Accountable Care Collaborative

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Accountable Care Collaborative (ACC)

HCPF's whole-person health care delivery model

Medical Home

Ensure Medicaid members have a focal point of care and coordinate, whole-person care

Behavioral Health

Comprehensive, community-based system of mental health and substance use disorder services.

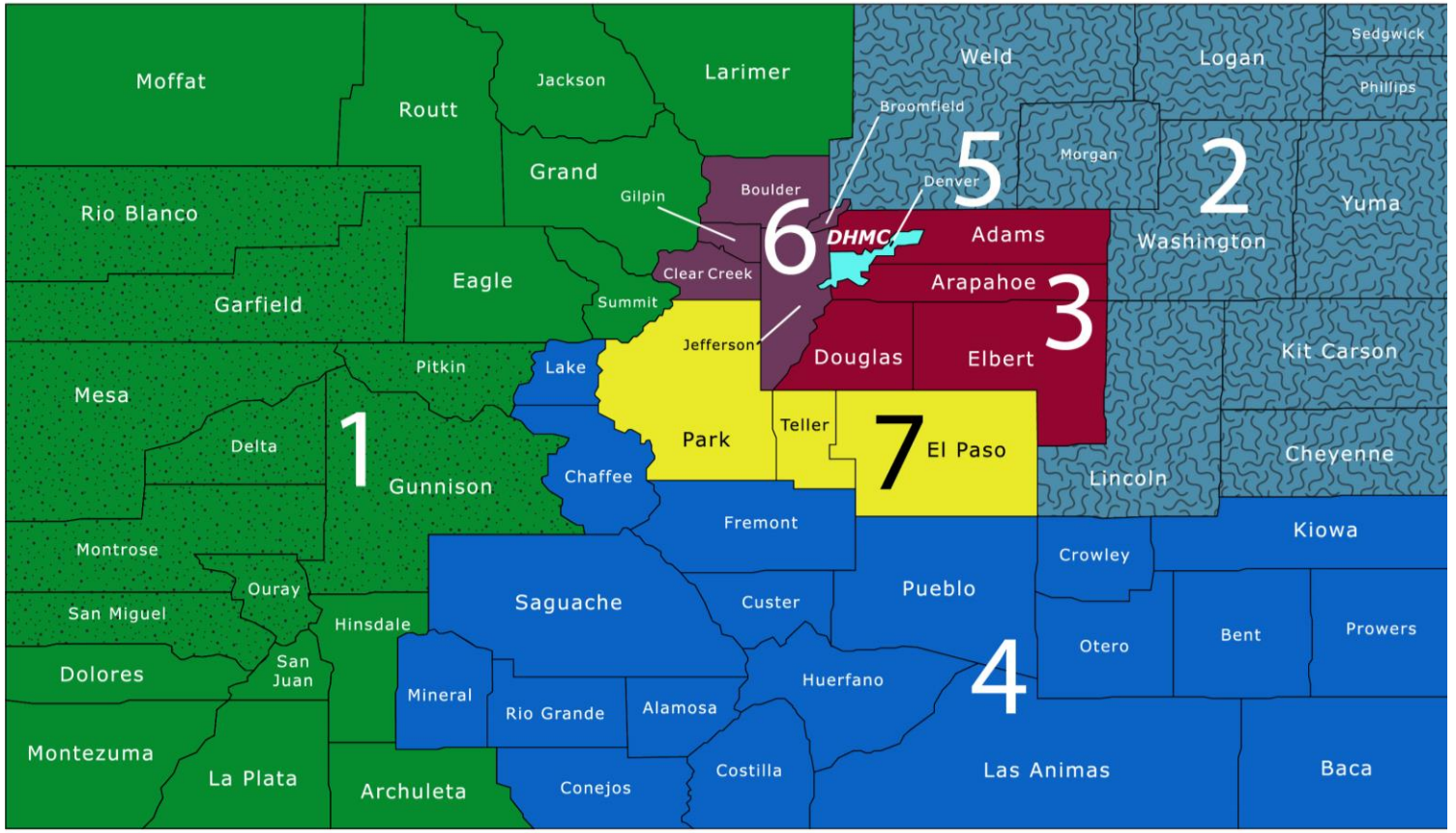
Regional Coordination

Medicaid members have complex needs and are served by multiple systems. Regional umbrella organizations help to coordinate across systems.

Data

Members, providers, RAEs, & HCPF receive the data needed to make real-time decisions that improve care, increase coordination of services, and improve overall efficiencies.

Current Regional Accountable Entities



Region 1 - Rocky Mountain Health Plans
Rocky Mountain Health Prime
Region 2 - Northeast Health Partners
Region 3 - Colorado Access
Region 4 - Health Colorado, Inc.
Region 5 - Colorado Access
Denver Health Medicaid Choice (DHMC)
Region 6 - Colorado Community Health Alliance
Region 7 - Colorado Community Health Alliance

Current contact information for each Regional Accountable Entity can be found on our website at: https://hcpf.colorado.gov/accphase2

Regional Accountable Entities

- Promote members' physical and behavioral health
- Contract with a regional network of Primary Care Medical Providers (PCMPs) to serve as medical home
- Administer capitated behavioral health benefit
- Support providers in coordinating care across disparate providers
- Provide administrative, financial, data and technology, and practice transformation assistance

How RAEs Can Help Members

- Coordinate care across disparate providers
- Provide and/or arrange behavioral health services
- Engage and leverage full range of Health Neighborhood providers
- Establish and improve referral processes
- Collaborate with community partners to address social determinants of health

What is Care Coordination & How Can it Help You?

