COLORADO
Department of Health Care Policy & Financing

303 E. 17th Avenue
Denver, CO 80203

ACC Phase III Draft Contract Review Guide

January 2024

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.

What is the Draft Contract?

The ACC Phase III Draft Contract is a list of all of the requirements that organizations will need to meet if they are chosen to serve as a Regional Accountable Entity (RAE). This document focuses specifically on RAE responsibilities in ACC Phase III, which means that HCPF's responsibilities and providers' responsibilities are only mentioned insofar as they relate to the RAEs.

While the Draft Contract lists many requirements, it focuses on what RAEs must achieve and includes tools for holding RAEs accountable for achieving certain outcomes. The Draft Contract intentionally allows RAEs to have some flexibility in how they meet their contractual requirements, which means some sections may be relatively general.

The Draft Contract incorporates both state and federal law; sections that align with law cannot be changed. Additionally, the ACC was designed to be iterative and HCPF amends the contract with the RAEs twice annually to address changes in state and federal policies, clarifications of requirements, improvements in line with best practices, etc. That said, the amendment process is designed for minor modifications to existing requirements, it cannot be used to add completely new areas of work to the contract.

The Draft Contract is one piece of the final Request for Proposal (RFP) that will be made available to bidders in May 2024. When responding to the RFP, bidders will need to explain how they plan to meet the requirements outlined in the Draft Contract.

Tips for Reviewing the Draft Contract

Altogether, the Draft Contract is over 250 pages, with 14 distinct sections and several additional exhibits. Given the Draft Contract's length, it may be difficult to closely review the document in its entirety. Below are some tips to help focus your review:

- The next section of this fact sheet outlines the key changes for each section of the Draft Contract.
- Section titles and subsection titles can help you focus your review.
- The "find function" can be a great tool for finding where certain concepts (such as Health-Related Social Needs) are discussed in most detail.
- Many topics (such as Health Equity) are addressed in multiple sections of the Draft Contract. The "find function" can help you identify every place these topics are mentioned.
- Exhibit D in the Draft Administrative Package defines common terminology used throughout the contract. Acronyms are regularly used in the Draft Contract. These should be spelled out on their first use, but if you cannot find a specific topic, try to search for it using common acronyms.

Sections in the Draft Contract

1. Regional Accountable Entity

Minimal changes have been made to this section for administrative purposes; there have been no policy-oriented changes to this section.

2. Member Enrollment and Attribution

There is limited new content to this section. Minor updates include:

- 2.3 - updates to the member attribution language to reflect increased RAE responsibilities with the removal of geographic attribution.
- 2.7 - a new requirement to use a HCPF-developed Primary Care Medical Provider (PCMP) and member fidelity tool.

3. Member Engagement

This section includes some updates to existing requirements as well as new content. Note that outside of the updates listed below, much of this section contains federal requirements and language that cannot be changed.

- 3.3 - the member communications section has been updated to include explicit requirements for:
  - Co-branding member communication materials using the Health First Colorado brand standards.
  - Performance standards for member call center response times.
  - Requirements for the RAEs to collaborate closely with HCPF on information shared with members.
- 3.6.4 - this is a new section for the member incentive program.

4. Grievances and Appeals

Minimal changes have been made to this section to reflect state statute and waiver requirements. Much of this section contains federal requirements and language that cannot be changed.

- 4.2 - updated the Quality of Care Grievance section to outline a new process.
- 4.3 - updated the Notice of Adverse Benefit Determination to reflect state statute requirements.

5. Network Development and Access Standards

There is limited new content to this section. Minor updates include:

- 5.3.6 - added requirements for a centralized credentialing process for behavioral health providers.
- 5.4.7 - time and distance standard requirements were updated to align with the Division of Insurance county classifications.
- 5.4.10 - additional requirements outlined to ensure timeliness of services for members including: new standards for timeliness of Medication Assisted Treatment and a requirement for RAEs to collaborate with HCPF to implement a statewide process for monitoring compliance with timeliness standards
- 5.5.2 - Network Adequacy Reporting has been updated to include new deliverable requirements.

6. Health Neighborhoods

This section includes several additions and updates, including:

- 6.2.7 - a new section around supporting the adoption of eConsult and facility cost control indicators.
- 6.2.17 - the list of key advisory groups and statewide initiatives that RAEs must participate in and collaborate with has been updated.
- 6.3.9 - this section has been expanded to emphasize RAE work around health equity.
- 6.3.10.1 - a new section on food insecurity.
- 6.3.10.2 - a new section on housing insecurity and permanent supportive housing.

