303 E. 17th Ave. Suite 1100
Denver, CO 80203

Thank you for your engagement to inform ACC Phase III!

August 2024

We are grateful for the thousands of participants who engaged in the stakeholder process by attending meetings, sharing feedback through surveys or working within their organizations or workgroups to host discussions with the Department of Health Care Policy and Financing (HCPF) on Phase III of the Accountable Care Collaborative (ACC). While so many organizations and individuals provided feedback during this time, we are especially thankful to the Health First Colorado (Colorado's Medicaid program) members who shared their own lived experiences and perspectives as part of the ACC. We know that not every issue raised over the past few years will be resolved as we transition to Phase III, but the staff at HCPF are listening and acknowledge the challenges that remain.

Our stakeholder process was divided into three phases:

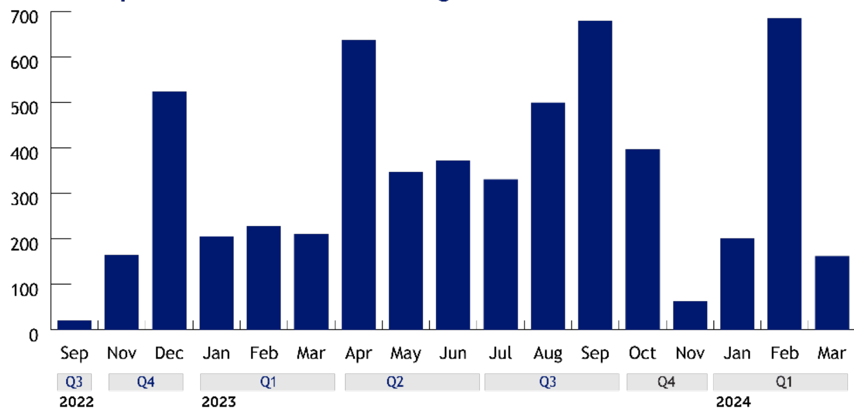
- The Vision Stage helped us understand more broadly how stakeholders believe the ACC can be improved.
- The Concept Stage helped us understand whether the policies and programs we proposed, based on feedback during the Vision Stage, were moving in the right direction.
- The Draft Contract Stage helped us to refine the contractual requirements for Regional Accountable Entities (RAEs) in ACC Phase III to be included in the request for proposal (RFP).

Feedback and experiences collected throughout this process have been summarized in three feedback reports available online, and HCPF will continue to think through how to address all feedback as we work to improve the ACC.

ACC Phase III Stakeholder Engagement

October 2022 — March 2024

Includes participants who attended multiple presentations



We heard from passionate and engaged people about a host of challenges facing Health First Colorado members, and the providers and communities who serve them, on topics as wide ranging as care coordination, payment to providers, food security and more. However, the stakeholder engagement process made clear that there are differing perspectives on the role of the RAEs in these areas. While the RAEs cannot do everything, we hope that Phase III moves further toward addressing some of these priorities. We'd like to highlight a few of the ways in which stakeholder feedback was incorporated into the design of ACC Phase III with regards to the following priorities:

1. Simplifying Systems for Members and Providers
2. Assuring Quality Care
3. Supporting Providers
4. Fostering Accountability

Simplifying Systems for Members and Providers

Throughout the stakeholder engagement process, both Health First Colorado members and providers noted the administrative and bureaucratic complexity that makes accessing or providing care more challenging, frustrating or time-consuming. Given this feedback, we are making the following changes to address these concerns in Phase III:

Fewer RAE Regions

The total number of RAEs will be reduced from seven regions in Phase II to four in Phase III. This means that providers will be required to contract with fewer RAEs. It also means that there will be more consistency across the state.

Member Communication and Supports

In response to member feedback around confusion of the role of the RAEs and their relationships to HCPF, clearer RAE communication guidelines have been put into place including co-branding, accessibility and plain language requirements. We've also added requirements for RAEs to work more closely with HCPF on member communications so that we can share lessons learned and identify opportunities to streamline communications to members where possible.

