

*Colorado Department of
Health Care Policy and Financing*



REQUEST FOR INFORMATION

RFI UHAA 2015000017

Accountable Care Collaborative Request for Information

THIS IS A REQUEST FOR INFORMATION (RFI) ONLY
THIS IS NOT A FORMAL BID SOLICITATION.

NO AWARD WILL RESULT FROM THIS RFI.

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SECTION 1.0 OVERVIEW**1.1. PURPOSE OF THIS REQUEST FOR INFORMATION (RFI)**

- 1.1.1. The Colorado Department of Health Care Policy and Financing (Department) is issuing this Request for Information (RFI) to solicit input on the next phase of the Accountable Care Collaborative (ACC).
- 1.1.2. Information provided to the Department in response to this Request for Information will inform the Department's Request for Proposals (RFP) for the Regional Care Collaborative Organizations (RCCO) and the future design of the ACC Program.
- 1.1.3. Anyone interested in responding is welcome to submit a reply (persons or entities responding to this RFI are called "respondents" throughout this document). The Department encourages everyone with ideas about the ACC to respond.

1.2. DEPARTMENT BACKGROUND

- 1.2.1. The Department serves as the Medicaid Single State Agency, as defined by Code of Federal Regulations (CFR) Title 45 Section 205.100 (45 CFR §205.100). The Department develops and implements policy and financing for Medicaid and the Children's Health Insurance Program, called Child Health Plan Plus (CHP+) in Colorado, as well as a variety of other publicly funded health care programs for Colorado's low-income families, children, pregnant women, the elderly, and people with disabilities. For more information about the Department, visit www.Colorado.gov/HCPF.

1.3. PROGRAM BACKGROUND

- 1.3.1. The Accountable Care Collaborative (ACC) Program started in May 2011 with around 500 clients. Since that time, the ACC has grown in many ways. Today, the program covers over 700,000 people. The current phase of the ACC is focused on developing a strong network of contracted providers that can serve as medical homes for Medicaid clients. At the start of the program, enrollment was comprised largely of adults, and the pay-for-performance measures were designed for an adult population.
- 1.3.2. Over the course of the last three years, the ACC has expanded its focus from the medical home to the whole neighborhood of providers, such as specialists. Program enrollment expanded, increasing the number of children to mirror the overall Colorado Medicaid population. To continue developing the ACC, the Department updated pay-for-performance measures to include children and changed the payment model to support improved medical homes.
- 1.3.3. The ACC strives to provide the Colorado Medicaid program with a client and family-centered, whole-person approach that improves health outcomes and ensures savings. The program design includes a focus on clinically-effective and cost-effective utilization of services. The ACC works to identify the needs of clients and to use local resources to meet those needs.
- 1.3.4. The ACC was designed as a platform to transform the Colorado Medicaid program. The upcoming request for proposals (RFP) will build upon the successes of the current program by further developing the ACC to serve more people through greater efficiency and other incremental improvements. In addition to these updates to the program, this RFP will also seek to make bolder, more-comprehensive changes to the ACC through deeper integration, new payment reforms, and the promotion of whole-person/whole-family health.
- 1.3.5. These improvements will also be strengthened by significant investments in technology, as with the forthcoming Business Intelligence and Data Management (BIDM) system. These new platforms will allow for enhanced program monitoring and evaluation, and will give all parts of the ACC Program better data to improve care and decision-making.

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- 1.3.6. As one of the major parts of the ACC, the RCCOs leverage local infrastructure, relationships, and community resources. The RCCOs' main responsibilities in the first RFP were:
- 1.3.6.1. Provider network development: developing a formal contracted network of primary care providers and an informal network of specialists and ancillary providers;
 - 1.3.6.2. Care coordination: the RCCOs must ensure that every client has access to an appropriate level of medical management and care coordination;
 - 1.3.6.3. Provider support: supporting providers in delivering efficient, high-quality care by offering clinical tools, client materials, administrative support, practice redesign, etc.; and
 - 1.3.6.4. Accountability and reporting: the RCCOs are responsible for reporting to the Department on the region's progress, and meeting programmatic and Departmental goals.
- 1.3.7. The RCCOs are responsible for assisting clients with every aspect of their care. This means that they have to assist clients with their physical health and their behavioral health. The state pays providers directly for physical health services. In Colorado, Medicaid behavioral health services are managed by five Behavioral Health Organizations (BHOs) statewide. RCCOs frequently work with the BHOs to coordinate care. Almost all Medicaid clients are enrolled in a BHO when they receive Medicaid. The BHOs get a set amount of money to manage the care for Medicaid clients, and the BHOs reimburse their network of providers for delivering services to those clients. The five regions that the BHOs manage do not match the regions managed by the RCCOs.
- 1.3.8. Today, there are seven RCCOs, each working in a specific part of Colorado. Each RCCO has adopted a different approach that works in its region. The RCCOs and their leadership play a vital role in the ACC and offer customized and local health care experience to the program. The ACC leverages personal, human connections to build on the strengths of local and regional partners.
- 1.3.9. Just as the first RCCO RFP initiated the ACC Program in Colorado, this second RFP will launch the next iteration of the ACC. What the program looks like in the future depends upon the RFP, and the content of the RFP depends upon the insight and guidance you offer through opportunities such as this Request for Information.
- 1.3.10. [For more information on the ACC Program, click here](#)

1.4. VISION FOR THE NEXT RCCO RFP

- 1.4.1. The next phase of the ACC Program will build on the strengths and the lessons learned during the first iteration. There are three main goals of the next RFP. The Department welcomes input on these goals and how to achieve them.
- 1.4.1.1. 1. Transforming our system from a medical model to a health model.
 - 1.4.1.1.1. A person's health is impacted by his or her social situation (for example housing, income, transportation, nutrition, presence of supportive family and friends) as well as medical care. The next phase of the ACC Program aims to promote health by developing systems that support healthy lives, rather than just medical care.
 - 1.4.1.2. 2. Moving toward person-centered, integrated, and coordinated supports and services.
 - 1.4.1.2.1. Person-centered care means that the individual/family/caregiver is an equal participant with the provider in defining health goals and developing treatment plans. These both must address the whole person and be achievable within the context of the person's life. To accomplish this, RCCOs must also be able to coordinate more-closely with non-medical services and other state agencies. In order to do this, RCCOs must understand the community and culture where the person lives.

