

ACC Phase III: Reading and Responding to the Draft Contract

Performance Measurement and Member
Experience Subcommittee

January 25, 2024

Presented by:

Colorado Health Institute

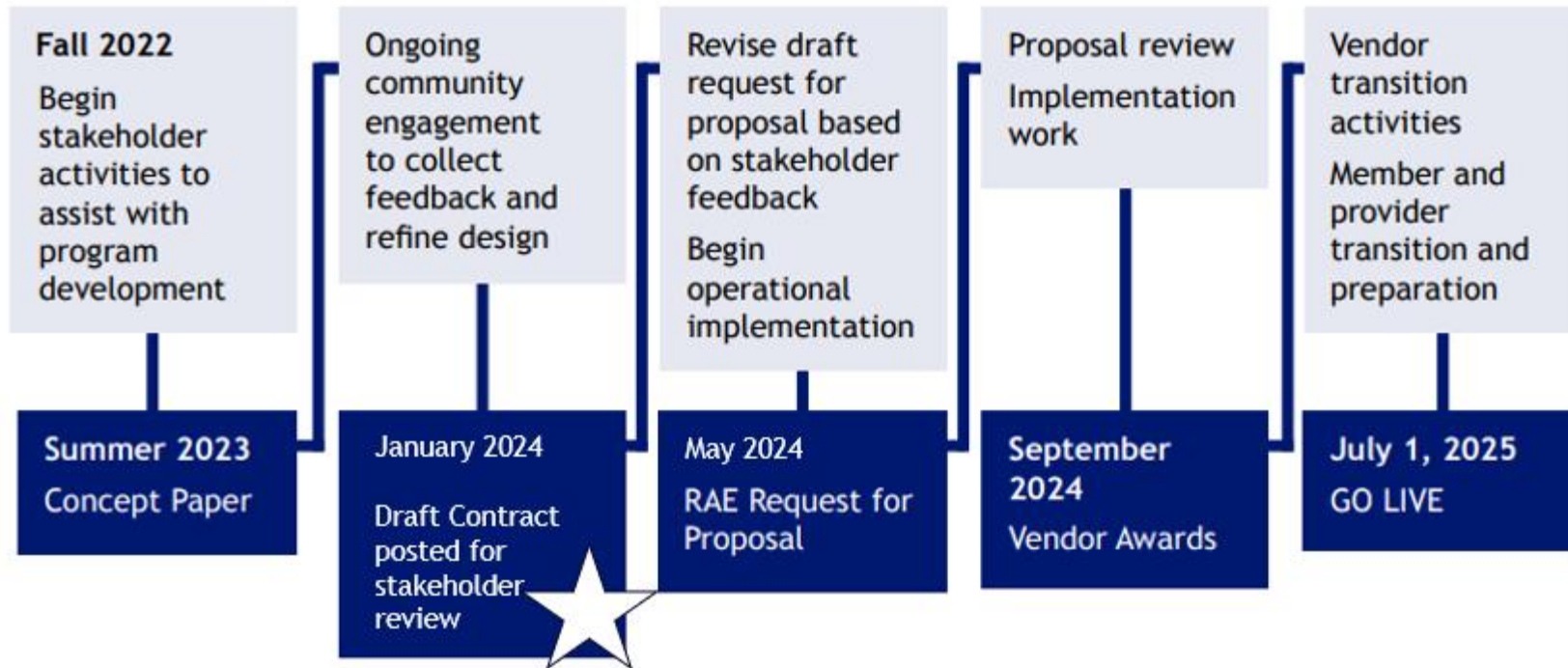
Colorado Department of Health Care Policy and Financing

Today's Agenda

3:15 – 3:20pm	Stakeholder Engagement to Date
3:20 – 3:25pm	How to Read the Draft Contract
3:25 – 3:40pm	Draft Contract: Accountability in Phase III
3:40 – 3:45pm	Next Steps

Stakeholder Engagement To Date

Ongoing Stakeholder Activities



Who we've heard from:

- Total ACC Phase III engagements between November 2022 and December 2023:
 - 105+ stakeholder discussions
 - 4,300+ attendees
 - Approximately 400 written comments through various surveys and feedback forms
 - 15+ letters