- Care Coordination is available to all Health First Colorado members
- Care coordinators are an extension of your health team
- Based on member goals and preferences, we coordinate care with providers and resources to improve member health
- Collaborate with other members of your health team to help avoid gaps in care
- Increase communication between all involved in care and avoid duplication
- Helps you understand and access your Health First Colorado benefits

What is Care Coordination?

How Does Care Coordination Work?

- Assess whole-person needs (in a culturally responsive way) including medical, behavioral, and social determinants of health
- Co-create care plans with members based on identified needs and preferences
- Align resources with unique member needs and goals
- Identify care team members and schedule care conferences when needed
- Establish accountability and a lead coordinator (usually this is CCHA)
- Supports members between settings of care
- Monitor for successes and barriers and adjust care plans accordingly

Care Coordination Team

How Does Care Coordination Work?

Assess Needs and Goals	Create Proactive Plan of Care	Facilitate Transitions
Establish Accountability	Clear Communication	Monitor, Follow-up & Respond to Change
Support Self-Management Goals	Link to Community Resources	Align Resources with Member and Population Needs

Member Successes

- Supported a member transitioning to an adult waiver to help ensure services and housing were not lost in the transition
- Helping members with what is needed for the public health emergency unwind
- Educate members about available resources and services and support with accessing those services to reduce barriers
- Lead care conferences with multiple agencies to help all get on the same page in order to meet member goals and needs
- Help navigate complex systems of care

ACC Phase III

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

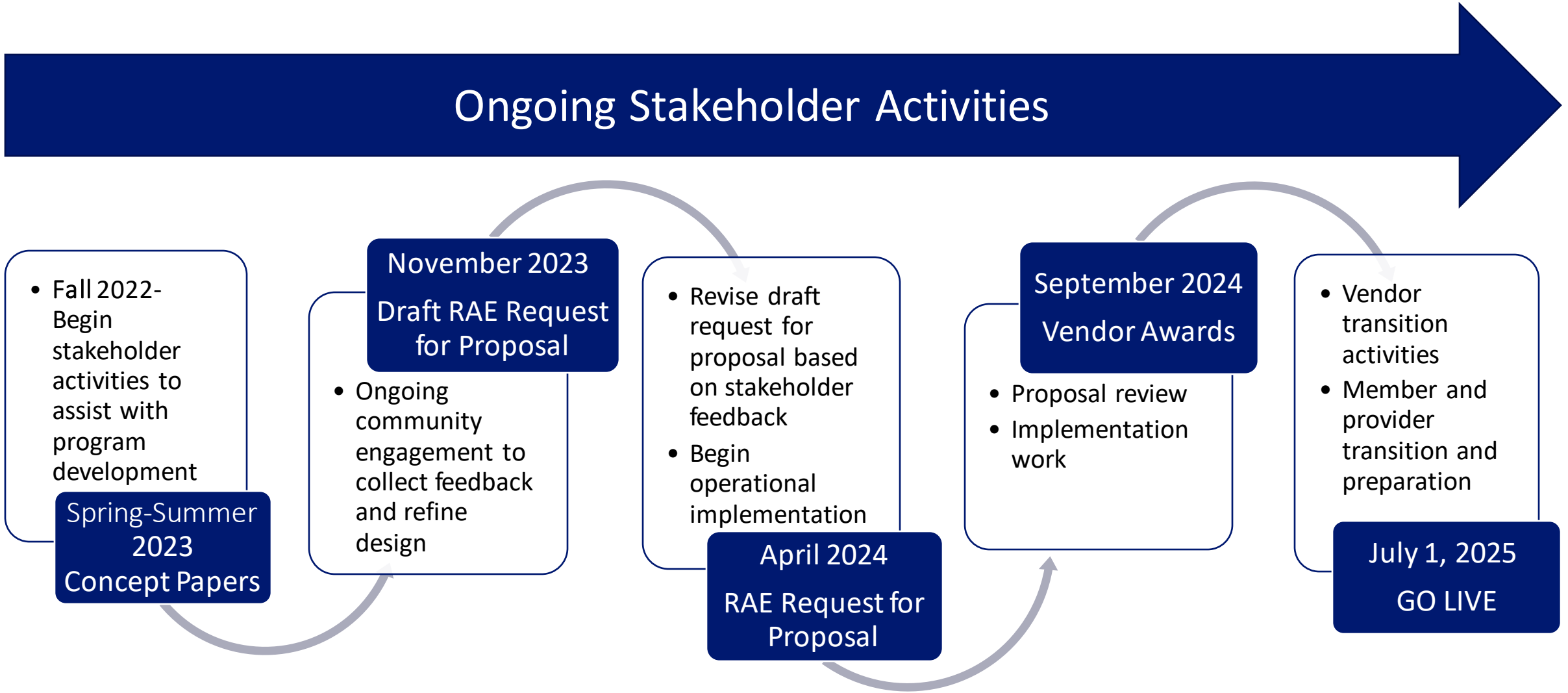
What: Priority Initiatives

- 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

Timeline


Ongoing Stakeholder Activities
Spring-Summer 2023 Concept Papers
• Fall 2022- Begin stakeholder activities to assist with program development
November 2023
Draft RAE Request for Proposal
• Ongoing community engagement to collect feedback and refine design
April 2024
RAE Request for Proposal
• Revise draft request for proposal based on stakeholder feedback
• Begin operational implementation
September 2024
Vendor Awards
• Proposal review
• Implementation work
July 1, 2025
GO LIVE
• Vendor transition activities
• Member and provider transition and preparation

Questions?