

ACC Phase III Planning

Aligning RAE and BHASO Regions

April 5, 2023

*Behavioral Health and Integration Strategies
Subcommittee*

Level-setting

- Today we will be discussing alignment of the following two entities:
 - **Regional Accountable Entities (RAEs)** - managed by the Department of Health Care Policy and Financing
 - **Behavioral Health Administrative Service Organizations (BHASOs)** - managed by the Behavioral Health Administration

Level-setting

- The Department of Health Care Policy and Financing and the Behavioral Health Administration are committed to **making a joint decision** about what the map of these regions will look like.
- The final map has not yet been decided.

Agenda

- Background, *Colorado Health Institute*
 - What we've heard from stakeholders
 - Where we are today
- Current Three Region Proposal, *Dept of Healthcare Policy and Financing*
 - Background and Methodology
 - Three Region Proposal
- Discussion, *Colorado Health Institute*
 - A **survey** will be available for additional feedback

Background and Context

ACC Phase III Vision for July 2025

Why: Goals

- ★ 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

What: Priority Initiatives

-  Improved Member Experience
-  Accountability for Equity and Quality
-  Referrals to Community Partners
-  Alternative Payment
-  Care Coordination
-  Children and Youth
-  Behavioral Health Transformation
-  Technology and Data Sharing

How: Pathways to Success

Simplifying Systems

Incentivizing Better Outcomes



COLORADO

Department of Health Care
Policy & Financing

Stakeholders are supportive of changes that simplify systems through standardization and centralization.

The Department must still consider ways to promote equity and take into account variation by population and community based needs. This includes considering what is already working well for specific regions or people.

Stakeholders hope the ACC will be aligned with the BHA.

- Stakeholders expressed concern about building two entirely separate systems and emphasized that alignment through procedures and geography was important.
- However, the Dept. recognizes that physical health needs for the Medicaid population may not perfectly align with that for behavioral health.

Where we are today:

1. Share current three region proposal and methodology
2. Share analysis conducted to identify Medicaid utilization in proposed three regions
3. Seek feedback.

Note: We will continue to have conversations about how changing these regions might affect other aspects of the ACC as the Department develops a draft RFP.

Current Proposals and Analysis

Guiding Principles Informing Our Collaboration

- Ensure populations were large enough to effectively manage risk
- Include 2 or more population centers
- Support and promote existing member utilization patterns and existing care infrastructure
- Minimize disruption to providers and Medicaid members
- Support value of community-based care
- Alignment of regional boundaries

What Is a BHASO?

- New entity designed by BHA that consolidates:
 - Substance use disorder treatment services (Managed Service Organizations)
 - Crisis services (Administrative Service Organizations)
 - Services offered by Community Mental Health Centers
- Intended to help individuals and families initiate behavioral health care and ensure timely access to services
- Goal is to align these organizations with RAEs

BHA Regional Design Methodology

- Regions balance demographics and behavioral health needs and utilization
- Developed through stakeholder feedback
- Current proposal suggests 3 regions (updated from 2 region proposal)

Datapoints used to determine BHASO regions:

- Geography/number of counties
- Population demographics
- Behavioral health needs
- Medicaid utilization
- Continuum of behavioral health services
- Provider network
- Healthcare utilization

Medicaid utilization in proposed three regions

- **Our goal:** Understand physical and behavioral health services across each county.

Methodology:

Medicaid utilization in proposed three regions

For each county:

