, the capacity/number of Members to be served, the number and location of service sites, and any special population(s) to which these services shall be offered.
2. Description of the Offeror's utilization management program and procedures.
3. Description of how the Offeror will meet the service planning, care coordination, and transition of care requirements.
4. Description of how the Offeror will leverage and coordinate with other agencies, particularly the Colorado Crisis System, Managed Service Organizations, and the Department of Child Welfare, to maximize available resources and outcomes for its Members.

Offeror's Response 20.

Describe how the Offeror will support PCMP practices that utilize licensed behavioral health providers to deliver primary-care-based behavioral health services. Include a description of how the Offeror will track utilization of the six (6) FFS short-term behavioral health sessions delivered in primary care settings and how the Offeror will

work with PCMPs when a Member requires more than six (6) sessions.

Offeror's Response 21.

Describe how the Offeror will receive, process, and manage data and use analytics to meet the goals of the Accountable Care Collaborative, specifically addressing how the Offeror will create meaningful and actionable data, share data with Network Providers, and meet the privacy regulations.

Offeror's Response 22.

Describe the Offeror's data management system, including the structure, claims processing system, export capability, and ability to integrate with other systems such as the Colorado interChange and BIDM System. Include a system architecture diagram.

Offeror's Response 23.

Describe how the Offeror will implement and maintain an ongoing Quality Improvement Program, in accordance with the requirements of Section 5.14, and how the Offeror will address quality throughout the administration of the program.

Offeror's Response 24.

Describe how the Offeror will ensure compliance with the Accountable Care Collaborative Program rules, Contract requirements, state and federal regulations, and confidentiality regulations. In addition, describe how the Offeror proposes to conduct compliance and monitoring activities in compliance with 42 C.F.R. part 2.

Offeror's Response 25.

Provide a positive statement attesting to the Contractor's willingness and ability to perform the work described in the proposed Accountable Care Collaborative: Medicare-Medicaid Program scope of work and negotiate with the Department in good faith, provided existence of appropriate funding.

Offeror's Response 26.

Provide a positive statement attesting to the Contractor's willingness and ability to perform the work described in the proposed Wraparound Program scope of work and negotiate with the Department in good faith, provided existence of appropriate funding.

Offeror's Response 27.

Provide a positive statement attesting to the Contractor's willingness and ability to perform the work described in the proposed PASRR scope of work and negotiate with

the Department in good faith, provided existence of appropriate funding.

Offeror's Response 28.

Provide a positive statement attesting to the Contractor's willingness and ability to perform the work described in the proposed Brokering of Case Management Agencies scope of work and negotiate with the Department in good faith, provided existence of appropriate funding.

Offeror's Response 29.

Provide a positive statement attesting to the Contractor's willingness and ability to perform the work described in the proposed Health Information Exchange Connectivity Assessment scope of work and negotiate with the Department in good faith, provided existence of appropriate funding.

Offeror's Response 30.

Provide a description of a capitated payment reform initiative the Offeror seeks to implement in Region 1 or Region 5 that describes:

1. Payment methodology, including:
 - a. The rate structure and logic model.
 - b. Performance and/or quality measures that are incorporated into the proposed value payment model and how they affect payments.
2. Policy innovation goals or targets that may enhance the Medicaid program and support the Accountable Care Collaborative's goals to improve Member health and life outcomes and to use state resources wisely.
3. Mechanisms for cost neutrality or cost savings, and the estimated amount of projected cost savings, if applicable.
4. Population and geography, including:
 - a. Regions or counties in which the capitated payment reform initiative will operate.
 - b. Approximate number of Members included in the capitated payment reform initiative.
 - c. Eligibility categories included in the capitated payment reform initiative.
 - d. Any limitations on who may participate.
5. Provider network, structure, and value-based payment arrangements.
6. How the proposed capitated payment reform initiative structure will foster communication, cooperation, and alignment with the Contractor's Accountable Care Collaborative structure.

7. The Offeror's response shall include a Letter(s) of Support from the local system of care (Denver Health Medicaid Choice or Rocky Mountain Health Plans Prime).

Offeror's Response 31.

Provide a statement that the Offeror agrees to:

1. Operate the Accountable Care Collaborative, as described in Section 5, irrespective of whether or not the Department exercises its option for implementing the Offeror's proposed capitated payment reform initiative.
2. Accept the actuarially certified Capitated Rate developed after the award based on the Contractor's proposed capitated payment reform initiative if the Department chooses to exercise its option to implement the Offeror's proposed capitated payment reform initiative.