ACC Phase III Proposed Concepts

Provider and Community Experience Subcommittee

September 14, 2023

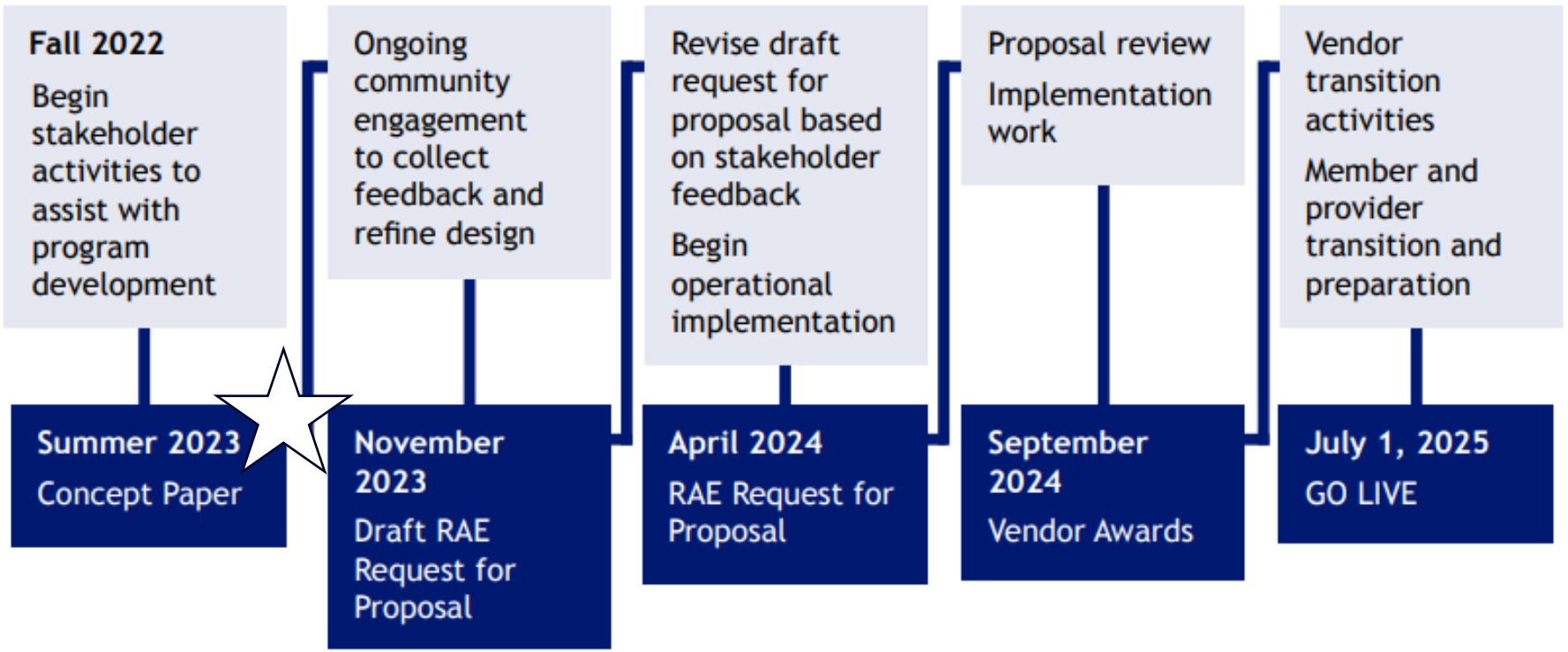
Presented by:

Colorado Department of Health Care Policy & Financing

Today's Agenda

8:30 – 8:45am	Welcome & Background
8:45 – 9:00am	Deep Dive #1: Attribution
9:00 – 9:15am	Deep Dive #2: Care Coordination
9:15 – 9:30am	Deep Dive #3: Health-Related Social Needs

Ongoing Stakeholder Activities



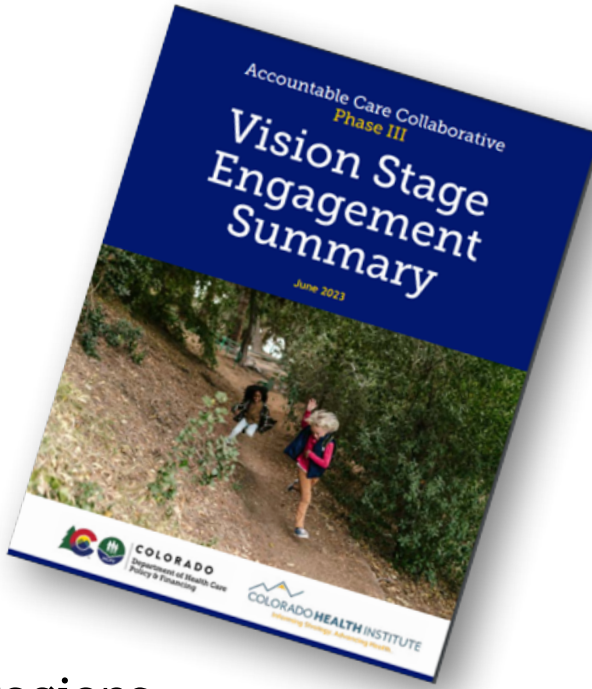
What we've heard:

What's working well:

- Majority of members are getting the care they need
- Providers engaged with RAEs appreciate resources and support
- Regional model acknowledges that different parts of Colorado have different needs
- Care coordination for those who are actively engaged
- Existing member engagement councils

What needs improvement:

- Process and administrative barriers
- Inconsistency across 7 regions
- Alignment with other entities in midst of statewide changes
- Care capacity and access
  - Services for children and youth



Phase III Proposals

Goals for ACC Phase III

1. Improve quality care for members.
2. Close health disparities and promote health equity for members.
3. Improve care access for members.
4. Improve the member and provider experience.
5. Manage costs to protect member coverage, benefits, and provider reimbursements.