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- 1.4.1.2.2. Part of a whole-person or person-centered approach is addressing both a person's physical and behavioral health needs in a way that is coordinated and cohesive, often referred to as integration. Taking steps towards integration or better coordination of physical and behavioral health care for Medicaid clients is a primary goal of the next RFP. Behavioral health care refers to all services to treat health conditions that primarily present as alterations in thinking, mood or behavior and changes in emotional (mood), psychological (thinking), or social well-being (behavior) and conditions related to addictions. To create the infrastructure for this integration, the Department seeks input on whether or how the Behavioral Health Organization (BHO) or RCCO maps or functions should be adjusted so that they are aligned.
- 1.4.1.2.3. This next RFP will aim to continue to build on local strengths of each community. This RFP aims to be sensitive to the diverse needs of clients with Medicaid coverage and will develop specific expectations around meeting the unique needs of subpopulations such as children, adults, the elderly, persons with disabilities, clients involved in the criminal justice system, and all others.
- 1.4.1.2.4. Incorporating clients' perspectives is an ongoing process. The next RFP aims to strengthen opportunities for clients and advocates to provide input and play an important role in program design and ongoing improvement.
- 1.4.1.3. 3. Leveraging efficiencies to provide better quality care at lower costs to more people.
- 1.4.1.3.1. The next RFP aims to capture efficiencies and save money through enhanced technology and by supporting a diverse and changing health care workforce.
- 1.4.1.3.2. The RFP endeavors to align the financial drivers for all elements of the Medicaid delivery system. Through the RFP process, the Department will explore different ways to pay for care, bend the cost curve, and be as cost-effective as possible.

SECTION 2.0 ADMINISTRATIVE INFORMATION

2.1. RFI TERMS AND CONDITIONS

- 2.1.1. This RFI is issued solely for information and planning purposes and does not constitute a solicitation. Information about costs and pricing is submitted voluntarily and is non-binding on the respondent. Responses to this RFI will not be considered legal offers nor will they result in an award of any type of contract.
- 2.1.2. The Department is not responsible for any costs incurred by any respondents for the development and provision of a response to this RFI.
- 2.1.3. The Department is subject to strict accountability and reporting requirements as a recipient of funds from public sources. Responses to this RFI are subject to disclosure by the Department as required by the Colorado Open Records Act (CORA). The Department plans to make responses to this RFI available for review online.
- 2.1.4. The Department reserves the right to copy any information provided by respondents for the purposes of facilitating the Department's review of / use of the information.
- 2.1.5. The Department reserves the right to use information or ideas that are provided by respondents. By submitting information in response to this RFI, the entity or individual represents that such copying or use of information will not violate any copyrights, licenses, or other agreements with respect to information submitted.
- 2.1.5.1. The responses received from this RFI may be used for the development of a future solicitation. Should a solicitation be issued, further details on the solicitation process will be provided.

2.2. POINT OF CONTACT

2.2.1. The Department's point of contact for this RFI is:

2.2.1.1. Kevin Dunlevy-Wilson (note: other Department staff may address e-mails or phone calls)

2.2.1.2. Department of Health Care Policy and Financing

2.2.1.3. Accountable Care Collaborative Strategy Unit

2.2.1.4. 1570 Grant Street

2.2.1.5. Denver, CO 80203-1818

2.2.1.6. Phone: 303-866-5351

2.2.1.7. RCCORFP@state.co.us

2.3. NOTICES AND COMMUNICATIONS

2.3.1. Communication with respondents will be via various methods including, but not limited to, e-mail, phone, mail, the Department's ACC RFP Web site at: <https://www.colorado.gov/pacific/hcpf/regional-care-collaborative-organizations-rccos-request-proposals-rfp> and notices on the CORE Web site at: <https://codpa-vss.hostams.com/webapp/PRDVSS1X1/AltSelfService;jsessionid=00007DX5IavpsnQoNcRwuPiYmie:189n1q4b1>. Respondents can view information posted on CORE by clicking on the "Public Access" button. It is the respondent's responsibility to periodically check the Colorado CORE Web site or the ACC RFP Web site for notices, changes, additional documents or amendments that pertain to this RFI.

2.4. TIMELINE

2.4.1. The timeline for this RFI is as follows:

ACTIVITY	DATE
RFI RELEASE DATE	OCTOBER 21, 2014
INQUIRIES REGARDING THE RFI ACCEPTED UNTIL	OCTOBER 31, 2014 11:00 AM MOUNTAIN TIME
DEPARTMENT RESPONSES TO RFI INQUIRIES (ESTIMATED)	NOVEMBER 10, 2014
RFI RESPONSE SUBMISSION DUE DATE	NOVEMBER 24, 2014 3:00 PM MOUNTAIN TIME

SECTION 3.0 RESPONSES**3.1. INQUIRIES**

- 3.1.1. For inquiries about this RFI, you may send an email to: RCCORFP@state.co.us. If preferred, you may also contact the ACC RFP team by phone at: 303-866-5351. Include the RFI number and title listed in the e-mail subject line.
- 3.1.1.1. The Department will track the questions that it receives and aggregate the questions into an “Inquiries and Answers” document.
- 3.1.2. Inquiries received by the Department by the Inquiry Deadline will be responded to by the Department via a posting of the “Inquiries and Answers” document on the CORE Web site and the ACC RFP Web site. Inquiries received after the Inquiry Deadline may not be included in the Department’s response.