7. Care Coordination and Population Management

We have completely revised this section. Key updates include:

- 7.3 - added clear definitions for Care Coordination Program Requirements, including population stratification and required interventions. Note that the care coordination tiers table is part of Exhibit I in the Draft Contract Supplements.
- 7.4 - new section defining RAEs' responsibilities regarding subcontracting or delegating care coordination.
- 7.5 - new section requiring RAEs to develop a Care Coordination Policy Guide.
- 7.6 - new section with requirements for RAEs to collaborate with other agencies serving Health First Colorado members (such as Case Management Agencies, Community-Based Organizations, etc.)
- 7.7 - new section detailing transitions of care requirements.
- 7.8 - new requirements for data reporting and performance metrics.

8. Provider Support Practice Transformation

Significant revisions have been made throughout this section to require alignment with HCPF's value-based payment models and the Division of Insurance's Aligned Core Competencies for Primary Care Alternative Payment Models. Key updates include:

- 8.3 - revised requirements for RAE communication with providers.

- 8.4 - provider training revised to focus on RAEs supporting providers participating in value-based payment.
- 8.5.6. - new requirements around supporting the adoption of the eConsult platform and the Social Health Information Exchange (SHIE).
- 8.6 - significantly revised the practice transformation section to include a PCMP assessment tool, expectations for the types of practice transformation activities that RAEs must make available, and a section for Value-Based Payment Practice Support Activities.
- 8.7 - revised section for how RAEs should financially support their network providers including requirements for the PCMP Payment Program as well as requirements for financially supporting rural providers.
- 8.8 - new reporting requirements focused on provider performance in value-based payments and new requirements around provider satisfaction surveys.

9. Capitated Behavioral Health Benefit

Many changes have been made throughout this section including the reorganization of existing content as well as the addition of many contract performance standards. Key updates include:

- 9.4.4 - sections added on high intensity outpatient services and on special covered services for Members under 21, including Psychiatric Residential Treatment Facility (PRTF) and Qualified Residential Treatment Programs (QRTP).
- 9.6 - major changes around prior authorization requests, utilization management for substance use disorders and members with co-occurring disabilities, and requirements for RAEs to consult with an ordering provider on denials (peer-to-peer consultation).
- 9.8. - clarifications added around out-of-network providers as well as a new section on discharge planning and follow-up.
- 9.9 - new section on reduction in behavioral health readmissions and emergency department use.
- 9.10 - new section on measurement-based care.
- 9.11.3 - new section around reimbursement strategies for Comprehensive and Essential Safety Net Providers.

10. Standardized Child and Youth Benefit

This entire section is new for the Phase III Draft Contract and includes detail around:

- Enhanced requirements for management of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).
- Guidance on the Independent Assessment process.
- New high-fidelity wraparound and intensive treatment planning interventions.

11. Data Analytics and Claims Processing

There is limited new content to this section. Minor updates include:

- 11.2.2 - updated the section for Department Provided Data Feeds to include the Nurse Advice Line, Case Management Tool, SHIE, eConsult, and Prescriber Tool.

12. Outcomes, Quality Assessment, and Performance Improvement Program

This section includes several additions and updates, including:

- 12.4.11 - updated Key Performance Indicators and added requirements for the Flexible Funding Pool.
- 12.4.12 - new Commitment to Quality Program which includes language around financial accountability and updated public reporting requirements.
- 12.5 - new section for Member Experience of Care Strategy and Report.
- 12.8 - updated the Advisory Committees and Learning Collaboratives section to include requirements for RAEs to host or participate in: Member Advisory Committees, Regional Health Equity Committees, ACC Operations meeting, Cost Collaborative, Behavioral Health Operations Meeting, and Program and Data Meetings.

13. Compliance and Integrity

Minimal changes have been made to this section to align with federal requirements.

14. Compensation and Invoicing

There are limited changes to this section.

15. Exhibit E – Contractor Administrative Requirements

The requirements for contractor personnel were expanded and added to this section. Updates include:

- 2.3.1.1.4 - new Chief Behavioral Health Officer
- 2.3.1.1.8 - new Equity, Diversity, Inclusion and Acceptance (EDIA) Officer
- 2.3.1.1.9 - new Director of Collaborative Care Coordination

16. Exhibit I – Care Coordination Tiers

This chart has been updated from the version included in the ACC Phase III Concept Paper to reflect the unique and shared care coordination requirements for children and adults.

How to Provide Feedback

Stakeholder feedback is extremely important to refining and finalizing this Draft Contract language. Over the next month, there are many ways for you to provide feedback. If you would like to hear more about the Draft Contract and ask clarifying questions or provide quick feedback, please join one of our public meetings. All upcoming meetings as well as recordings and materials from past presentations can be found on the ACC Phase III Stakeholder Engagement webpage.

To provide more detailed feedback, we recommend you use our publicly available Draft Contract Feedback Form. If this form is not accessible to you, you can also email feedback to us directly at HCPF_ACC@state.co.us.

We ask that all feedback be submitted by **March 10**, so we have time to consider your suggestions before publishing the RFP.