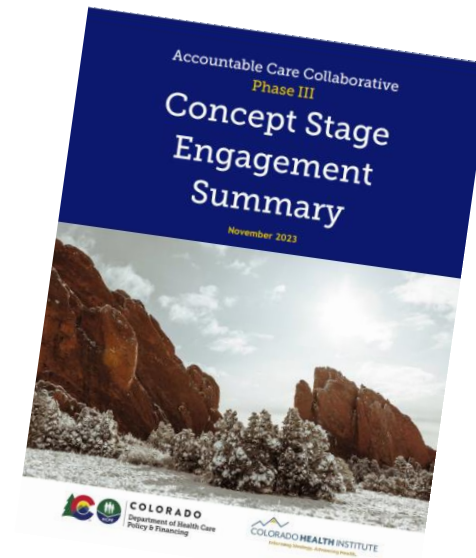
What we've heard:

Proposals with positive feedback:

- Overall focus on stability, process improvement, and accountability
- Alignment of performance and incentive metrics across programs
- Reduction of administrative burden through fewer RAEs
- **Increased accountability, including for care coordination and provision for children and members with complex needs**
- Increased emphasis on member engagement, including through member councils

Proposals with mixed feedback:

- Proposed attribution changes
- Exact requirements to assure accountability for health equity
- Need more clarity on care coordination expectations
- Need more clarity on standardized child benefit implementation
- Mixed opinions on expansion of RAE responsibilities



Goals for ACC Phase III

1. Improve quality care for members.
2. Close health disparities and promote health equity for members.
3. Improve care access for members.
4. Improve the member and provider experience.
5. Manage costs to protect member coverage, benefits, and provider reimbursements.

How to Read the Draft Contract

What is the Draft Contract?

- The Draft Contract includes the contractual requirements organizations will be required to follow to serve as Regional Accountable Entities (RAEs) for ACC Phase III.
 - The Request for Proposal (RFP) will include the Contract and additional questions bidders must respond to.
- Organizations interested in becoming RAEs will submit bids that outline their capabilities for meeting the requirements within the Draft Contract.
- The Draft Contract is posted publicly to allow for stakeholder comment and increase transparency of this process.

Draft Contract Sections

1. Regional Accountable Entity	6. Health Neighborhood and Community	11. Data, Analytics, and Claims Processing Systems
2. Member Enrollment and Attribution	7. Care Coordination and Population Management	12. Outcomes, Quality Assessment, and Performance Improvement
3. Member Engagement	8. Provider Support Practice Transformation	13. Compliance and Integrity
4. Grievances and Appeals	9. Capitated Behavioral Health Benefit	14. Compensation and Invoicing
5. Network Development and Access Standards	10. Children and EPSDT	Exhibit E: Administrative Requirements

Tips for Reading the Draft Contract

- The contract is over 250 pages. You may want to prioritize sections to read.
- Many administrative pieces are functionally the same as in Phase II.
- Certain topics may be discussed in multiple sections (e.g., health equity in sections 6, 7, 8, 9, 12, Exhibit E).
- Section titles and the find function can help focus your review to concepts of most interest to you.

What is not in the Draft Contract?

- Focused on RAE obligations - policy changes in ACC Phase III are broader than just the contractual obligations.
 - Processes primarily managed by HCPF are not detailed in the Draft Contract.
 - Challenges that are not part of the RAE role (like the Medicaid unwind and enrollment) are not in the Contract, but they are top of mind at HCPF.
- Contract requirements detail what the RAEs will be responsible for, not *how* they complete those requirements.
- Exhibits not included in the draft to be released.

Common Acronyms

- 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

Draft Contract: Accountability for Phase III

Accountability

- RAEs will be incentivized to meet operational performance standards through new Commitment to Quality program.
- RAEs will be incentivized to meet key performance indicators, which will be aligned with Division of Insurance metrics and with CMS Core Metrics.
- RAEs must develop and report annually on plans or strategies:
 - Annual health equity plan
 - Member experience of care strategy
- RAEs and providers will have opportunity to earn value-based payment shared savings.
- RAEs will have deliverable requirements due to HCPF.
- HCPF will update ACC Evaluation Strategy for Phase III.