3.2. PROTECTED HEALTH INFORMATION

- 3.2.1. Do not include Protected Health Information (PHI) in your response.
- 3.2.2. If the Department discloses the responses online or via a CORA request, unless the responder explicitly requested otherwise, responses by all Medicaid clients will be identified only by first initial and county of residence. Example: John Doe would be listed as: "J.' Weld County." Requests for pseudonyms will generally be granted if requested.

3.3. RESPONSE FORMAT

- 3.3.1. The RFI is broken into the following sections:
- 3.3.1.1. Basic information about you, the respondent.
- 3.3.1.2. General Questions
- 3.3.1.3. Behavioral Health Integration
- 3.3.1.4. Care Coordination
- 3.3.1.5. Program Structure
- 3.3.1.6. Stakeholder Engagement
- 3.3.1.7. Network Adequacy and Creating a Comprehensive System of Care
- 3.3.1.8. Practice Support
- 3.3.1.9. Payment Structure and Quality Monitoring
- 3.3.1.10. Health Information Technology
- 3.3.2. The Department is requesting respondents to send any comments or answers, no matter how minor, to the Department. Respondents are encouraged to address the questions listed in the Response Worksheet, but you do not have to reply to all of the questions in a section.
- 3.3.3. Please note that early responses are appreciated. Respondents do not need to wait until SUBMISSION DATE (see Section 2.4) to submit comments. The Department appreciates receiving any and all comments from respondents.
- 3.3.4. Responses should be emailed to RCCORFP@state.co.us. Your answers may be submitted as an attachment or an email. If they cannot be emailed, they may also be sent, in hard copy, to: Colorado Department of Health Care Policy and Financing, Attention: ACC Team, 1570 Grant St., Denver, CO 80203. Following receipt of your response, you should receive a confirmation email within three (3) business days.

RESPONSE WORKSHEET

Basic Questions for All Respondents to this Request for Information:

Please provide your name and location:

Name: [Click here to enter text.](#)

Location: [City, County, State.](#)

If you are a member of (or affiliated with) an association, business, or other similar entity, please provide the name and location of that organization:

Name of organization: [Click here to enter text.](#)

Location: [City, County, State.](#)

Please check if you are answering on behalf of this entity

Please choose the best description for you, your organization, or the person on the behalf of whom this response is being submitted – Check all that apply:

- Client
- Client's family member
- Client advocate
- Medical provider / PCMP / other provider
 - i. Type or specialty: [Click here to enter text.](#)
 - ii. Area of practice: [Click here to enter text.](#)
- Provider advocate (e.g. medical society)
- Potential bidder for RCCO contract
- Behavioral Health Organization
- Data or HIT entity
- Foundation
- Educational or research institution
- Another public or private program
- Legislator or elected official
- Other (please describe): [Click here to enter text.](#)

Are you currently involved in the ACC program?

- Yes
- No
- I don't know

If you answered "yes" above, how long?

- Less than one year
- 1-2 years
- 2-3 years
- 3-4 years
- Since before the program was implemented.

How have you been involved in the ACC program and what interaction have you had with RCCOs:

[Click here to enter text.](#)

Please briefly describe your involvement with Medicaid, either in Colorado or another state:

[Click here to enter text.](#)

If you are a client, provider, or potential bidder, what is the likelihood that you will seek to participate in the program?

- Very likely
- Likely
- Reserved (waiting to see the RFP)
- Unlikely without significant changes
- Will not seek to participate
- N/A

[Please feel welcome to describe why or why not using the space below.](#)

General Questions

- 1) What is working best in the Accountable Care Collaborative (ACC) right now?

- 2) What is not working well in the ACC Program?

- 3) What is working best in the Behavioral Health Organization (BHO) system right now?

- 4) What is not working well in the BHO system?

- 5) What is working well with RCCO and BHO collaboration right now?

- 6) What is not working well with RCCO and BHO collaboration right now?

Behavioral Health Integration

7) What should be the next steps in behavioral health integration in Colorado?¹

¹ Many terms and definitions can be found in the Appendix at the end of this document.
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8) **Barriers to the integration of behavioral health and physical health services.** Using the table below, please explain which issues are barriers, and how they can be addressed:

Factor:	Barrier?		If yes, please provide details of the barrier and how to address it:
	Yes	No	
Community Mental Health Center financing structure ²	<input type="checkbox"/>	<input type="checkbox"/>	
Community Behavioral Health Services Rule	<input type="checkbox"/>	<input type="checkbox"/>	
Covered diagnoses list	<input type="checkbox"/>	<input type="checkbox"/>	
Different behavioral / physical health reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	
Institutions for Mental Diseases exclusion	<input type="checkbox"/>	<input type="checkbox"/>	
OBH rules, reporting, or financing (regulatory differences between agencies)	<input type="checkbox"/>	<input type="checkbox"/>	
PCMP financing structure	<input type="checkbox"/>	<input type="checkbox"/>	
Per-member per-month amount	<input type="checkbox"/>	<input type="checkbox"/>	
Physical space constraints	<input type="checkbox"/>	<input type="checkbox"/>	
Privacy Laws (HIPAA, 42 CFR)	<input type="checkbox"/>	<input type="checkbox"/>	
Professional / cultural divisions	<input type="checkbox"/>	<input type="checkbox"/>	
RCCO or BHO contracts	<input type="checkbox"/>	<input type="checkbox"/>	
Staff capacity	<input type="checkbox"/>	<input type="checkbox"/>	
State/Federal rules or reporting requirements	<input type="checkbox"/>	<input type="checkbox"/>	
Technical resources / data sharing	<input type="checkbox"/>	<input type="checkbox"/>	
Training	<input type="checkbox"/>	<input type="checkbox"/>	
Others	Please type your response here.		