We also heard about a number of additional improvements members would like to see with regards to member onboarding, education, and more. This is an ongoing priority at HCPF across all programs and initiatives.

Commitment to Disability Competent Care

As part of ongoing HCPF efforts to ensure members receive disability competent care, the Phase III RFP includes specific provisions to improve the member experience for those living with disabilities.

- There will be performance standards for 90% of RAE staff completing and 90% of network providers offering disability competence training annually.
- RAEs are required to have an Equity, Diversity, Inclusion, and Accessibility (EDIA) officer on their senior leadership team. This key person is accountable for programming, staff training, and activities focused on EDIA, which includes disability competence and accessibility.
- To the extent that information is available, RAEs will be asked to provide data disaggregated by disability status in their health equity and performance improvement plans.

Changes in Attribution

In response to feedback from providers around the challenges and inaccuracies of geographic attribution, we will no longer be using this methodology to attribute members to providers in Phase III. Member preference and visit history will remain the primary drivers of patient attribution. HCPF is aware of stakeholders' concerns about reduced payment as a result of fewer attributed members and is considering this as we continue to refine payment structure.

Assuring Quality Care

As the Health First Colorado delivery system, the ACC is one of the core ways that members access services. We heard from numerous members and providers on how to refine the following key program areas:

Behavioral Health

We know that members and providers are eager to learn more about how ACC Phase III will align with the work of the Behavioral Health Administration (BHA), as well as the Behavioral Health Administrative Service Organizations (BHASOs). As part of their responses to the RFP, RAEs must outline how they will collaborate and cooperate with BHA and the BHASOs to ensure continuity of care for members when necessary, standardize key activities and policies to avoid duplication and reduce administrative burden, monitor quality, and optimize provider quality improvements and performance (within BHA rules and regulations). In Phase III, universal contracting provisions are designed to reduce administrative burden by standardizing regulations and providing a consistent care experience.

Additionally, HCPF is continuing the evolution of payment strategies. In circumstances where targeted action is necessary to support network access and growth for specific services, HCPF will establish a "Directed Payment" which sets a minimum reimbursement rate as outlined in HCPF's State Behavioral Health Services Billing Manual. To support BHA's implementation of new Safety Net Providers, Comprehensive Safety Net Providers will receive a prospective payment and Essential Safety Net Providers will receive enhanced reimbursement rates.

Stakeholders also expressed support for HCPF's ongoing work on integrated behavioral health, as part of House Bill 22-1302. HCPF is currently engaging stakeholders to help inform recommendations for ongoing sustainable funding to support behavioral health integration beyond grant funding.

Care Coordination

Throughout the stakeholder process, we heard of inconsistent experiences with care coordination. For Phase III, we are collaborating with RAEs to use a three-tiered care coordination model to create a more standardized experience for members, especially for those with the most complex needs, so that members receive adequate supports for their level of need.

We also heard the need for clearer roles and responsibilities between the RAEs and other agencies that serve shared members (such as BHASOs and Case Management Agencies). In Phase III, there are added expectations for RAEs to coordinate with these agencies to improve the experience for members. Additionally, RAEs are

asked to collaborate with community-based organizations in their region to help engage members more effectively through trusted community partners.

Finally, we know that many stakeholders are concerned about how we hold the RAEs accountable for providing care coordination. In Phase III, we will be collecting additional metrics around care coordination engagement and RAEs will be held to a number of care coordination-specific performance standards as part of their contract.

Children and Youth

While many initiatives in Phase III address children's health, we recognize that there are specific needs for the pediatric population. A priority in Phase III will be for RAEs to continue to provide education and support for providers to understand and implement the Early and Periodic Screening, Diagnostic, and Treatment benefit (EPSDT). A focus will be assisting providers on improving screening rates of children and youth for developmental, social, mental health, vision and hearing issues.

