

ACC Phase III Planning

Aligning RAE and BHASO Regions

April 27, 2023

Performance Measurement and Member Engagement

Agenda

- Background, *Colorado Health Institute (CHI)*
 - Feedback related to alignment
- Current Proposal, *CHI*
 - Guiding Principles
 - Three-Region Proposal for RAEs and BHASOs
- Discussion, *CHI*

Background

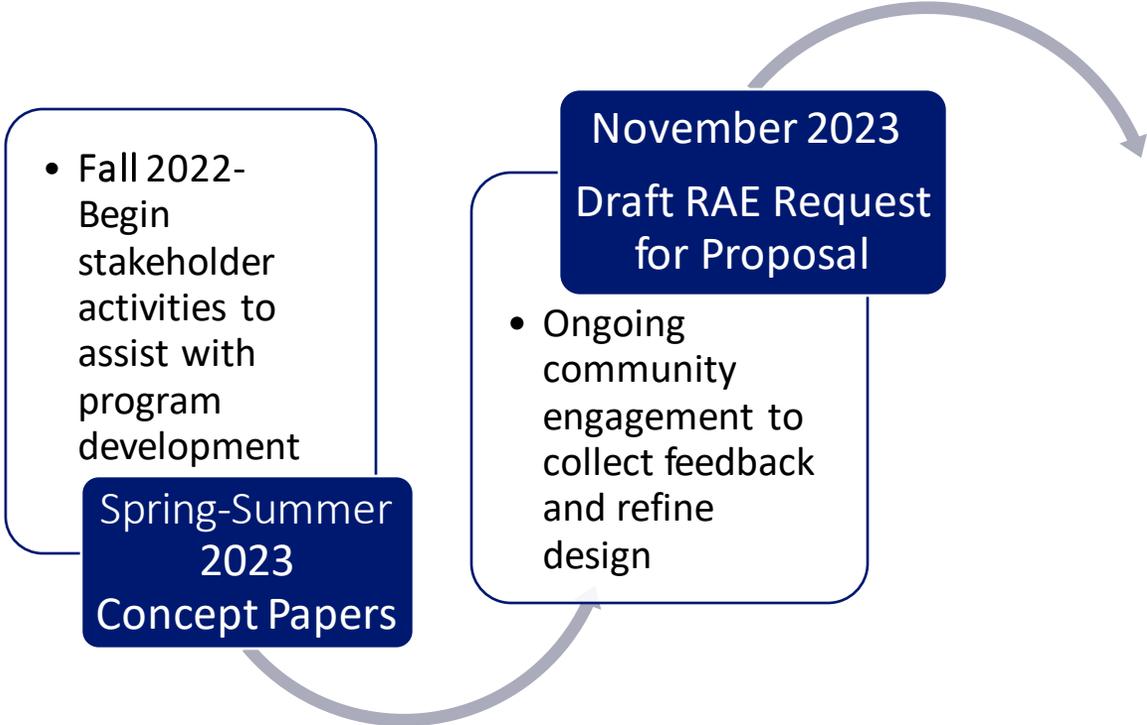
Level-setting

- We will be discussing geographic alignment of the following two entities:
 - **Regional Accountable Entities (RAEs)** – managed by the Department of Health Care Policy & Financing; new contracts go live 7/2025
 - **Behavioral Health Administrative Service Organizations (BHASOs)** – managed by the Behavioral Health Administration; *go live 7/2024**

Level-setting

- The Department of Health Care Policy & Financing and the Behavioral Health Administration are committed to being thoughtful about how the RAEs and BHASOs might align. **The shared map is created in that spirit.**
- The final map has not yet been decided.

Timeline



ACC Phase III Vision for July 2025

Why: Goals

- ★ Improve quality care for members
- ★ Close health disparities and promote health equity for members
- ★ Improve care access for members
- ★ Improve the member and provider service experience
- ★ Manage costs to protect member coverage, benefits, and provider reimbursements

What: Priority Initiatives

-  Improved Member Experience
-  Accountability for Equity and Quality
-  Referrals to Community Partners
-  Alternative Payment
-  Care Coordination
-  Children and Youth
-  Behavioral Health Transformation
-  Technology and Data Sharing

How: Pathways to Success

Simplifying Systems

Incentivizing Better Outcomes

Stakeholders are supportive of changes that simplify systems through standardization and centralization.

The Department must still consider ways to promote equity and account for variation by population- and community-based needs. This includes considering what is already working well for specific regions or people.

Stakeholders hope the ACC will be aligned with the BHA.

- Stakeholders expressed concern about building two entirely separate systems and emphasized that alignment through procedures and geography was important.
- However, the Department recognizes that physical health needs for the Medicaid population may not perfectly align with behavioral health needs.