² More information about these rules, payment types, and entities can be found in the Appendix at the end of the document.

Care Coordination

11) Care coordination is an important part of the ACC Program.

- a. What is the best definition of care coordination?
- b. How should RCCOs prioritize who receives care coordination first?
- c. How should RCCOs identify clients and families who need care coordination?
- d. How should RCCOs track care coordination when the care coordination takes place at a delegated Medical provider?

12) What services should be coordinated and are there services that should not be a part of care coordination?

13) What pieces of information are most important to have about someone in order to know what care coordination he or she needs?

14) Many clients and their families have access to a number of different care coordinators. These coordinators often work in different systems.

- a. What care coordination is going on today?
- b. What care coordination takes place outside of the RCCO or ACC, and what makes that coordination different?
- c. How can the ACC avoid duplicating or disrupting current care coordination relationships?
- d. What are the gaps in care coordination across the continuum of care?

15) **RCCOs' roles in addressing clients' and their families' non-medical needs.** Please complete the table below, keeping in mind adults, children, and families:

Non-medical need:	Should the RCCO have a role?		Should the RCCOs coordinate with community supports and services?	Should the RCCOs have an additional role beyond coordinating with these supports? If so, what should that role be?
	Yes	No	Yes	
Abuse, neglect, and trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Affordability (assistance with prescriptions or co-pays)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daycare / childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Economic stability & employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food access / nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Language or translation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	Please type your response here. Feel free to list as many non-medical factors as you want, and please explain how the RCCO should be involved.			

16) **Requirements about who should be doing care coordination.** Care coordination is often a team effort with several people with different skills working together to serve Clients and families. Please use the table below to describe who should be a part of coordinating care and what roles those different people should play:

Type:	Coordinate care?		In what capacity should these individuals coordinate care in the ACC Program?
	Yes	No	
Advanced Practice (Registered) Nurses	<input type="checkbox"/>	<input type="checkbox"/>	
Certified Addiction Councilors	<input type="checkbox"/>	<input type="checkbox"/>	
Certified Nurse Midwives	<input type="checkbox"/>	<input type="checkbox"/>	
Community Health Workers	<input type="checkbox"/>	<input type="checkbox"/>	
Generalists (BA/BS/MA/MS)	<input type="checkbox"/>	<input type="checkbox"/>	
Health Coaches	<input type="checkbox"/>	<input type="checkbox"/>	
Licensed Clinical Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	
Licensed Marriage and Family Therapist	<input type="checkbox"/>	<input type="checkbox"/>	
Licensed Mental Health Counselors	<input type="checkbox"/>	<input type="checkbox"/>	
Licensed Professional Counselor	<input type="checkbox"/>	<input type="checkbox"/>	
Masters of Public Health	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Doctors / Doctors of Osteopathic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	
Nurse Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	
Patient Navigators	<input type="checkbox"/>	<input type="checkbox"/>	
Peer Advocates	<input type="checkbox"/>	<input type="checkbox"/>	
Promotoras	<input type="checkbox"/>	<input type="checkbox"/>	
Psychiatrists	<input type="checkbox"/>	<input type="checkbox"/>	
Psychologists	<input type="checkbox"/>	<input type="checkbox"/>	
Registered Nurses	<input type="checkbox"/>	<input type="checkbox"/>	
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	
Wraparound facilitators	<input type="checkbox"/>	<input type="checkbox"/>	
Other	Please type your response here.		

17) **Care coordination requirements for specific populations.** Please use the table below to describe if any of the following populations require unique care coordination requirements, or if general requirements are sufficient:

Population	Specific	General	If specific, please describe
Newborns and infants	<input type="checkbox"/>	<input type="checkbox"/>	
Children	<input type="checkbox"/>	<input type="checkbox"/>	
Children who are healthy, but in socially-complex environments	<input type="checkbox"/>	<input type="checkbox"/>	
Children involved in the foster care system	<input type="checkbox"/>	<input type="checkbox"/>	
Children with a chronic illness	<input type="checkbox"/>	<input type="checkbox"/>	
Children with a serious emotional disturbance	<input type="checkbox"/>	<input type="checkbox"/>	
Children with medical complexity	<input type="checkbox"/>	<input type="checkbox"/>	
Children or youth with a behavioral health diagnosis or substance use disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Transition-age adolescents	<input type="checkbox"/>	<input type="checkbox"/>	
Parents and families	<input type="checkbox"/>	<input type="checkbox"/>	
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	
Adults	<input type="checkbox"/>	<input type="checkbox"/>	
Adults who are healthy, but in socially-complex situations	<input type="checkbox"/>	<input type="checkbox"/>	
Adults with a chronic illness	<input type="checkbox"/>	<input type="checkbox"/>	
Adults with a behavioral health diagnosis or substance use disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Clients involved in the criminal justice system	<input type="checkbox"/>	<input type="checkbox"/>	
Clients with a disability	<input type="checkbox"/>	<input type="checkbox"/>	
Clients in a nursing facility	<input type="checkbox"/>	<input type="checkbox"/>	
Elderly clients	<input type="checkbox"/>	<input type="checkbox"/>	
Frail elderly clients	<input type="checkbox"/>	<input type="checkbox"/>	
Clients in palliative care	<input type="checkbox"/>	<input type="checkbox"/>	
Other populations, please comment:			

18) How do you envision the RCCOs working with child-serving agencies in the state to deliver care for medically or socially complex children or for children involved in the foster care system?

