

ACC Phase III Deliverables

Program Improvement Advisory Committee
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Presented by:
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Agenda

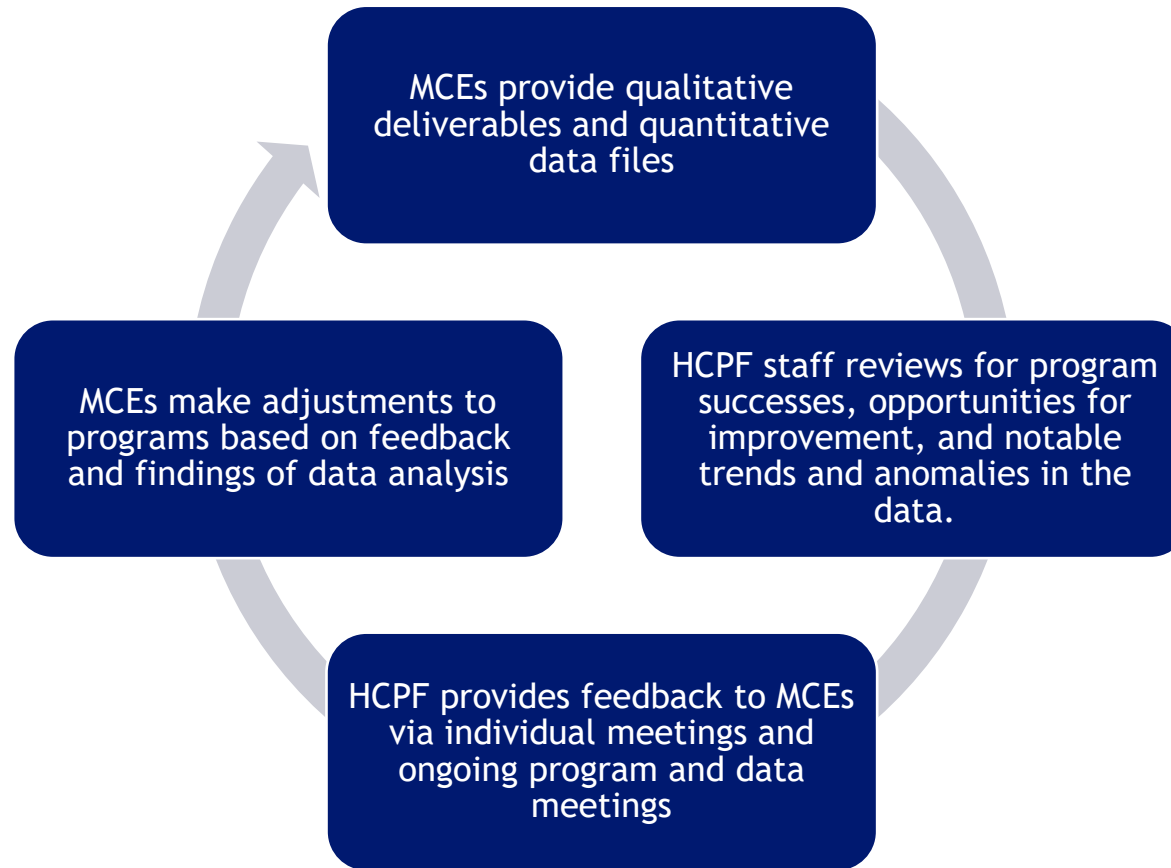
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Overview

What is a Deliverable?

- "Outcome to be achieved or output to be provided, in the form of a tangible object or software that is produced as a result of Contractor's Work that is intended to be delivered to the State by Contractor."
- For the RAEs, deliverables are generally narrative reports or data files related to specific contract requirements that help us understand the work they have completed.
- There are 100+ unique deliverables throughout the Phase III contract. Many may be collected monthly or quarterly, while some are only collected annually or upon request.

Why Does HCPF Use Deliverables?



Purpose of this Discussion

- Update the [ACC Deliverable webpage](#) with the most useful information for stakeholders to know about our program.
- Please keep in mind:
 - We can't post every deliverable.
 - Posting deliverables takes considerable time and effort. We have to redact member information and ensure the files are formatted to post publicly.
 - There is very minimal web traffic to this page currently (13% of the traffic to our main ACC webpage).
 - In the last 90 days there were max 10 unique hits to most recently posted deliverables.



The screenshot shows the website for the Colorado Department of Health Care Policy & Financing. The header includes the department's name and a navigation bar with links: Home, For Our Members, For Our Providers, and For Our Stakeholders. The breadcrumb trail reads: Home > For Our Stakeholders > Committees, Boards, and Collaboration > Accountable Care Collaborative Phase III > Accountable Care Collaborative Deliverables. The main heading is 'Accountable Care Collaborative Deliverables'. On the left, a sidebar lists various links, with 'Deliverables' highlighted by a yellow arrow. The main content area explains the purpose of the deliverables and lists several examples, including the Network Adequacy Plan, Network Management Strategic Plan, Network Adequacy Quarterly Reports, and the Practice Support Plan.

