

# ACC Phase III: Responding to the Draft Contract and Offeror Questions

Program Improvement Advisory Committee

February 21, 2024

Presented by:

Colorado Health Institute

Colorado Department of Health Care Policy and Financing



# Today's Agenda

<b>10:05-10:45am</b>	Questions from PIAC Members
<b>10:45-11:00am</b>	The Procurement Process & Bidder Questions
<b>11:00-11:05am</b>	Next Steps

# Context for the Draft Contract

- RAEs are Managed Care Entities at financial risk.
- Contract requirements generally detail *what* the RAEs will be responsible for, not *how* they complete those requirements.
- Where possible, contract requirements give RAEs the flexibility to develop processes in a way that best supports the unique needs of members and providers in their region.

# Additional Considerations

- In many cases, we are drafting contract requirements about other organizations/processes that aren't fully developed (BHASOs, SHIE, etc.)
- Have we created enough direction and protections in the contract so that it's clear RAEs will have a critical role when these areas are finalized?

# Questions from PIAC

- Why is HCPF requiring two regional Member Advisory Committees (MACs) and PIACs?
- What are the expectations for these committees?
- Will members be compensated for their participation?
- How do we ensure RAEs are effectively engaging members through these committees so that this isn't just another way to "check a box"?

# RAE PIAC and MAC Requirements

- RAEs will be required to convene at least 2 PIACs and 2 MACs for each region.
  - HCPF is increasing the number of MACs/PIACs required due to the larger region sizes for Phase III
  - Goal is to ensure that the unique needs and voices of smaller, local communities are represented and reflected in RAE operations
- RAEs must have dedicated budget for a PIAC and MAC.
  - Both must meet at least quarterly.
  - Both must accommodate individuals with disabilities.
  - PIACs must be open to the public.
  - MACs must be chaired by those with experience in member engagement and EDIA.

# RAE PIAC and MAC Requirements

## PIACs

- Review deliverables
- Discuss program policy changes
- Review performance data
- Review member materials
- Provide representatives for statewide PIAC

## MACs

- Discuss member experience:
  - RAE activities
  - Delivery of Medicaid services
  - Activities to advance culturally competent care
- Review performance data
- Review member materials
- Provide representatives for statewide PIAC

**Note:** Contract requirements for member compensation under development

# RAE PIAC and MAC Requirements

- How do we ensure RAEs are effectively engaging members through these committees so that this isn't just another way to "check a box"?



# Questions from PIAC

- How will RAE care coordination be aligned with BHASOs for behavioral health?
- If providers must bill for primary care services to be eligible to receive attribution payments, how can we continue to address the needs of members with complex behavioral health conditions who may not seek care from a PCP?

# Care Coordination Alignment with BHASOs

- RAEs will develop workflows with BHASOs to notify when a member is actively engaged in care coordination and will be transitioning from one entity to another
  - Ensure Medicaid members are connected to BHASOs if coverage ends
  - Ensure BHASO members newly receiving Medicaid continue to receive care coordination through RAEs
- HCPF continues to work closely with BHA on the implementation of BHASOs. Collaboration between these two entities will continue to evolve.

# Care Coordination and Behavioral Health

- Current requirements:
  - Behavioral health providers offering integrated physical health services may serve as PCMPs
  - RAEs are responsible for coordinating care for members that are not attributed to a PCMP
  - RAEs are encouraged to subcontract with Comprehensive Safety Net Providers to meet the care coordination needs of members with complex behavioral health needs
  - RAEs are encouraged to identify innovative strategies to partner with CBOs, which may include financial arrangements
  - Targeted case management is covered under the behavioral health capitation
- Other considerations:
  - Care coordination expectations for safety net providers continuing to be defined
  - Creation of new Community Health Worker benefit

# Questions from PIAC

- Would members be served best by centralizing services in the RAEs or assisting the development of supports at the local level?
- Should we incentivize a greater investment in practice-level and community-based initiatives?
- With the end of geo-attribution, is it best to attribute non-utilizers to the RAE or a PCMP? Are there ways to more effectively outreach these members?