19) How should care coordination be evaluated? How should its outcomes be measured?

20) Today, RCCOs receive \$8-\$9 per member per month (PMPM) to cover care coordination and other expenses, like developing and supporting a network of providers.

- a. What is the PMPM cost for providing care coordination services?

- b. Is it advisable to have the PMPM vary by specific population? If so, what would be the recommended PMPM cost by population?

21) Should there be care coordinator to client ratio requirements in the next RFP? How should this vary by client acuity or population?

- a. **Care coordinator to client ratios.** If you answered "yes" to the previous question: with roughly 45% adults, 55% children, and with 6% of covered clients having disabilities, please estimate how many clients one care coordinator can serve. Please use the table below for your response:

Clients	
Fewer than 25	<input type="checkbox"/>
26-50	<input type="checkbox"/>
51-100	<input type="checkbox"/>
101-200	<input type="checkbox"/>
201-500	<input type="checkbox"/>
501-1,000	<input type="checkbox"/>
1,001-1,500	<input type="checkbox"/>
1,501-2,000	<input type="checkbox"/>
2,001-3,000	<input type="checkbox"/>
3,001-4,000	<input type="checkbox"/>
4,001-5,000	<input type="checkbox"/>
More than 5,000	<input type="checkbox"/>

22) How should care coordination outcomes be evaluated by the Department? Which metrics are most important?

23) Please share any other general advice or suggestions you have about care coordination in the ACC.

Program Structure

- 24) If you could require all RCCOs to implement certain functions in the same way across the state (or across all regions), what functions would you consider most important? (The Department has heard examples such as: care coordination requirements, data reporting to the RCCOs, data reporting from the RCCOs, provider contracting, and payment methodologies).
- 25) What should be required of a bidder to ensure that, as a RCCO, it could form community relationships and understand community strengths and needs?
- 26) The Department has received suggestions that, in the next RFP, PCMPs should be allowed to choose the RCCO to which that practice's clients are enrolled. Please comment on this proposal.
- 27) Should the RCCO region maps change? Why or why not? If so, how?
- 28) Should the BHO region maps change? Why or why not? If so, how?
- 29) Based on the current scope of work for RCCOs, how many months of transition would new vendors require? What needs to happen during the transition period? What are the expenses involved in this transition?
- 30) What legislation, policy, rules, or changes in procedure are needed to make the ACC more effective?
- 31) What are the limitations of the current benefit structure and what – if any – changes are needed?
- 32) Should there be multiple RCCOs per region? This would involve two or more entities operating in the same region and competing for clients and providers. If so, why? If so, how many and where? What issues would this address?

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- 33) If you or your practice provide services to clients referred through a BHO, but you are not a Medicaid provider, would you be willing to become a Medicaid provider? If so, what has prevented you from becoming a provider in the past? If not, why not?
- 34) What role should RCCOs play in attributing clients to their respective PCMPs?
- 35) What types of collaboration should exist between the ACC Program and the Colorado Department of Public Health and Environment?
- 36) What types of collaboration should exist between the ACC Program and the Colorado Department of Human Services?
- 37) What types of collaboration should exist between the ACC Program and the insurance marketplace / Connect for Health Colorado?
- 38) What types of collaboration should exist between the ACC Program and the Colorado Department of Regulatory Agencies or the Division of Insurance?

Stakeholder Engagement

- 39) What should be required of the RCCOs in terms of stakeholder engagement with clients, clients' families, and client advocates?

- 40) What specific requirements should RCCOs have for stakeholder engagement with providers, community organizations, social service providers, and others in their region?

- 41) Many of the successes of the ACC Program can be attributed to the involvement of local communities. How can enhanced community engagement be created in the ACC?

- 42) How should the Department structure stakeholder engagement for the ACC as a whole?

Network Adequacy and Creating a Comprehensive System of Care

43) Does the current network of PCMPs, specialists, behavioral health providers, hospitals, pharmacies, dental, home health, and non-medical providers adequately serve the ACC population?

- a. If no, what are the gaps?

- b. Please address gaps for the population as a whole, and for specific subpopulations such as children/families and individuals with disabilities.

44) ACC Clients and the RCCOs interact with many parts of the Medicaid program, as well as with service entities and other types of providers or facilities.

- a. What role should hospitals play in the next iteration of the ACC Program?

- b. What role should pharmacies play in the next iteration of the ACC Program?

- c. What role should specialists play in the next iteration of the ACC Program?

- d. What role should home health play in the next iteration of the ACC Program?

- e. What role should hospice care play in the next iteration of the ACC Program?

- f. What role should Single Entry Points (SEPs) and Community Centered Boards (CCBs) play in the next iteration of the ACC Program?

- g. What role should counties play in the next iteration of the ACC Program?

- h. What role should local public health agencies play in the next iteration of the ACC Program?
- i. What role should community organizations and non-profits play in the next iteration of the ACC Program? Are there potential partnerships with these organizations which have been overlooked in the past?

45) How can RCCOs help to support clients and families in making and keeping appointments?

46) Community Health Workers are lay members of a community who provide coordination or help people to navigate the health care system in that community. Should the Department require Community Health Workers or Patient Navigators as part of the next RFP?

47) **Community Health Worker reimbursement.** Please use the table below to detail how Community Health Workers should be reimbursed:

Reimbursement process	(Please check all that apply)
Independently bill	<input type="checkbox"/>
On staff (salary) at Primary Care Medical Provider Clinic	<input type="checkbox"/>
On staff (salary) at RCCO	<input type="checkbox"/>
Per Member Per Month Payment	<input type="checkbox"/>

48) Oral health is an important part of overall health for both children and adults. Oral health benefits in Colorado are currently structured through an administrative services organization. What should be the RCCO's role in coordinating dental care and ensuring an adequate network of providers?

