ACC Phase III: Proposed Concepts

Public Session

September 14, 2023

Presented by:

Colorado Health Institute

Colorado Department of Health Care Policy & Financing

Welcome, thank you for joining us!

- **This meeting is being recorded.** Please keep your sound muted, unless you are speaking.
  - Please do not share Protected Health Information during this meeting.
- Slides and a recording of the presentation and discussion will be available on HCPF's website.

Today's Agenda

5:00 - 5:15pm	Welcome and ACC Phase III Goals
5:15 – 6:10pm	Administrative Updates Programmatic Updates: • Intensive care coordination • Expanding PCMP types
6:10 – 6:25pm	General Q&A
6:25 – 6:30pm	Wrap-Up

Questions or comments?

- Chat Use the chat for comments.
- Q&A Use the Q&A feature for questions.
- Please hold verbal questions until the discussion portion of our meeting today.
  - ➢ Use the "raise hand" feature under Reactions to indicate a question.

Ongoing Stakeholder Activities

Fall 2022

Begin stakeholder activities to assist with program development

Summer 2023

Concept Paper

Ongoing community engagement to collect feedback and refine design

November 2023

Draft RAE Request for Proposal

Revise draft request for proposal based on stakeholder feedback

Begin operational implementation

April 2024

RAE Request for Proposal

Proposal review

Implementation work

September 2024

Vendor Awards

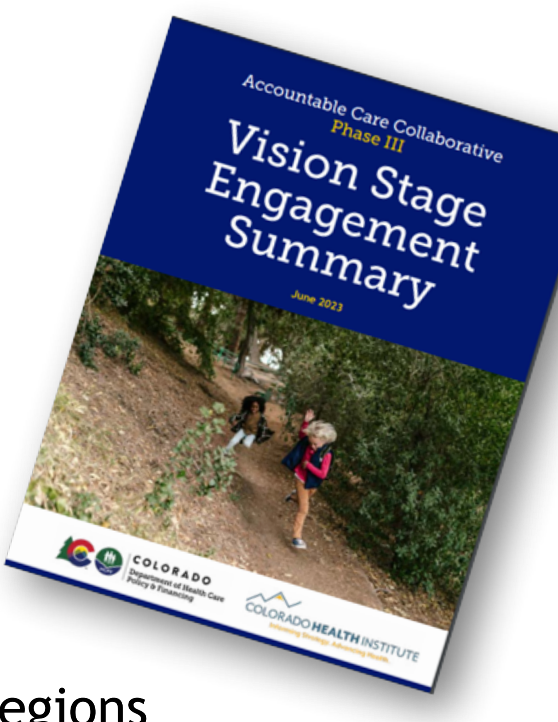
Vendor transition activities

Member and provider transition and preparation

July 1, 2025

GO LIVE

What we've heard:



What's working well:

- Majority of members are getting the care they need
- Providers engaged with RAEs appreciate resources and support
- Regional model acknowledges that different parts of Colorado have different needs
- Care coordination for those who are actively engaged
- Existing member engagement councils

What needs improvement:

- Process and administrative barriers
- Inconsistency across 7 regions
- Alignment with other entities in midst of statewide changes
- Care capacity and access
  - Services for children and youth

Goals for ACC Phase III

Goals for ACC Phase III

1. Improve quality care for members.
2. Close health disparities and promote health equity for members.
3. Improve care access for members.
4. Improve the member and provider experience.
5. Manage costs to protect member coverage, benefits, and provider reimbursements.

1. Improve quality care for members.

- Aligned strategic objectives
- Standardize incentive payment measures
- Standardized children's benefit
- **Children and youth intensive care coordination**
- **Behavioral Health Transformation**

2. Close health disparities and promote health equity for members.

- Implement existing regional health equity plans
- Use equity-focused metrics
- Equity requirements for RAEs
- Explore expansion of permanent supportive housing services
- Explore providing food related assistance and pre-release services for incarcerated individuals
- Leverage social health information exchange tools

3. Improve care access for members.

- Clarify care coordination roles and responsibilities
  - Create tiered model for care coordination
- Strengthen requirements for RAEs to partner with community-based organizations (CBOs)
- **Explore innovations to current behavioral health funding system to fill gaps in care (Behavioral Health Transformation)**

Reference: Senate Bill 23-174

4. Improve the member and provider experience.

- **Enhance Member Attribution process to increase accuracy and timeliness**
- Increase the visibility of and clarify role of the RAE
- **Reduce administrative burden on providers through behavioral health transformation efforts**
- Reduce total number of regions

Reference: House Bill 22-1289

5. Manage costs to protect member coverage, benefits, and provider reimbursement.

- **Improve administration of behavioral health capitation payment**
- Improve alignment between ACC and Alternative Payment Models
- Implement new Alternative Payment Models

Administrative Updates

Reducing Admin Burden

- Centralized provider credentialing
- Standardized utilization management for providers and payers
- Universal contracting
  - Includes standards for data collection, priority populations, response times, grievances, etc.
- Reducing the number of RAE regions (and therefore number of contracts for statewide providers)

Increasing Accountability

- Transparent reporting for RAEs regarding authorizations and denials
  - Currently only in use for SUD residential
- CMS has published DRAFT rules around rate transparency for managed care
  - Need to balance transparency, accountability, and reporting burden

Improving Contract Accountability

- Penalties for contract non-compliance
- BHA-led universal contracting provisions
- Clearer, more prescriptive contract language for certain RAE functions
- Clearer, more meaningful deliverables that streamline reporting requirements

Innovations to Current Behavioral Health Funding System

- Improved funding mechanisms based on changes to our safety net behavioral health system with the implementation of the BHA, including:
  - Prospective alternative payments for Comprehensive Safety Net Providers
  - Enhanced payments for Essential Safety Net Providers
  - Directed payments for critical services to ensure they are available for all members
    - Implementation already started, continuing to explore gaps

Discussion:

- Will these changes make things easier or more streamlined for you?
- Are there unintended consequences to these changes?

Programmatic Updates

Intensive Care Coordination

- Intensive care coordination program for children with complex care needs that include behavioral health needs
  - Independent assessment to determine plan of care
  - Care coordination handled by external providers trained specifically in intensive, multisystem care coordination for children

Discussion:

- **Zoom Poll #1**
- What would success look like with this model?
- Are there unintended consequences to having a third party provide either the assessment or the care coordination?

Expanding PCMP Types

- Allow Comprehensive Safety Net Provider to serve as PCMPs
- If CNSPs are identified as allowable PCMPs, they could receive a PMPM payment for care coordination
- Would be required to provide whole person care coordination

Discussion:

- **Zoom Poll #2**

- What are the pros and cons of this expansion?
- What type of supports would BH providers need from RAEs to effectively serve as PCMPs?
- **Zoom Poll #3**: For possible PCMPs in BH settings, should primary care services be required on site, or just through a formal relationship?

Q&A

Next Steps

Provide additional feedback:

- Full concept paper
- Online survey open until Oct 31 — responses will be made publicly available (without names)
- Open feedback form will remain open

Upcoming Public Meetings

- **All providers welcome:** 9/26 from 8 to 9:30 a.m.

- **Health First Colorado Members:** 9/28 from 5 to 6:30 p.m.

Thank you!

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