

Health Neighborhood & Community

Current relevant RAE Contract citations:

- **2.1.49. Health Neighborhood** – A network of Medicaid providers ranging from specialists, hospitals, oral health providers, LTSS providers, home health care agencies, ancillary providers, local public health agencies, and county social/human services agencies that support Members' health and wellness.
- **2.1.24. Community** – For the Accountable Care Collaborative, Community is defined as the services and supports that impact Member well-being, including Health Neighborhood providers and organizations that address the spiritual, social, educational, recreational, and employment aspects of a Member's life.
- **10. Health Neighborhood and Community**



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10.2 Health Neighborhood

10.1. The Contractor shall promote Members' physical and behavioral well-being by creating a Health Neighborhood and Community consisting of a diverse network of health care providers and Community organizations providing services to residents within the Contractor's geographic region.

10.2.1. The Contractor shall recognize the value that all Medicaid providers offer to improving Member health and functioning. The successful engagement and utilization of the full range of Health Neighborhood providers, including specialty care, LTSS providers, Managed Service Organizations and their networks of substance use disorder providers, hospitals, pharmacists, dental, non-emergency medical transportation, regional health alliances, public health, Area Agencies on Aging, Aging and Disability Resources for Colorado, and other ancillary providers, is critical to helping Members improve their health and life outcomes. In addition, the effective leveraging of the Health Neighborhood is a critical tool for controlling costs and wisely utilizing state resources.

10.2.2. The Contractor shall establish and strengthen relationships among its Network Providers and the Health Neighborhood in the region by supporting existing collaborations and facilitating the creation of new connections and improved processes, while avoiding duplication of existing local and regional efforts.

10.2.4. The Contractor shall identify barriers to Provider participation in the Health Neighborhood, such as ineffective referral processes, high no-show rates of Members, and ineffective communication, and work to design and implement approaches to address these barriers to enable providers to appropriately care for more Medicaid Members.



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Health Neighborhood

10.2.5. The Contractor shall establish and improve referral processes to increase access for Members to appropriate care in the Health Neighborhood and reduce unnecessary utilization of limited specialty care resources.

10.2.6. The Contractor shall promote the Colorado Crisis Services among Providers and Members to ensure Members receive timely access to behavioral health interventions during a crisis.

10.2.7. The Contractor shall coordinate care with Colorado's Managed Service Organizations to ensure Member access to appropriate substance use disorder treatments.

10.2.8. The Contractor shall acknowledge that hospitals are an essential part of the health care delivery system and Health Neighborhood and shall collaborate with hospitals to improve care transitions, implement person-centered planning at hospital discharge, and address complex Member needs.

10.2.9. The Contractor shall utilize and disseminate to appropriate Network Providers admit/discharge/transfer data to track emergency room utilization and improve the quality of care transitions into and out of hospitals. The Contractor shall coordinate with hospitals directly or use a Health Information Exchange to access hospital admit/discharge/transfer Data.

10.2.10. The Contractor shall collaborate with hospitals that are implementing the Hospital Transformation Program that connects hospitals to the Health Neighborhood and aligns hospital incentives with the goals of the Accountable Care Collaborative Program.



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Health Neighborhood

10.2.11. The Contractor shall collaborate with LTSS providers and care coordinators/case managers, No Wrong Door Entities, Area Agencies on Aging, and Aging and Disability Resources for Colorado to develop holistic approaches to assisting LTSS Members achieve their health and wellness goals.

10.2.12. The Contractor shall facilitate health data sharing among providers in the Health Neighborhood.

10.2.13. The Contractor shall establish relationships and communication channels with the entities administering the Department's Non-Emergency Medical Transportation benefit in order to ensure Members are able to attend their medical appointments on time. Members' health is often negatively impacted when they miss appointments, particularly with specialty care providers, and can result in over utilization of the emergency department. Strengthening the relationship of the Non-Emergency Medical Transportation administrative entities with members of the Health Neighborhood and implementing initiatives to increase efficiency can significantly improve provider satisfaction, Member experience, and Member health.

10.2.14. The Contractor shall understand the importance of oral health to Members' health and life outcomes, and shall establish relationships and communication channels with the Department's Dental Benefit managed care vendor to promote Member utilization of the dental benefits.

10.2.15. The Contractor shall collaborate with local public health agencies



10.3 Community and the Social Determinants of Health

10.3.1. The Contractor shall demonstrate an understanding of the health disparities and inequities in their region and develop plans with Providers, Members and Community Stakeholders to optimize the physical and behavioral health of its Members.

10.3.2. Recognizing that the conditions in which Members live also impact their health and well-being, the Contractor shall establish relationships and collaborate with economic, social, educational, justice, recreational and other relevant organizations to promote the health of local communities and populations.

10.3.3. The Contractor shall know, understand and implement initiatives to build local communities to optimize Member health and well-being, particularly for those Members with complex needs that receive services from a variety of agencies.

10.3.4. The Contractor shall establish relationships and communication channels with Community organizations that provide resources such as food, housing, energy assistance, childcare, education and job training in the region.

10.3.5. The Contractor shall establish access to a centralized regional resource directory listing all Community resources available to Members and share the information with providers and Members

10.3.6. The Contractor shall identify and promote Member engagement with evidence-based and promising initiatives operating in the region that address the social determinants of health



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10.3 Community and the Social Determinants of Health

10.3.7. The Contractor shall work with Community organizations to remove roadblocks to Member access to programs and initiatives, particularly evidence-based/promising practice programs in the region.

10.3.8. The Contractor shall share information with Community organizations in the region about identified Community social service gaps and needs.

10.3.9. The Contractor shall engage with hospitals and local public health agencies regarding their community health needs assessments to develop and implement collaborative strategies to reduce health inequities and disparities in the Community.

10.3.10. The Contractor shall collaborate with the Department, other state agencies, and regional and local efforts in order to expand the Community resources available to Members.

10.3.11. Health Equity Plan – *first iteration of this plan due December 2023*

10.4. Statewide Health Infrastructure

10.5. Health Neighborhood and Community Report

10.5.1. The Contractor shall submit a bi-annual report to the Department describing the Contractor's activities to collaborate with and build the Health Neighborhood and Community to support Members' health care and social needs, in addition to articulating plans for the Health Neighborhood and Community in the Annual Network Management Strategic Plan.



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