

ACC Phase III Draft Contract Informational Meeting, 2/1/2024

Chat Comments and Question and Answer Log

Meeting Chat

CHI: Thank you to all members! Here is the link for members and their family members to request compensation:

<https://forms.gle/vQSEjRQgZ8r55Kto7>

CHI: We also have Spanish and English versions of the slide decks available if you would like to follow along in a separate document:

CHI: You can find information about the Draft Contract online here:

<https://hcpf.colorado.gov/accountable-care-collaborative-phase-iii-draft-contract>

CHI: You can read more about our most recent round of stakeholder engagement in the Concept Stage Summary:

<https://hcpf.colorado.gov/sites/hcpf/files/Concept%20Stage%20Stakeholder%20Engagement%20Summary.pdf>

CHI: Here is a guide to reviewing the Draft Contract more efficiently:

<https://hcpf.colorado.gov/sites/hcpf/files/ACC%20Phase%20III%20Draft%20Contract%20Review%20Guide.pdf>

CHI: Offeror questions are available here:

<https://hcpf.colorado.gov/sites/hcpf/files/ACC%20Phase%20II%20Offeror%20Questions.pdf>

CHI: Acronyms you will see today include:

- ACC: Accountable Care Collaborative
- BHA: Behavioral Health Administration
- CMS: Centers for Medicare and Medicaid Services
- DOI: Division of Insurance
- EDIA: Equity, Diversity, Inclusion, and Accessibility
- EPSDT: Early and Periodic Screening, Diagnostic, and Treatment Benefit
- HRSN: Health-Related Social Needs
- MAC/MEAC: Member Advisory Committee/Member Experience Advisory Council
- MCO: Managed Care Organization
- PCMP: Primary Care Medical Provider
- RAE: Regional Accountable Entity
- TOC: Transitions of Care

CHI: As a reminder - feel free to share comments in the chat or questions using our Q & A feature.

CHI: If the Q&A feature does not work for you, you are also welcome to drop questions into the chat. Thank you!
CHI: We appreciate the questions coming through in the Q&A. We will be sharing out written responses to questions asked in the Q&A with meeting materials to be posted on the HCPF ACC Phase III stakeholder engagement webpage.
Attendee: Thanks so much, Mark, for answering all the weedsy questions in the Q&A. Much appreciate this great overview from the Department.
CHI: You can register for upcoming meetings here: https://hcpf.colorado.gov/acc-phase-iii-stakeholder-engagement
CHI: Here is the general survey: https://forms.gle/cdfUR24eJNeWbfCS8
CHI: Here is the survey to submit feedback on Bidder Questions: https://forms.gle/VJ4tba71W3RbtehT6
CHI: Here is the website for all things Draft Contract: https://hcpf.colorado.gov/accountable-care-collaborative-phase-iii-draft-contract
Attendee: Thank you- well done

Question and Answer Log

Questions	Answers
As a member, there is often network inadequacy in various forms and members may have to misrepresent their coverage and say they are uninsured in order to even have the "opportunity" to pay out of pocket for care they can't get "in-network" because of some sort of regulation providers are held to not see Medicaid patients if they aren't "in-network" with Medicaid. This is very frustrating. I also have no luck trying to address various one-off situations for network adequacy. Please speak to how this can/should be addressed.	There are two questions in this. 1) By law, providers cannot charge members for services covered by Medicaid, so they cannot ask members to "pay out of pocket" for a Medicaid covered service. 2) By law, to bill Medicaid or a RAE for a service, a provider must be enrolled as a Medicaid provider. This ensures that providers meet some basic standards related to quality
Is dental care part of this re-bid? Or is it contracted separately?	Dental care is contracted separately. The RAEs are expected to support members in getting their dental needs

	<p>met, but the RAEs are not responsible for the delivery or payment of dental services.</p>
<p>What are members supposed to do when filing a grievance completely fails to address barriers to care?</p>	<p>The Department is currently revising and centralizing the grievance process and will have greater oversight of the grievances submitted to the RAEs. So, there will be greater opportunity for the Department to monitor whether member concerns are being appropriately addressed.</p>
<p>Thank you for breaking out the Care Coordination. From the Concept Paper, what about target populations like rare disease and/or other complex conditions other than those listed in Level 2 - like neurological conditions such as MS, Parkinson's, etc. It isn't clear to me from this current breakdown [where they] would qualify.</p>	<p>Members always have the opportunity to reach out to a RAE for assistance. Most individuals with rare diseases will be categorized in the top tier of complex health management. Of course, it will depend on how well an individual is able to manage their health on their own, but any member with complex health needs that requires multiple types of support should be served in that top tier.</p>
<p>Are bidders able to win more than a single regional contract? As I recall, in the procurement for ACC Phase II, bidders were generally limited to only being selected for two contracts, unless there was no other bidder in a third region.</p>	<p>It is HCPF's intent to award a maximum of one RAE region contract to a single bidder.</p>
<p>Are there minimum RAE PMPM requirements to fund care coordination occurring in the RAE's network of PCMPs or behavioral health providers? In the current ACC program, RAEs are required</p>	<p>RAEs will still be required to distribute a minimum of 33% of its PMPM to the PCMP network.</p>

<p>to distribute at least 33% of its PMPM to the PCMP network.</p>	
<p>From the concept paper on page 29, section VII on Improving Member Experience - it would be great [if] the RAE region and the managing organization could simply be printed on the member card. It has been very frustrating to be asked for that information when I had no idea what the structure of the system is nor where to find that information. I also never had any problem finding/calling the call center, so I'm not sure if changing the phone number to another one to be re-directed is necessary.</p>	<p>Thanks! This is great feedback we will take back with us.</p>
<p>Will the required profit margin reinvestment amounts be in addition to the 33% of PMPMs?</p>	<p>Summary of live response: This is part of the calculation - The 33% is coming from the requirement that the RAEs have to pass through 33% of their prospective payment to their PCMP network - this is considered an expense. The profit margin is the difference between revenue and expense.</p>