Additionally, in Phase III, RAEs will implement a Standardized Assessment process to gather a child or youth member's psychosocial history and presenting behavioral health concerns, in order to determine diagnoses and baseline level of functioning. RAEs are responsible for connecting members to services deemed medically necessary through the Standardized Assessment. One such service, new in Phase III, is High-Fidelity Wraparound – a comprehensive, holistic, youth and family-driven model when children or youth experience serious mental health or behavioral challenges.

HCPF is continuing to strengthen the care and experience for children and youth with complex behavioral health needs. To better support this work and align with HCPF and state efforts, RAEs are required to have a Child and Youth System of Care Manager. This work is ongoing, and additional opportunities for public engagement on this topic are forthcoming.

Supporting Providers

We heard that providers want and need supports to be able to successfully care for Health First Colorado members while minimizing the burden for their practices and assuring sustainability of care. In Phase III, RAEs will:

Provide Practice Transformation and Technical Assistance

HCPF is in the process of improving upon existing value-based payment programs and designing new ones for both physical and behavioral health. RAEs will have a role in supporting providers in implementing these programs through practice transformation activities.

Additionally, as new technological tools become available for providers to use, RAEs will help providers adopt and implement new infrastructure. This includes use of HCPF's new eConsult Platform and use of the state's Social Health Information Exchange (SHIE) infrastructure, when available.

Pay for Quality

To support the ongoing provision of quality care to Health First Colorado members, RAEs will support providers in quality programs. Stakeholders called for reduced administrative burden on providers and promotion of positive care outcomes. With this in mind, quality metrics for primary care and behavioral health will be aligned across different quality initiatives, where possible. This includes alignment between Key Performance Indicators, quality targets for value-based payment programs, and alignment with Division of Insurance rules and federal initiatives. New programs will financially reward providers who hit these aligned quality goals and targets.

Addressing Health-Related Social Needs

We heard from many food and housing security advocates throughout the stakeholder process about the importance of addressing health through access to affordable and nutritious food and safe and secure housing. In Phase III, we will be taking steps to improve access to health-related social needs through the following initiatives:

Food Security

In Phase III, RAEs will work to strengthen relationships with and improve referral processes to agencies that enroll people in Supplemental Nutrition Assistance Program (SNAP) and Special Supplemental Nutrition Program for Women Infants and Children (WIC) to support Health First Colorado members in getting the assistance they need.

Housing

In Phase III, RAEs will work with the Continuum of Care organizations and other community-based organizations in their regions to develop a network of permanent supportive housing providers to help members find and maintain housing.

While establishing these partnerships are steps in the right direction, HCPF will continue to explore new ways to address health-related social needs by pursuing an amendment to our 1115 Waiver this fall.

Fostering Accountability

In our conversations, accountability was a key stakeholder concern. In Phase III, we are introducing additional accountability mechanisms, including:

Commitment to Quality Program

We are excited to introduce the Commitment to Quality program as part of ACC Phase III. In response to stakeholder feedback, this new program includes performance standards throughout the RAE contract, including for key areas like care coordination. If RAEs do not achieve an established performance threshold across all standards, RAEs will reinvest funding from their profit margin into key program activities. Performance standards used within the Commitment to Quality program are linked to metrics and expected outcomes to assess ACC performance.

Accountability to Communities

Stakeholders expressed concerns that, in the move to larger regions, it will be more challenging for RAEs to be responsive to local communities within their regions. To maintain the regional perspective of individual RAEs, each RAE will be required to convene two Program Improvement Advisory Committees (PIACs), two Member Advisory Committees (MACs) and a Regional Health Equity Committee. We heard that Health First Colorado members appreciate the opportunity to participate in a member-specific regional committee, and members also advocated for resources to support this form of member engagement. HCPF is excited to see how RAEs develop these committees to be inclusive of community voice.

Next Steps

We recognize there is a lot of excitement about what Phase III will look like in practice, as well as unanswered questions about how the RAEs may implement and operationalize many of the components of the program. Between now and July 1, 2025, HCPF will continue to work closely with stakeholders on these next steps. For more information, please continue to check the ACC Phase III webpage, subscribe to our newsletter and participate in ongoing forums such as the ACC PIAC and its subcommittees.