49) Cultural competence among providers is important to ensure a Client-centered, effective system that supports the health and well-being of clients and families.

- a. What does cultural competence mean to you?

- b. What RCCO requirements would ensure cultural competency?
- c. What skills must providers and staff have in order to provide culturally and linguistically-responsive care to all Clients/families including those with low health literacy?
- d. Low health literacy, different cultural health beliefs, and language barriers make communicating about health complicated. What RCCO requirements would help address these and reduce inequality in health outcomes?

50) Should the next RFP allow for preferred networks for specialty, facility, or ancillary care?

51) Nationally, rates of emergency room utilization are on the rise. This presents challenges in terms of cost and coordination of care. What should the ACC do to address this trend?

52) Please feel welcome to share other general advice, suggestions, and information you may have about network adequacy, PCMPs, specialists, pharmacies, or hospitals.

Practice Support

53) **Support for practices.** Please use the table below to describe the types of support RCCOs should offer to practices and other providers. Please check boxes to indicate if specific tools should be provided, and if the state, rather than the RCCOs, should offer a platform of support:

Type of support			Should a specific tool be required?	Should the state provide?
	Yes	No		
Administrative support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Network provider education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with practice redesign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with efficiency-enhancing activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide web-based resources and directories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide practice-specific data reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide clinical care guidelines and best practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide clinical screening tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide health and functioning questionnaires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide chronic care templates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide registries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer client reminders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer client self-management tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer educational materials about specific conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply behavioral health surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply other self-screening tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer behavioral health surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer other self-screening tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare client action plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide training on providing culturally-competent care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide training to supporting staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide training on motivational interviewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide tools and software for phone call and appointment tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide tools and resources for tracking labs, referrals, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide referral and transitions of care checklists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide visit agendas or templates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide standing pharmacy order templates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide comprehensive directory of community resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide directory of other resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide materials regarding Nurse Advice Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure all tools and resources are centrally located on RCCO-specific website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others				

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- 54) If you checked any of the boxes in the column entitled "should a specific tool be required" from the table above, please provide details about the specific process, tool, or product that should be required.
- 55) What RCCO requirements or services should be required to support practices in practice transformation or to assist practices in becoming more efficient and robust medical homes?
- 56) What is the most effective way to recognize and reimburse PCMPs based on their capacity to serve as a client's medical home?
- 57) Should the Department require that PCMPs utilize disease registries to manage the health of their population?
- 58) Please share any other advice or suggestions about provider support in the ACC.

Payment Structure and Quality Monitoring

- 59) Does the current payment structure support the goals of the ACC? How can financial incentives be further aligned to support these goals?
- 60) If PCMPs could voluntarily elect to receive capitation payments rather than fee-for-service, would your practice be interested in participating? Under what parameters? What services should be included in a primary care capitation?
- 61) Do providers have the infrastructure to be successful in an environment where payments are tied to value? If not, what are the barriers to developing that infrastructure?
- 62) The Department is evaluating various financial and administrative arrangements that may involve licensure by the Division of Insurance (DOI). Licensure may require financial reserves or the fulfillment of other regulatory requirements. For potential RCCO bidders: is your organization licensed by the DOI with an LSLPN, HMO, or other license? Would the requirement to obtain a Limited Service Licensed Provider Network (LSLPN) license or a Health Maintenance Organization (HMO) license preclude your organization from bidding?
- 63) What role – if any – should the RCCOs play in the distribution of payments to providers?
- 64) Please feel welcome to add any further thoughts or suggestions pertaining to payment reform within the ACC.
- 65) What types of measures should be tied to payment in order to ensure the program improves the quality of care, satisfaction of clients and providers, and health outcomes?

66) **Measuring Client experience.** Please complete the table below to indicate how the Department should measure Client/patient experience:

Tool:	Should it be used?		Comments:
	Yes	No	
Consumer Assessment of Healthcare Providers and Systems (CAHPS)	<input type="checkbox"/>	<input type="checkbox"/>	
SF-12 Health Survey	<input type="checkbox"/>	<input type="checkbox"/>	
Other types of client interviews / surveys	<input type="checkbox"/>	<input type="checkbox"/>	
Patient Activation Measure	<input type="checkbox"/>	<input type="checkbox"/>	
Focus groups	<input type="checkbox"/>	<input type="checkbox"/>	
Other	Please type your response here.		

67) Knowing that, at this time, the Department only has claims data, how should population health be measured?

68) How should quality and performance data be reported to the RCCOs, PCMPs, and the public?

69) **Measures for payment.** Please use the table below to describe how many measures should be tied to payment at one time. These could function similarly to Key Performance Indicators, but they do not necessarily have to do so. Please assume that the Department will try to align measures with other programs to the extent possible.

Measures	
1-7	<input type="checkbox"/>
8-10	<input type="checkbox"/>
11-20	<input type="checkbox"/>
21-30	<input type="checkbox"/>
31-40	<input type="checkbox"/>
41-50	<input type="checkbox"/>
51+	<input type="checkbox"/>
None	<input type="checkbox"/>

70) What percent of RCCO payments should be tied to measures or performance?

Percentage	
10-20%	<input type="checkbox"/>
21-30%	<input type="checkbox"/>
31-40%	<input type="checkbox"/>
41-50%	<input type="checkbox"/>
51-60%	<input type="checkbox"/>
61-70%	<input type="checkbox"/>
71-80%	<input type="checkbox"/>
81-90%	<input type="checkbox"/>
91%+	<input type="checkbox"/>

71) Should all RCCOs, across each region of the state, be paid on the same Key Performance Indicators (KPIs)?
Should providers and RCCOs be paid on the same KPIs?

