

Colorado's Accountable Care Collaborative Phase III A Brief Overview



COLORADO
Department of Health Care
Policy & Financing



Background

The Department of Health Care Policy & Financing (the Department) created the Accountable Care Collaborative (ACC) in 2011 to deliver cost-effective, quality health care services to its Colorado Medicaid members and to improve the health of Coloradans.

The ACC features Regional Accountable Entities (RAEs) operating in seven regions. RAEs are responsible for coordinating physical and behavioral health care for members and administering Health First Colorado's capitated behavioral health benefit. The RAEs develop, contract, and manage a network of primary care physical health providers and behavioral health providers at the direction of the Department to ensure member access to appropriate care. The ACC provides the platform leveraged by other Medicaid health care initiatives to better serve members, create value, and achieve shared goals.

Current contracts between the Department and the RAEs will end on June 30, 2025. The Department has developed goals and priority areas for improvement and innovation intended to better align with our modernized mission, advances made by our sister agencies, and stakeholder input received over the past several years.

To support the design of ACC Phase III, the Department will begin engaging stakeholders in conversations in the fall of 2022. There will be various opportunities for stakeholders to help inform the policies and programs to be implemented as part of Phase III, including reviewing a draft Request for Proposals.

ACC Phase III Advancements Align with the Department's Mission. The mission of the Department of Health Care Policy & Financing is to improve health care equity, access, and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado. The ACC Phase III features are designed in support of achieving this mission.

Goals for ACC Phase III

Improve quality care for members

Close health disparities and promote health equity for members

Improve care access for members

Improve the member and provider service experience

Manage costs to protect member coverage, benefits, and provider reimbursements

Continuity for ACC Phase III Design

The next phase of the ACC will continue to build upon the following elements:

- Compliance with federal guidance supporting paying for value – the right care, in the right place, at the right time, for the right cost, and the right outcome
- Coordination of behavioral, physical, and community-based services through a regional delivery system
- Continued evolution towards a comprehensive, integrated, and accountable behavioral health benefit
- Innovating and evolving the managed fee-for-service and behavioral health infrastructures while holding all critical partners accountable
- Collaboration with state agencies to provide high quality, whole-person care that improves health equity, and the overall health of Medicaid members

Key Dates and Milestones

Concept Papers for Priority Initiatives:
Spring – Summer 2023

Draft Request for Proposals for Public Comment: November 2023

Request for Proposals Published: April 2024

Partners Apply to Become a RAE: Spring – Fall 2024

ACC Phase III Begins:
July 2025

Our Invitation

Your input is needed to design ACC Phase III. We are committed to receiving input from diverse perspectives through accessible, equitable, and productive engagement.

There are many forums to share your thoughts. You can find more information and details about upcoming stakeholder engagement opportunities at www.Colorado.gov/HCPF/ACCphase3.



Priority ACC Phase III Initiatives to Address Opportunities

Through robust and ongoing conversations with stakeholders over the past four years, the Department has identified the following priority initiatives for Phase III. This work builds upon the solid foundation of earlier phases of the ACC while offering opportunities for continued improvement and innovation.

Improved Member Experience

Opportunity: Improve coordination of services and supports for members so they can more easily and readily access needed resources by better leveraging the contracted partners most closely aligned with members. Improve clarity of communication so members can more easily understand and access their benefits.

Accountability for Equity and Quality

Opportunity: Enhance primary care and behavioral health accountability for both providers and RAEs, with the goal of closing health disparities, improving health care quality and outcomes, and driving affordability.

Referrals to Community Partners

Opportunity: RAEs connect members to community supports outside of Medicaid covered services to better address their health-related social needs.

Alternative Payment

Opportunity: Implement member incentives and advance alternative payment models across the spectrum – such as primary care, maternity care, behavioral health, prescription drug, specialty care, and more to enhance quality care, close disparities, and improve member health outcomes while driving affordability.

Care Coordination

Opportunity: Establish standards for care coordination for populations with unique needs, such as pregnant people and individuals with disabilities.

Children and Youth

Opportunity: Improve access and outcomes for children and youth, particularly those in child welfare, involved with the justice system, or with special health care needs. Improve the experience of the caregivers and providers who support them.

Behavioral Health Transformation

Opportunity: Align with and support the work of the Behavioral Health Administration to achieve shared goals, increase overall access and implement a more effective system of safety-net behavioral health services. Increase access to culturally competent community-based services by addressing gaps in the continuum of mental health and substance use disorder services.

Technology and Data Sharing

Opportunity: Leverage technology to improve access to services and data sharing among the Department, the RAEs, and providers to enhance coordination, reduce duplication, and propel data-driven decision-making.