Accountable Care Collaborative Deliverables

One of the objectives of the Accountable Care Collaborative is to ensure greater transparency. The Department is publicly posting some of the Deliverables submitted by the Region.

Deliverables

Deliverables are one of the primary tools the Department uses to effectively manage information submitted by RAEs that can include descriptions of policies and procedures or reports showing how the RAE is meeting contract requirements. In some cases, RAEs may also post their respective websites to support transparency, links to those requirements.

The RAE deliverables that are available on this site are:

- Network Adequacy Plan (This deliverable was discontinued in FY 22-23): Describes services and to comply with federal and contracted network access and address both the RAEs' Primary Care Medical Providers and specialty behavioral health standards.
- Network Management Strategic Plan (This deliverable was introduced in FY 22-23): develop, support and engage their provider networks and the broader health system financially respective to their efforts to improve member health outcomes.
- Network Adequacy Quarterly Reports: Includes both a narrative report and data on the RAE's Primary Care Medical Provider network and Specialty Behavioral Health.
- Practice Support Plan: Description of the RAEs' strategies to provide a range of services improving the delivery of care and advancing practice capabilities.

Phase III Deliverables

Annual Behavioral Health Management Strategic Plan

- Explains how the RAEs manage Health First Colorado's behavioral health services to improve access, quality and coordination of care.
- Outlines strategies for timely appointments, telehealth options, culturally responsive services and support for people with disabilities and high-need populations.
- Annual submission
- 25-30 pages

Population Management Strategic Plan

- Explains how the RAEs and MCOs ensure members receive proactive, well-coordinated care that supports long-term health and wellness.
- Outlines strategies to prevent disease progression, improve health outcomes and reduce avoidable costs by focusing on chronic conditions, care coordination, hospital transitions and member engagement programs.
- Annual submission
- 50 pages

Condition Management Programming Report

- Describes how RAEs and MCOs provide evidence based, industry standard condition management programming, including interactive Member technology solutions designed to address the six Department-identified conditions: maternity, diabetes, heart disease, hypertension, asthma, and COPD.
- Includes updates on success, challenges and areas for improvements in structured monitoring, outreach, education and wellness efforts such as tobacco cessation, food security and family planning.
- Twice annual submission
- 20-30 pages, plus spreadsheet with prevalence and participation data

Care Coordination Report

- Describes care coordination activities for Members performed by the REA/MCO, network providers and partners, and/or subcontractors
- Includes data about care coordination engagement and priority populations
- Twice annual submission
- Page length is TBD, plus data spreadsheet

Annual Contracted Network Management Strategic Plan

- Describes how the RAEs and MCOs build and support their provider networks to improve care for Medicaid members
- Outlines strategies for strengthening primary care and behavioral health provider networks, improving coordination across the health neighborhood, supporting practice transformation and ensuring timely access to services
- Annual submission
- 50 pages

Network Adequacy Report

- Detailed report used to monitor provider networks.
- It is a federal requirement and jointly managed by the External Quality Review Organization (EQRO)
- Includes data and narrative about the number of contracted providers, network changes, appointment timeliness standards, time and distance standards, and single case agreements
- Quarterly submission
- 50-60 pages

Health Neighborhood Report

- Describes how the RAEs and MCOs build partnerships with providers, hospitals and community-based organizations to improve care for Medicaid members.
- Tracks agreements, collaborations and shared efforts across the health neighborhood to support care coordination, address community health needs and strengthen local networks. The goal is to create a more connected system of care.
- Twice annual submission
- Excel spreadsheet format

Healthy Colorado For All Plan

- Data-based deliverable explains how the RAEs and MCOs ensure all members have equitable access to high-quality health services regardless of race, ethnicity, language, identify or location
- Outlines strategies to improve outcomes in priority areas such as immunizations, maternity and perinatal health, behavioral health and preventive care
- Ongoing submissions include results of previous initiatives
- Annual submission
- 30-40 pages

EPSDT Outreach Plan

- Explains how the RAEs and MCOs inform families about EPSDT services.
- Outlines strategies to educate members on available preventive services, connect families to screenings and care and ensure providers are trained on EPSDT requirements and best practices
- The goal is to help children and pregnant members access timely, no-cost health services that promote health development and well-being
- Annual submission
- 20 Pages

Quality Improvement Plan

- Describes how the RAEs and MCOs work to improve the quality of care for Medicaid members
- Outlines planned activities to strengthen population health, track utilization and clinical outcome data, address member grievances, carry out performance improvement projects, and collaboration with the External Quality Review Organization (EQRO)
- Ongoing submissions include results of previous initiatives
- Annual submission
- 20-30 pages

Discussion and Next Steps

- What are the four (or *maybe* five) deliverables to post?
- Online poll for voting members?

Thank you!