1. Improve quality care for members.

- Aligned strategic objectives
- Standardize incentive payment measures
- Standardized children's benefit
- Children and youth intensive care coordination
- Behavioral Health Transformation

2. Close health disparities and promote health equity for members.

- Implement existing regional health equity plans
- Use equity-focused metrics
- Equity requirements for RAEs
- **Explore expansion of permanent supportive housing services**
- **Explore providing food related assistance and pre-release services for incarcerated individuals**
- **Leverage social health information exchange tools**

3. Improve care access for members.

- **Clarify care coordination roles and responsibilities**
  - **Create tiered model for care coordination**
- **Strengthen requirements for RAEs to partner with community-based organizations (CBOs)**
- Explore innovations to current behavioral health funding system to fill gaps in care (Behavioral Health Transformation)

Reference: Senate Bill 23-174

4. Improve the member and provider experience.

- **Enhance Member Attribution process to increase accuracy and timeliness**
- Increase the visibility of and clarify role of the RAE
- Reduce administrative burden on providers through BH transformation efforts
- Reduce total number of regions

Reference: House Bill 22-1289

5. Manage costs to protect member coverage, benefits, and provider reimbursement.

- Improve administration of behavioral health capitation payment
- Improve alignment between ACC and Alternative Payment Models
- Implement new Alternative Payment Models

Deep Dive: Attribution

Enhance Member Attribution process to increase accuracy and timeliness

- Members without existing PCMP relationship assigned to RAE only based on their address
- RAEs support members in establishing care with PCMP or with engaging in preventive services
- Expand provider types that can serve as PCMPs (such as Comprehensive Safety Net Providers)

Discussion

1. What are potential unintended consequences of these proposals?
2. Will PCMPs be willing and able to take on new members when RAEs identify those who could benefit from having a focal point of care?
3. How can our attribution process best meet the needs of members actively engaged in behavioral health care with minimal primary care engagement?

Deep Dive: Care Coordination

Create a 3-tier care coordination model, aligned with the BHA, to improve quality, consistency, and measurability of interventions

Tier	Target Population	Care Coordinator	Activities
Level 3	• Uncontrolled conditions • Multiple diagnoses • Multi-system involvement • Difficult to place • Private Duty Nursing • Client Overutilization Program	Clinical Care Coordinator	• Care plan • Specific assessments based on population type/need • Monthly coordination with Member/treatment team • Long-term monitoring and follow up
Level 2	Condition management (heart disease, diabetes, depression/ anxiety, asthma/COPD, maternity)	Clinical Care Coordinator	• Care plan/assessments TBD (possibly just pull from their provider) • Quarterly coordination with member/treatment team • Long term monitoring and follow up
Level 1	Anyone	Not clinical, no staffing ratio	• Brief needs screening (Health Needs Survey) • Support accessing services and benefits • Determining need for higher level of care coordination • Brief monitoring and follow up

Increase equitable access to care coordination

- Require RAEs to develop a network of community-based organizations to reach and educate members

Reference: Senate Bill 23-002

Discussion:

- Does the proposed three-tier care coordination model align with the current state of care coordination in your community?
  - If not, what would need to happen in your community to move towards that model?
  - What are potential unintended consequences that should be considered?

Deep Dive: Health-Related Social Needs

Explore opportunities to address members' health-related social needs

- Support connection to food-related assistance
  - Support member enrollment in SNAP and WIC
  - Explore other opportunities (e.g., medically tailored meals)
- Explore new federal (CMS) opportunities:
  - Expand permanent supportive housing services
  - Expanding continuous coverage for eligible children and adults
  - Pre-release services for incarcerated individuals
- Leverage social health information exchange tools

Reference: House Bill 23-1300, Senate Bill 23-174, Senate Bill 22-196

Discussion:

- What kind of support is needed from the RAEs to assist members with social needs?
- What makes your current relationships with RAEs effective? What are the challenges?
- Given limited resources, how do we clearly define roles so that there is no duplication or role confusion?

Next Steps

Provide additional feedback:

- Full concept paper is available online
- Online survey open through October 31 — responses will be made publicly available (without names)
- Open feedback form will remain open through April 2024

Upcoming Public Meetings

- **Behavioral Health Providers:** 9/14 from 5 to 6:30 pm
- **All providers welcome:** 9/26 from 8 to 9:30 a.m.
- **Health First Colorado Members:** 9/28 from 5 to 6:30 p.m.

Thank you!