72) Should RCCOs be reimbursed based on their performance compared to national standards or based on improvement?

73) Should the Department only tie payment to measures where data can be provided on a monthly or regular basis (as opposed to annually or bi-annually)? This will mean that, for a period of time, we may be constrained to only tying payment to claims-based measures.

74) **Incentive payment frequency.** Please use the table below to answer how frequently the Department should make incentive payments:

Monthly	<input type="checkbox"/>
Quarterly	<input type="checkbox"/>
Annually	<input type="checkbox"/>
Other	<input type="checkbox"/>

If you checked the "Other" box, please describe payment frequency below:

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75) For potential offerors and other similar organizations: please describe the fixed costs of operating a RCCO.

76) For practices and community providers, what are you currently measuring to assess the quality of your care delivery? Are you being reimbursed on any of these measures?

Health Information Technology (HIT)

77) **Types of communication.** For clients with Medicaid coverage, please use the table below to rank each by whether or not you would use it to communicate with your provider or RCCO:

Type of Communication	No, I wouldn't use	Yes, I would use
Phone call / phone number	<input type="checkbox"/>	<input type="checkbox"/>
Text message	<input type="checkbox"/>	<input type="checkbox"/>
Web portal	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>
Telemedicine / Video chat	<input type="checkbox"/>	<input type="checkbox"/>
Face-to-face meeting	<input type="checkbox"/>	<input type="checkbox"/>
Smartphone app	<input type="checkbox"/>	<input type="checkbox"/>
Other:		

78) **HIT investments by organizations.** For all organizations, including potential bidders, networks, practices, and others: the table below asks about what HIT your organization has invested in and what it plans to invest in over the next two years. Please complete the table below:

Tool	Own / Operate	Plan to Operate in next 2 years
Population analytics / reporting	<input type="checkbox"/>	<input type="checkbox"/>
Digital care management tool	<input type="checkbox"/>	<input type="checkbox"/>
Care transitions alerts	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Health Records (EHRs)	<input type="checkbox"/>	<input type="checkbox"/>
Health risk assessment software	<input type="checkbox"/>	<input type="checkbox"/>
Practice assessment tools	<input type="checkbox"/>	<input type="checkbox"/>
Practice management tools (scheduling, billing)	<input type="checkbox"/>	<input type="checkbox"/>
Client web portal for communicating care plan, services, benefit enrollment	<input type="checkbox"/>	<input type="checkbox"/>
Patient education/wellness tools	<input type="checkbox"/>	<input type="checkbox"/>
Provider/case manager directory	<input type="checkbox"/>	<input type="checkbox"/>
Shared decision-making tools	<input type="checkbox"/>	<input type="checkbox"/>
Telemedicine software	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

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79) **Importance of technology by type.** The Department is working to determine what technology is in place, what technology is needed, and what technology should be standardized. For RCCOs, providers, and other organizations, use the table below to answer what HIT infrastructure outside of the SDAC your organization would use to perform population health management activities. Tools are scored from 1-5, where 1 are those items least-likely to be used, and 5 are items most-likely to be used:

Tool	1 Least	2	3	4	5 Most
Population analytics / reporting / dashboard	<input type="checkbox"/>				
Care management tool	<input type="checkbox"/>				
Care transitions alerts	<input type="checkbox"/>				
Electronic Health Records (EHRs)	<input type="checkbox"/>				
Practice assessment tools	<input type="checkbox"/>				
Health risk assessment software	<input type="checkbox"/>				
Practice management tools (scheduling, billing)	<input type="checkbox"/>				
Client web portal for communicating care plan, services, benefit enrollment	<input type="checkbox"/>				
Patient education wellness tools	<input type="checkbox"/>				
Provider/case manager directory	<input type="checkbox"/>				
Shared decision-making tools	<input type="checkbox"/>				
Telemedicine	<input type="checkbox"/>				
Other:	<input type="checkbox"/>				

80) What are the primary barriers to RCCOs and providers increasing their use Health Information Technology to improve the performance of Primary Care Practices?

81) How can Health Information Technology support Behavioral Health Integration?

82) In the next iteration of the ACC, should there be a shared resource for data and analytics? Please describe the basic criteria for what a shared data and analytics platform needs to contain in order for it to be useful.

83) Should there be a shared care management tool? Please describe the basic criteria for what a care management tool would need to contain in order for it to be useful.

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- 84) Should there be a shared population health management tool? Please describe the basic criteria for what a population health management tool would need to contain in order for it to be useful.
- 85) Please describe the functionality that a common Medicaid provider directory would need to contain in order for it to be useful.
- 86) How can the RCCOs support providers' access to actionable and timely clinical data?
- 87) What are the HIT solutions that would benefit clients, providers, and RCCOs? Please comment on the parameters these tools or platforms would need to possess and the ways in which they could be used.
- 88) What technical assistance or resources related to HIT infrastructure should the RCCOs supply? This assistance or these resources could be for providers, social service organization, clients/families, or for others.
- 89) What role should health information exchange platforms like CORHIO or QHN play in the next iteration of the ACC?
- 90) Please share any information, advice, and suggestions you have about health information technology in the ACC Program.

Appendix: Definitions and Acronyms

The following words have been defined for the purpose of this RFI.

42 CFR is a federal regulation outlining when information about someone's Substance Use Disorder (SUD) treatment may be disclosed with or without his or her consent.

Accountable Care Collaborative (ACC) Program is Colorado Medicaid's program designed to affordably optimize Client health, functioning, self-sufficiency, and well-being. The primary goals of the ACC Program are to improve Medicaid Client health outcomes and to control costs.