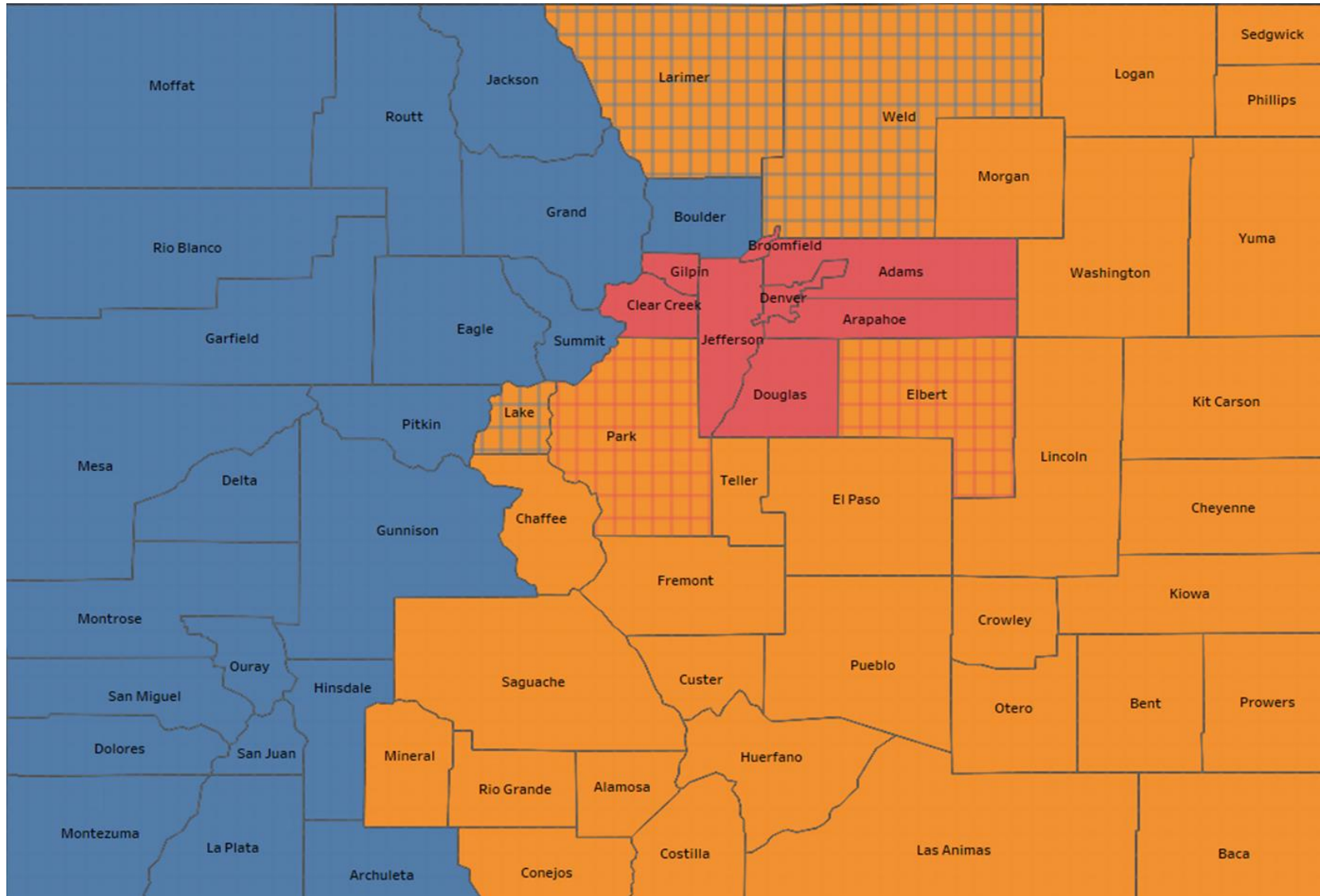
1. Reviewed top 5 counties where members receive their physical and behavioral health services
2. Identified counties where majority of members didn't receive services in their home county
3. Reviewed whether those counties fell into the same proposed three regions and recommended changes

Findings:

Medicaid utilization in proposed three regions

- Analysis showed that both physical and behavioral health utilization patterns **tend to fall within three region proposal**
- **5 counties** where utilization patterns could support placement in either region, looking for stakeholder feedback