# Three-Tier Payment Framework

- Payment programs must support and incentivize PCMPs' progress along the continuum of advanced primary care
  - Level 1: focused on creating a foundation for excellent primary care
  - Level 2: focused on population management tools, evaluating continuity of care, and developing care coordination services
  - Level 3: focused on payment models that support the sustainability of advanced models of care delivery (e.g., integrated behavioral health care)
- This framework is aligned with DOI Primary Care Alternative Payment Model and CMMI's Making Care Primary

# Ending Geographic Attribution

- Members without PCMP attribution will be assigned to RAEs based on member address.
  - RAEs must connect members accessing health care services with a PCMP.
- If we geo-attributed members to a PCMP, what could we do to make it more successful than it has been?

# Questions from PIAC

- When social determinant of health resources are prescribed to members by providers, how can HCPF and ACC Phase II incentivize alignment/leveraging of existing structures first, and then creation of new structures second?

# Health-Related Social Needs

- Create formal, documented partnerships with critical community organizations.
  - Improve referrals to food resources and help with SNAP and WIC enrollment.
  - Provide referrals and coordination for members experiencing housing instability and working with permanent supportive housing providers.
  - Goal is for RAEs to build relationships with and support/build off the work of existing local and state agencies already working to address health related social needs
- Leverage Social Health Information Exchange (SHIE) and integrate with any regional resource directories
- What other strategies should we consider to incentivize alignment and leverage existing structures?



# The Procurement Process

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- Bidders will submit proposals responding to the specific RFP questions in the summer
  - HCPF will award bidders whose written proposals will be most advantageous to the state
  - Proposals are judged holistically to ensure selected vendors are best able to comply with the contract requirements, achieve the goals of the ACC, and address the unique needs of members and providers in each region
  - RFP responses are reviewed by an evaluation committee through a comprehensive, thorough, complete and impartial process
  - Bidder's may include letters of support from community partners for their application, as appropriate and requested
- HCPF's preference is to award one RAE contract to a single bidder

# Bidder Questions

- In Phase II, HCPF used a list of 31 questions to evaluate potential RAEs.
  - Questions focused on how RAEs would meet the requirements listed in each section of the contract.
- Any questions asked must be directly tied to the Draft Contract.

# Types of Questions

## Administrative

Share information that proves ability to operate a business in CO, organizational structure, plans to subcontract, etc.

## Experience

Share organizational experience/skills for core areas of the program.

## Descriptive

Describe strategies for meeting specific contract requirements.

# Example: Administrative Question

- Provide all of the following:
  - Description of the internal organizational structure, including a delineated management structure. The organizational structure shall clearly define lines of responsibility, authority, communication and coordination within and between various components and departments of the organization and be easily understood and accessible by those interfacing with the organization.
  - Describe how the organizational structure facilitates creative thinking and innovative solutions.
  - An organizational chart listing all positions within the Contractor's organization that are responsible for the performance of any activity related to the Contract, their hierarchy and reporting structure.
    - A list of Key Personnel and their resumes. Identify which Key Personnel has the majority of their work experience in behavioral health.

# Example: Experience Question

- Provide a detailed description of Offeror's organizational experience and skills, including specific years of experience, pertaining to each of the following:
  - Managing projects of similar size and scope.
  - Serving Medicaid covered populations.
  - Administering managed care.
  - Managing financial risk for covered services.

# Example: Descriptive Question

- Describe the Offeror's strategy for member engagement, in accordance with the requirements in Section 5.5.
- Describe in detail how the Offeror will provide the required Care Coordination interventions to support the Offeror's Population Health Management Plan, including how the Offeror will:
  - Design, deliver and track Care Coordination activities across the full continuum of care.
  - Align and collaborate with care coordinators from different systems to reduce duplication and Member confusion.
  - Outreach, intervene, and monitor Members who meet the criteria for inappropriate overutilization of health care services.

# Discussion

- What questions should we ask bidders to prove their capabilities to meet Phase III program goals and contract requirements?
- Are there specific things HCPF should be looking for in bidders' responses?
  - What do you think would be sufficient proof for meeting certain contract requirements (e.g., health equity or cultural responsiveness)?





# Q&A



# Opportunities for Feedback

# Upcoming Public Meetings

- **Advocates and CBO Representatives: 2/21, 12:30 - 2 PM**
- **Health First Colorado Members Only: 2/29, 2:30 - 4 PM**
- **Prospective Bidder Conference: 3/1, 9:30-11am**

# Written Feedback

- Survey for feedback on the Draft Contract:
  - <https://forms.gle/cdfUR24eJNeWbfCS8>
- Survey for feedback on Offeror Questions:
  - <https://forms.gle/VJ4tba71W3RbtehT6>
- All feedback must be submitted by **March 10**

# Thank you!

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