



Accountable Care Collaborative Phase II Key Concepts

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The Department of Health Care Policy and Financing (Department) is committed to creating a high-performing, cost-effective Medicaid system that delivers quality services and improves the health of Coloradans. Phase II of the Accountable Care Collaborative (ACC) seeks to leverage the program's proven successes¹ to enhance the Medicaid client and provider experience. The ACC Phase II is based on three key principles:

- Person- and family-centeredness
- Delivery of outcomes and value
- Accountability at every level

Integrated Physical and Behavioral Health Care: The Department will contract with one regional entity that focuses on whole person care. The state will be divided into seven regions. The new Regional Accountable Entities (RAEs) will be responsible for the health and cost outcomes for clients in their region, as well as:

- Overseeing behavioral and physical health regional networks,
- Onboarding and activating clients,
- Developing and supporting Health Teams,
- Making value-based payments to Health Teams, and
- Convening Health Neighborhoods.

Coordinated Care: Regional Accountable Entities will have the responsibility for creating and supporting a system of Health Teams. A Health Team, at a minimum, includes the client and Primary Care Medical Provider (PCMP). Health Teams may also include a client's specialty behavioral health practitioner, long-term services and supports case management agency and certain specialists. The Health Teams will utilize:

- Tele-health,
- Regional technology solutions for care coordination,



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- Shared client data through the provider portal,
- Agreed upon and streamlined referral expectations between primary care medical providers and specialists, and
- Integrated physical and behavioral health services.

Automatic Enrollment: Medicaid clients will be automatically enrolled in the ACC and immediately connected with a PCMP. Automatic enrollment gives clients access to support from their RAE and the provider network upon Medicaid approval.

Value-based Payment: The Department seeks to improve tools and strategies that ensure accountability for the full range of services provided to Medicaid clients and the total cost of care for clients. Regional Accountable Entities will be held accountable by the Department for improved health outcomes and cost efficiencies by tying a greater proportion of the administrative payment to quality-based measures and shared savings.

The Department will continue to pay physical providers directly for the clinical services they offer in a way that promotes value. A capitation payment methodology will be retained for core behavioral health servicesⁱⁱ that will be paid directly to the RAEs. The capitation will differ from the current capitation administered by the Behavioral Health Organizations in order to better support whole person accountability.

For more information

View the Department's ACC Phase II Concept Paperⁱⁱⁱ and sign up for regular updates at [Colorado.gov/HCPF/ACCPhase2](https://www.colorado.gov/HCPF/ACCPhase2).

ⁱ Accountable Care Collaborative Annual Reports, [Colorado.gov/hcpf/department-reports](https://www.colorado.gov/hcpf/department-reports)

ⁱⁱ Accountable Care Collaborative Phase II: Behavioral Health Payment Program Decision, February 2016, <https://www.colorado.gov/pacific/sites/default/files/ACC%2520Phase%2520II%2520Behavioral%2520Health%2520Reimbursement%2520Decision.pdf>

ⁱⁱⁱ Accountable Care Collaborative Phase II Concept Paper, October 2015, [Colorado.gov/pacific/sites/default/files/ACC%20Phase%20II%20Concept%20Paper.pdf](https://www.colorado.gov/pacific/sites/default/files/ACC%20Phase%20II%20Concept%20Paper.pdf)