Three Region Proposal



-  BHASO 1
-  BHASO 1 or 2
-  BHASO 2
-  BHASO 2 or 3
-  BHASO 3

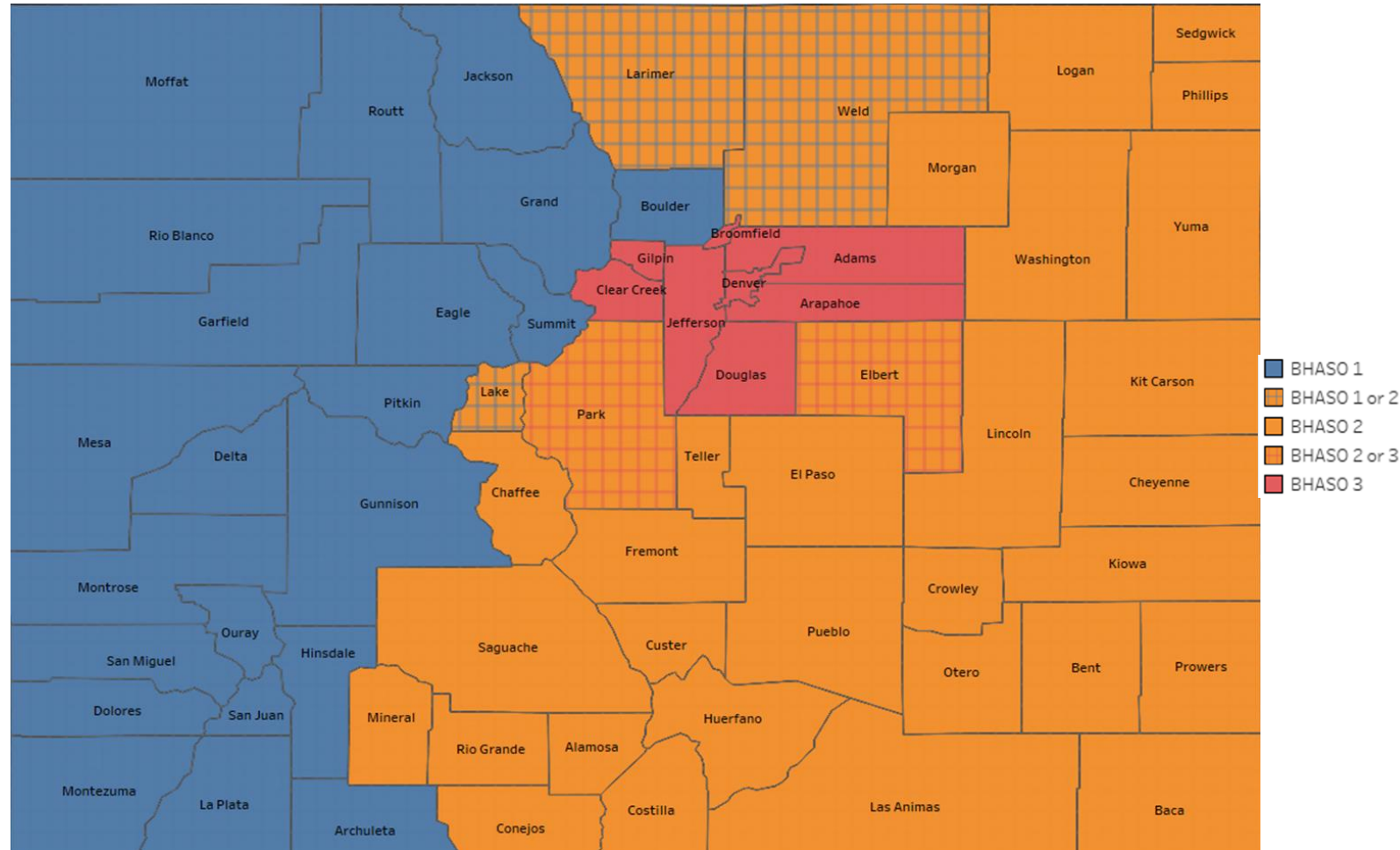
Discussion

Stakeholder Questions

- Are there any data points or key considerations that we've missed that should be examined in the process of determining these regions?
- Should any of the regions be split to have multiple RAE regions?

Please complete the online survey.

- For the counties in question:
 - What are the strengths of being in one region vs. the other?
 - What are the weaknesses?
 - What are your preferences?



Future Considerations

- Understanding how new regional boundaries will impact the number of RAEs and contractual responsibilities
- Understanding how to ensure a regional focus on care within larger boundaries

Upcoming Stakeholder Meetings

- **Statewide Meetings (Virtual)**
 - [Monday April 17](#), 5:00 - 6:00pm
 - [Thursday, April 20](#), 4:00 - 5:00pm
- **Regional Meetings (Virtual)**
 - [Larimer and Weld](#): April 11, 5:00 - 6:00pm
 - [Elbert County](#): April 13, 12:00 - 1:00pm
 - [Park and Lake](#): April 19, 12:00 - 1:00pm