Current Proposals and Analysis

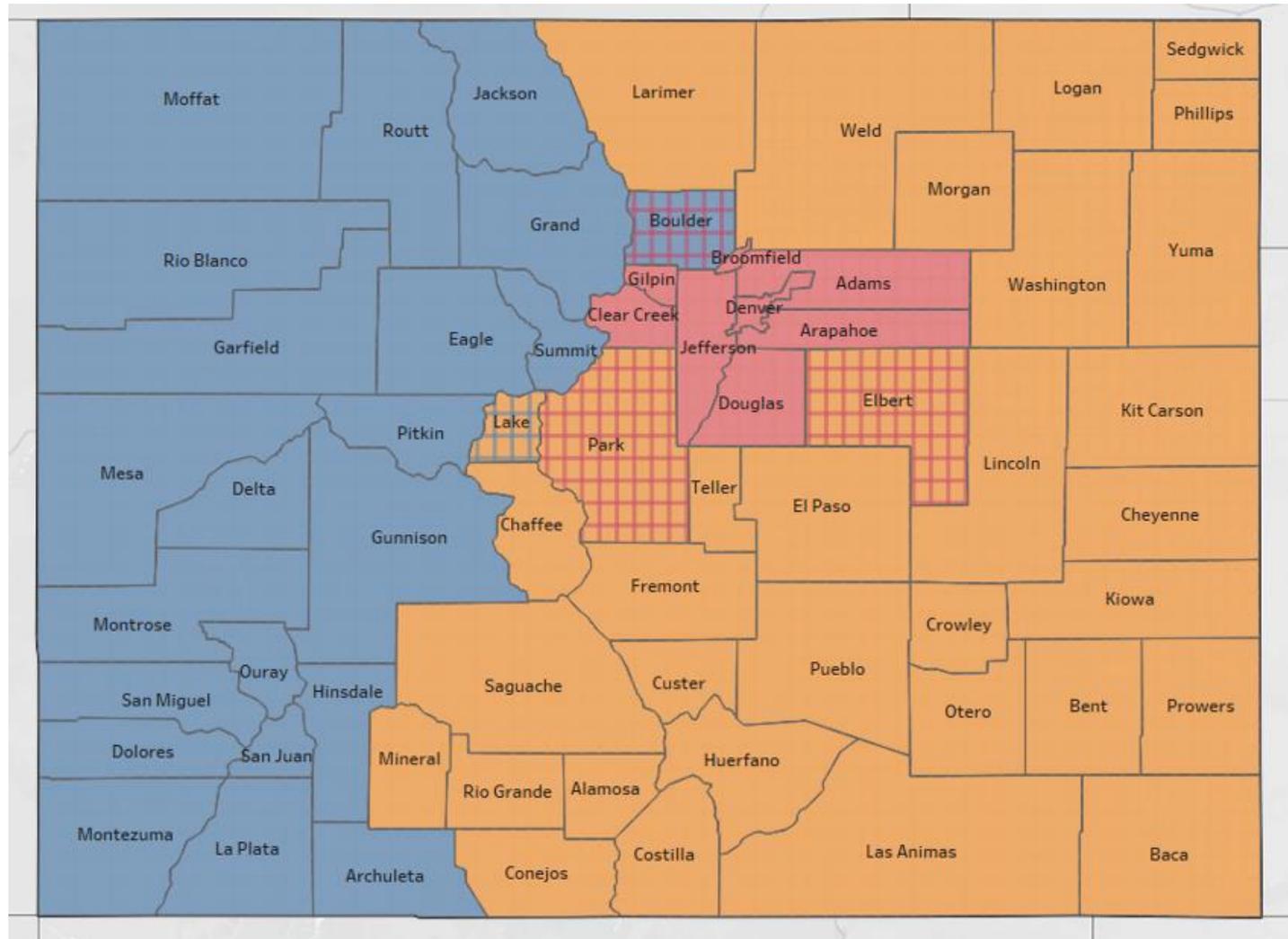
Guiding Principles

- Ensure populations are large enough to effectively manage risk
 - Include at least 2 population centers
- Support and promote existing member utilization patterns and existing care infrastructure
 - Minimize disruption to providers and Medicaid members
- Support value of community-based care

Factors Considered

- Geography/number of counties
- Population demographics
- Behavioral health needs
- Continuum of behavioral health services
- Medicaid utilization patterns
 - Utilization in member's home county vs adjacent counties
- Provider networks
- Stakeholder feedback

Three-Region Proposal for BHASOs and RAEs



- Region 1
- Region 1 or 2
- Region 2
- Region 2 or 3
- Region 3

Discussion

Stakeholder Questions

- Are there any data points or key considerations that we've missed that should be examined in the process of determining these regions?
- Should any of the regions be further subdivided to have multiple RAE regions?

Future Considerations

- Understanding how new regional boundaries will impact the number of RAEs and contractual responsibilities
- Considering how to ensure a regional focus on care and access within larger geographic boundaries