09/14/2023 – ACC Phase III Concept Paper Preview – Behavioral Health Providers

Meeting Chat

NAME	COMMENT
ALLIE MORGAN (CHI):	The ACC Phase III Concept Paper is online here: https://hcpf.colorado.gov/sites/hcpf/files/2023%20ACC%20Phase%20III%20Concept%20Paper%208-29-23.pdf
ALLIE MORGAN (CHI):	Here is the link to the Vision Stage Summary: https://hcpf.colorado.gov/sites/hcpf/files/ACC%20Phase%20III%20Vision%20Engagement%20Summary.pdf
SUMAN MATHUR (CHI):	And for everyone's reference, slides for today's presentation are available here -
CRISTEN BATES (HCPF):	For providers who are having challenges with claims, denials, conflicting guidance between MCEs, or other concerns, please submit your experience on this Provider Complaint Form.
CRISTEN BATES (HCPF):	https://docs.google.com/forms/d/e/1FAIpQLSfBmXdALnrgrZbALjYc0dg43s8Q5Uqix28_X2Fvc-Q1qY-KRw/viewform
ATTENDEE:	Which assessment?
ATTENDEE:	Summary of live answer: HCPF currently uses the Child and Adolescent Needs and Strengths (CANS). The external provider could use similar assessments as approved by the RAE.
ATTENDEE:	Thank you!
SUMAN MATHUR (CHI):	If attendees have additional comments or feedback on items presented in the previous section, please feel free to continue to share your thoughts in the chat, or through some of the other online feedback opportunities available.
SUMAN MATHUR (CHI):	CANS = Child and Adolescent Needs and Strengths
JOHN LAUKKANEN (HCPF):	Child and Adolescent Needs and Strengths (CANS)
ATTENDEE:	I would love to see a matrix of the themes raised by providers, RAE, and members and how these proposals impact those themes. Maybe that exists in the report though!
ASHLIE BROWN (CHI):	Stay tuned for a crosswalk to be released soon!
ATTENDEE:	Will the assessment encompass preventive care?
ATTENDEE:	Thank you
JOHN LAUKKANEN (HCPF):	At this time we are looking at the higher levels of care

ATTENDEE:	Many CMHC's provide care coordination services and understand how to work with many provider types and community resources. Given that many of these services are not billable on a FFS basis, a PMPM payment for these services would ensure that these services remain viable. It shouldn't matter if they have primary care available on site. These entities would know how to connect members to the appropriate primary care.
ATTENDEE:	People at the Provider and Community Experience PIAC this morning noted that people with serious mental illness often are in urgent need of medical care, and partnerships between BH and primary care are not always effective for them.
ATTENDEE:	It seems that physical health providers know less about behavioral health needs/diagnoses and treatments and would be less likely to have the knowledge around how to interact with a BH provider vs. having a BH provider knowing when to connect with primary/physical care. Seems that this type of coordination would be better sourced from the BH side.
ATTENDEE:	There is concern with covered svs when care coordination is happening, such as case management requiring a treatment plan, but an individual may not yet be involved with outpatient/ongoing care considering often times support is first getting an individual set up with their basic needs first.
ATTENDEE:	National Committee for Quality Assurance (NCQA)
ATTENDEE:	Thanks!

Meeting Q&A

QUESTION	ANSWER
ARE YOU ENGAGING WITH PEOPLE WITH LIVED EXPERIENCE, MEDICAID MEMBERS IN THIS STAKEHOLDERING PROCESS?	Thank you for this question! We have been engaging with members throughout this process. We regularly go to the HCPF Member Experience Advisory Council as well as the regional Member Advisory Council. We also host members-only listening sessions. Our next members-only session is on 9/28. We are always open to feedback on ways to continue engaging members in this process.
CAN WE HAVE URL DOWN LOAD THIS SUMMARY IN E BOOK	Thanks for your question. Are you referencing the Vision Stage Engagement Summary? If so, it's online here: https://hcpf.colorado.gov/sites/hcpf/files/ACC%20P

