

ACC Phase III Updates: Changes from the RFP to Final Contract

Program Improvement Advisory Committee

March 19, 2025

Presented by:

Katie LoNigro, ACC Communications and
Project Specialist



COLORADO

Department of Health Care
Policy & Financing

Agenda

1. Status Update
2. What Changes Have Been Made?
3. What's Next?



Contracts officially signed!



Status Update

- HCPF working on:
 - Communications
 - Deliverables, policy guidance, data specifications
 - Readiness monitoring
 - Systems updates
 - Other operational implementation activities
- RAEs working on:
 - Provider contracting
 - Systems enrollments
 - Other operational transition activities

What Changes Have Been Made Since the Request for Proposal (RFP)?

Small Changes

- General clean-up based on our procurement standards for a more readable/standard format, including:
 - Standardizing terminology.
 - Consolidating or breaking out clauses as necessary.
 - Updating deliverable descriptions or due dates.

Medium Changes

- New deliverables added.
 - Example: Member Correspondence Templates, Data Element File(s).
- Existing performance standard language modified.
 - Some values were updated.
 - Some standards are now written for HCPF and the RAEs to agree upon a value.
 - Some standards have been waived for the first year to collect the data needed to set appropriate baselines.
 - Some performance standards are brand new or were completely re-written.

Medium Changes - Examples

- Agreed-upon value and waiver for the first year:
 - 9.6.6.4.4. Contractor shall achieve a Department and MCE agreed-upon improvement target for training and supporting Network Providers and Health Neighborhood entities in accessing and using the SHIE. Contractor shall not be held accountable for this Performance Standard until SFY 2026-27 or later as determined by the Department.
- Brand new:
 - 12.3.8.3.5.2. Contractor shall achieve a Department and MCE agreed-upon performance target for SFY 2026-27 for the percent of submitted encounters that are determined by the Department's system to be accurately adjudicated, with the goal that by SFY 2027-28 the target is no less than 98%.

Large(ish) Changes

- These are areas where a lot of contract writing/re-writing happened, but the spirit of the requirements are mostly the same:
 - Care Coordination
 - Child and Youth Medicaid System of Care
 - PCMP Payment

Care Coordination

- Section re-organized and simplified for clarity, some updates you may notice:
 - Transitions of Care -> Care transitions
 - Tiering names: Tier 1 Care Navigation, Tier 2 Care Coordination, Tier 3 Care Management
 - General reordering of some content
- Updated performance standards to reflect our goal of better tracking how many members actually receive care coordination (volume).

Care Coordination (cont.)

Volume Performance Standards:

- Contractor shall ensure that a minimum of **25 care plans per 1000 assigned Members per year are created** for Members eligible for Tier 3 Care Management.
- Contractor shall achieve a Department and MCE agreed upon performance target for Members eligible for Tier 3 Care Management that **received a Care Coordination engagement activity or care team visit per 1,000 assigned Members per year.** Contractor shall not be held accountable for this Performance Standard prior to SFY 2026-27 or later as determined by the Department.
- Contractor shall achieve a Department and MCE agreed upon performance target for **Members who have had an ED visit or inpatient (IP) admission that have been outreached or received a follow-up visit within seven Business Days of the ED or IP encounter per year.** Contractor shall not be held accountable for this Performance Standard prior to SFY 2026-27 or later as determined by the Department.

Children and Youth

- Some more reorganization:
 - EPSDT Engagement moved to Member Engagement Section.
 - EPSDT Uniform Accountability Strategy moved to Provider Support and Practice Transformation.
 - Section 11 (originally Child and Youth Standardized Benefit) rewritten to reflect Medicaid System of Care work happening through Settlement Agreement.

PCMP Payment

- Provider Support and Practice Transformation section updated to include:
 - Overall requirements for PCMP payment
 - Additional clarity around each component of PCMP payment (medical home, integrated care payment, access stabilization payment, etc.)

Example of new language:

- 9.8.3.2. Contractor's PCMP Payment Program shall incorporate the following funding opportunities for PCMPs:
- 9.8.3.2.1. Three-tier PCMP Medical Home payment based on the Department-approved PCMP Practice Assessment Tool.
- 9.8.3.2.2. Integrated care payment for practices that meet set standards regarding the integration of primary care and behavioral health care as set forth in the PCMP Practice Assessment Tool
- 9.8.3.2.3. Care Coordination payment based on a PCMP's ability and willingness to be responsible for and report on Care Coordination provided to attributed Members.
- 9.8.3.2.4. Member acuity payment that offers PCMPs increased funding for Members determined to have increased needs.
- 9.8.3.2.5. Contractor-determined payment that may support other activities that further the goals and priorities of the Department and ACC.

What's Next?

Future Updates

- Continued updates for:
 - Care coordination tiering
 - Medicaid System of Care
 - PCMP Payment
- What other topics are you interested in hearing about as we continue updates about ACC Phase III implementation?