

Fact Sheet

Accountable Care Collaborative Phase III Draft Contract

The Phase III Draft Contract outlines requirements Regional Accountable Entities (RAEs) will need to meet to ensure the Accountable Care Collaborative (ACC) is achieving its goals to:

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

Based on stakeholder feedback, many of the RAE requirements outlined in this Draft Contract focus on initiatives to improve the current system, rather than major policy shifts in how care is delivered to members of Health First Colorado (Colorado's Medicaid program). These initiatives prioritize standardization and alignment across RAEs and improved processes and stability for Health First Colorado members and providers. Some initiatives are still in development and are dependent on securing state and federal approval and financing. These initiatives will go into effect July 1, 2025.

Here are 10 of the most important changes to look out for in the Draft Contract for Phase III of the ACC:

- 1| The Department of Health Care Policy and Financing (HCPF) is reducing the number of **RAE regions** from seven to four to reduce the administrative burden on providers and promote standardization between RAEs – while still meeting regional and community needs.
- 2| HCPF is working to **improve member experience and RAEs' communication with members** through various efforts, including requiring RAEs to co-brand all materials with HCPF's logo, convene two Member Advisory Committees, and collect and use member experience data for continuous process improvement activities.
- 3| HCPF is implementing clearer requirements for **care coordination** that will improve consistency across RAEs, especially for members with complex health needs and during transitions of care. These requirements will be standardized through a tiered care coordination model.
- 4| HCPF is aligning the ACC with other value-based payment programs to create a **comprehensive payment reform system** for Health First Colorado providers. The RAEs will be responsible for responding to the unique needs and capabilities of providers by offering comprehensive supportive services to help providers meet member needs and achieve quality goals.

- 5| HCPF is implementing a range of **behavioral health** process improvements that will streamline behavioral health care. Improvements include centralizing behavioral health credentialing, increasing accountability and performance standards for utilization management, and working with the Behavioral Health Administration on other process improvements, such as universal contracting provisions and improving rates for safety net providers.
- 6| HCPF is designing a **standardized child and youth benefit** that will simplify the process for connecting children to the appropriate services at the appropriate time using statewide screenings, a standardized independent assessment, and decision support tools. For children with the highest needs related to behavioral health conditions, RAEs will use licensed providers to complete the standardized assessment and deliver intensive treatment planning and high-fidelity wraparound support services to ensure delivery of a comprehensive, family-based treatment program.
- 7| HCPF is requiring each RAE to create a community-based **health equity plan** based on a detailed analysis of their region that sets measurable goals and outcomes with input from a range of stakeholders. RAEs will be held accountable to these outcomes.
- 8| HCPF is addressing **health-related social needs** through the following initiatives:
 - Exploring permanent supportive housing benefits through an 1115 waiver.
 - Pursuing authority to provide pre-release services to incarcerated individuals through an 1115 waiver.
 - Strengthening collaboration with the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) enrollment to support food security.
 - Integrating RAE systems with the Social Health Information Exchange (SHIE) and supporting providers in effectively using SHIE functionality.
- 9| HCPF is using the Centers for Medicare and Medicaid Services (CMS) core metrics/National Committee for Quality Assurance (NCQA) metrics over the span of ACC Phase III to align with other payers, allow for comparisons across states, and promote tracking progress over the long term. **Metric alignment** between the Division of Insurance and HCPF will reduce the administrative and reporting burden for providers across the state.
- 10| HCPF is promoting **data and technological innovations**, including the use of eConsult systems, Prescriber Tool, Social Health Information Exchange, and the upcoming Colorado Providers of Distinction program, which will support providers in delivering quality health care to Health First Colorado members.

HCPF has been committed to receiving feedback on these initiatives and policy changes throughout the entirety of the ACC Phase III design process. Many of these policies have been created in close collaboration with stakeholders.

During this stage of stakeholder engagement, HCPF is primarily seeking feedback on further refinement of initiatives in the Draft Contract. More information about upcoming stakeholder opportunities and how you can provide feedback is available on the [ACC Phase III webpage](#).