Attribution is the process of connecting Clients to primary care medical providers in the ACC Program.

Behavioral Health Organizations (BHOs) are the five regional entities responsible for arranging mental health and substance use disorder services for Colorado Medicaid Clients. Almost all Medicaid clients are enrolled in a BHO when they receive Medicaid. The BHOs get a set amount of money to manage the care for Medicaid clients. The BHOs reimburse their network of providers for delivering services to those clients.

Behavioral Health Integration is the process of delivering behavioral and physical health care together. When a Client is a partner in integrated care, he or she (along with his or her family or other support structure) has access to broader, more comprehensive care.

Care Coordinator is someone responsible for the coordination of a person's medical and non-medical care. In the ACC, care coordinators may either work for RCCOs or at primary care clinics.

Client is a person who is enrolled in the Colorado Medicaid program.

Clinical Quality Measures are used to assess the performance of individual clinicians, RCCOs, providers, or programs. Measures are often backed by evidence to support their association with improved health outcomes.

Colorado Regional Health Information Organization (CORHIO) is a non-profit organization in Colorado that serves the health care industry with health information technology functionality. It is a Health Information Exchange (HIE) which helps to securely transmit all kinds of health care data between providers, hospitals, pharmacies, and other entities.

Community Behavioral Health Services Rule is the name of the state's regulation which governs community mental health services. It defines the populations which are, and are not, eligible to receive services, the service types which are covered, and the structure through which payments are made. It is found in the Colorado Code of Regulations, 8.212.

Community Centered Boards (CCBs) are Colorado's 20 private, non-profit organizations that serve as single entry points into the long-term service and support system for persons with developmental disabilities. Community Centered Boards may also provide services.

Community Health Workers (CHW) are non-traditional, lay health workers who provide coordination or education, assist people in managing their health, or help people to navigate the health care system in their community.

Community Mental Health Center (CMHC) is an entity that provides behavioral health services for Medicaid clients. In Colorado, CMHCs are generally paid by the Behavioral Health Organizations, essentially on a per-capita basis, rather than reimbursement for each service rendered.

Covered diagnoses list is a list of roughly 350 behavioral health diagnoses. Any client may be assessed by a BHO provider, regardless of diagnosis, but in order to have ongoing services paid by the BHOs, clients must have a covered diagnosis.

Department of Health Care Policy and Financing (the Department) is the state agency that administers the Medicaid and Child Health Plan *Plus* programs as well as a variety of other programs for Colorado's low-income families, the elderly, and people with disabilities. Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources. This means that we work to make our clients healthier while getting the most for every dollar that is spent.

Fee-For-Service (FFS) is a way of paying for services where providers are reimbursed a set amount for each service they provide such as an office visit, test, procedure, or other health care service.

Health Insurance Portability and Accountability Act (HIPAA) is a federal law designed to provide privacy and security standards to protect patients' medical records and other health information. These standards provide patients with access to their medical records and more control over how their personal health information is used and disclosed.

Health Information Exchange (HIE) is an electronic system capable of sharing secure health care records and information between different providers or other entities in the health care system.

Health Information Technology (HIT) is any computerized system for health care data or records.

Health literacy is a term used to describe how comfortable and capable a person is obtaining, understanding, and using health care information to make decisions about his or her health.

Institutions for Mental Diseases (IMD) exclusion is a federal regulation that prohibits Federal Medicaid payments for clients aged 21-64, receiving care in institutions with more than 16 beds, when more than half of the people being served have a serious mental illness or substance use disorder.

Key Performance Indicators (KPIs) are utilization and quality measures which are tied to payment in the ACC Program. KPIs are used to incentivize RCCOs and providers.

Medical Home is the focal point of care for a client. Medical Homes provide coordinated and comprehensive primary care services. Throughout the RFI, the term "Medical Home" is used in a general sense. It does not refer to a specific model or licensure requirement. However, there are some common qualities that Medical Homes should have. These include: improved Client access to care that is coordinated, integrated, whole-person/family-oriented, culturally competent, and outcomes-focused.

Member is any Medicaid Client who is enrolled in the ACC Program.

Office of Behavioral Health (OBH) is a state office which is part of the Department of Human Services. OBH is tasked with monitoring, evaluation, and oversight of Colorado's public behavioral health system.

Payment Reform is the term used to describe the process of moving away from paying for volume and towards paying for value in the health care system.

Per-Member Per-Month (PMPM) is a per-person payment method that makes a fixed payment per enrollee each month, regardless of actual number or nature of services provided.

Practice Support is the process of supporting a provider in the transition towards becoming a more effective Medical Home.

Primary Care Medical Provider (PCMP) is a primary care provider contracted with the ACC Program. These providers may be FQHCs, RHCs, clinics, or other practices that provide the majority of a Member's comprehensive primary, preventive, and sick care. PCMPs are reimbursed fee-for-service, but they also receive a per-member per-month payment and can receive KPI incentive payments.

Quality Health Network (QHN) is a Colorado-based nonprofit operating in the field of health information technology. QHN operates a health information exchange platform which serves people living in Western Colorado.

Regional Care Collaborative Organizations (RCCOs) are the regionally-based entities responsible for ensuring care coordination, achieving improved health outcomes and improved well-being for their clients, and ensuring cost savings for the ACC Program. RCCOs leverage local infrastructure, relationships, and community resources to ensure clients receive the right care, at the right time, in the right setting. RCCOs are paid by the State on the basis of a per-member per-month payment which covers all of their responsibilities.

Single Entry Points (SEPs) are usually county agencies which provide case management, referrals, and care planning to Clients receiving Long Term Services and Supports.

Statewide Data and Analytics Contractor (SDAC) is the entity with which the Department contracts to provide data aggregation, analysis, and distribution in support of the ACC Program.