	hase%20III%20Vision%20Engagement%20Summary.pdf. Apologies for the long link!
CAN WE HAVE URL DOWN LOAD THIS SUMMARY IN E BOOK	You can also find a link to this document from the main Phase III webpage: https://hcpf.colorado.gov/accphase3
THANK YOU! IS THERE ANYWHERE WE CAN READ ABOUT HOW THE FEEDBACK FROM THOSE MEMBER SESSIONS/COUNCILS ARE BEING IMPLEMENTED INTO THESE PLANS? AND HOW YOU ARE COMMUNICATED BACK TO THOSE MEMBERS ABOUT HOW THEIR FEEDBACK WILL OR WILL NOT BE ACTED ON?	Great questions. I do want to plug our Vision Engagement Summary (also on the ACC Phase III webpage). This captures a lot of the feedback we've received since we started this stakeholder engagement around November 2022, including from members. We are working on a fact sheet that links the proposals in our concept paper to that vision engagement summary, so be on the lookout for that in the coming weeks. How we communicate back to members is a work in progress as we move through our stakeholder engagement work this fall and as we continue to build more detail around these concepts. Vision engagement summary: https://hcpf.colorado.gov/sites/hcpf/files/ACC%20Phase%20III%20Vision%20Engagement%20Summary.pdf
WOULD UNIVERSAL CONTRACTING WITH RAES MEAN UNIVERSAL RATES?	Summary of live answer: No, universal contracting is focused on adminstrative activities. Reimbursement is separate. The goal is to set clear expectations about the relationship between contractors and HCPF, BHA, and other state agencies.
CAN COMPREHENSIVE AND ESSENTIAL PROVIDERS RECEIVE DIRECTED PAYMENTS.	Summary of live answer: Yes, directed payments come in two forms: 1) minimum payment and 2) value-based payment. The payments to comprehensive and essential providers are considered directed payments under the second option.
AT THIS POINT, HCPF RATE SETTING DOESN'T SEEM READY TO IMPLEMENT TRULY "PROSPECTIVE" PAYMENTS BASED ON ANYTHING OTHER THAN NORMAL TRENDING. WHEN WILL TRUE "PROSPECTIVE" CONCEPTS BE BUILT INTO THE RATES FOR THESE PROVIDERS (I.E. EXPANSION OF	Summary of live answer: HCPF is actively working on this and would like to hear more from providers about how this could be implemented.

SERVICES OR IMPLEMTATION OF NEW SERVICES)?	
CAN YOU PLEASE SHARE YOUR IDEAS ABOUT VALUE-BASED PAYMENTS AS PART OF THE DIRECTED PAYMENT AUTHORITY?	Summary of live response: Directed payment authority is either a minimum fee schedule or value-based payment (VBP). VBP includes capitations, quality payments, and other models. Many VBPs are already in place in various contracts. If HCPF wanted to establish a universal VBP that would require directed payment authority.
HOW WILL BHASOS FIT INTO THE INTENSIVE CARE COORDINATION APPROACH? HOW DOES THIS FIT WITH THE BHE CARE COORDINATION REQUIREMENTS FOR SAFETY NET PROVIDERS? WILL YOU CONTRACT WITH ONE ENTITY TO DO THAT INDEPENDENT ASSESSMENT, OR WILL YOU/RAES CONTRACT WITH MULTIPLE ENTITIES?	live answered
HOW WILL BHASOS FIT INTO THE INTENSIVE CARE COORDINATION APPROACH? HOW DOES THIS FIT WITH THE BHE CARE COORDINATION REQUIREMENTS FOR SAFETY NET PROVIDERS? WILL YOU CONTRACT WITH ONE ENTITY TO DO THAT INDEPENDENT ASSESSMENT, OR WILL YOU/RAES CONTRACT WITH MULTIPLE ENTITIES?	Summary of live response: Dept doesn't have a decision on the question of one agency vs multiple. We would appreciate feedback/input on this! This care coordination group would be independent from care at provider level. The expectation would be that, if a client needed these services, there would be additional resources for them that would come through the RAE. Don't think we have an answer yet about whether RAEs could choose to subcontract that. Care coordination as close to care as possible is great; just needs clear ownership.
HOW WILL BHASOS FIT INTO THE INTENSIVE CARE COORDINATION APPROACH? HOW DOES THIS FIT WITH THE BHE CARE COORDINATION	Summary of live response: There is more work to do to determine how BHASOs will fit into the intensive care coordination approach. HCPF is working closely with BHA on this issue.

REQUIREMENTS FOR SAFETY NET PROVIDERS? WILL YOU CONTRACT WITH ONE ENTITY TO DO THAT INDEPENDENT ASSESSMENT, OR WILL YOU/RAES CONTRACT WITH MULTIPLE ENTITIES?	
For all care coordination, when will all care coordinators have access to a state-wide portal that contains all healthcare information on all members which would immensely improve care and outcomes and reduce costs? (yes, i'm dreaming...)	
That's a great dream! Some of that may be happening through the shie!!	
Is the data around the effectiveness of rae care coordination in primary care in a report that’s available?	
I appreciate the discussion of high-intensity bh care coordination, thank you! I'm also still wondering, though, about including that role in the medical home model and giving medical homes those responsibilities. This would not undo the cms authority by which the acc operates, and would more closely align with how care happens. If comprehensive and essential behaivoral health providers were also charged with integrated medical home	

responsibilities, that seems good too. The issue is whether the people doing cc are getting paid fairly for it.	