Where to look for more info?
Sections 6.3, 12.4, 12.5

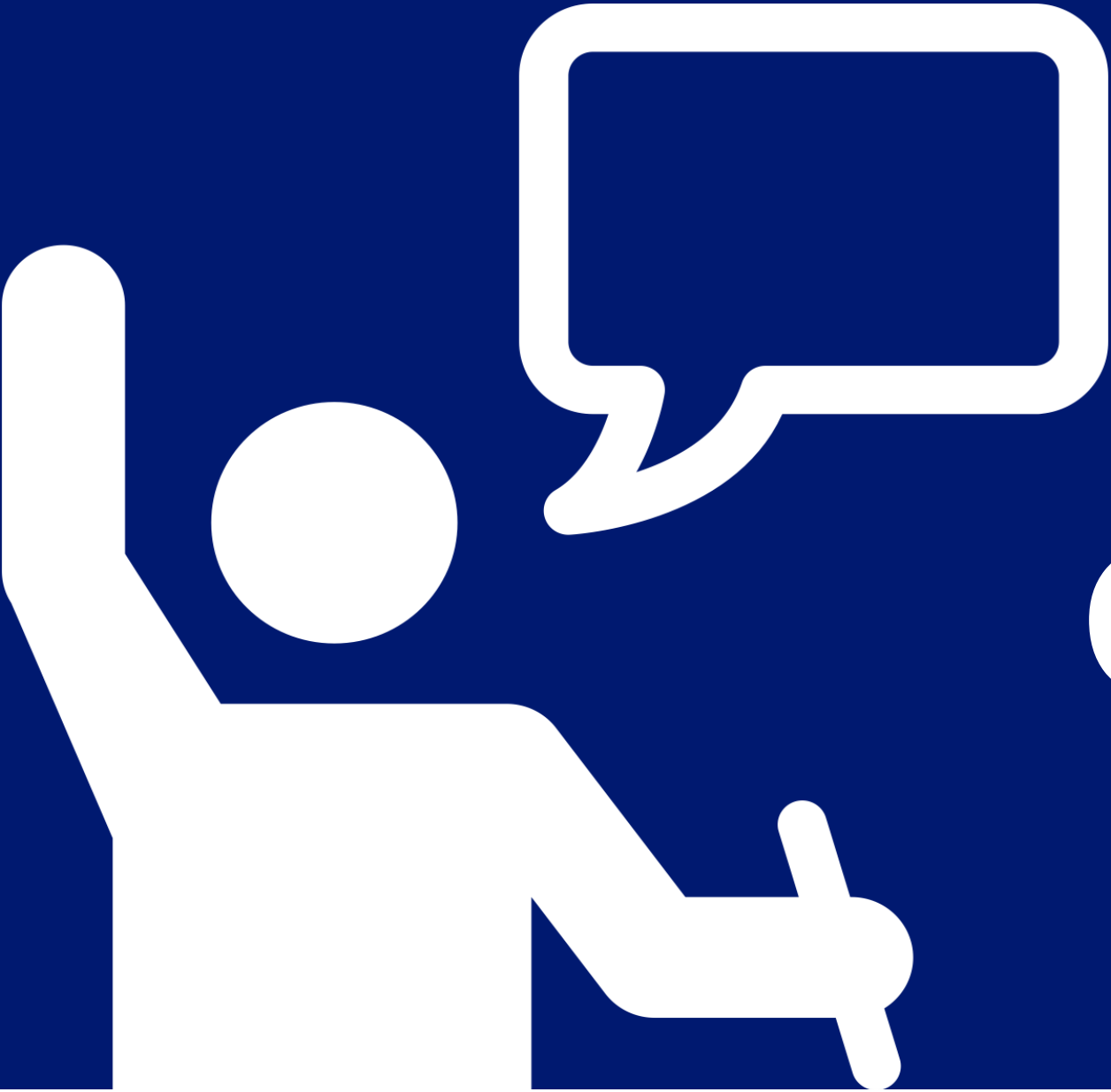
Commitment to Quality Program: Performance Standards

- Performance standards are defined throughout contract for key areas of the program
- These standards are a mix of process metrics and population health metrics
- Examples include
 - Network adequacy
 - Readmission rates
 - Transitions of care
 - Care coordination engagement rate

Commitment to Quality Program: Financial Accountability

RAEs will be required to reinvest a portion of their profit margin into key program areas depending on how many performance standards they met in a specific time period

Percent of Performance Standards	Required Profit Margin Reinvestment
90% or more	0%
85-89%	5%
80-84%	15%
80% or less	25%



Q&A



Next Steps

Feedback Opportunities

- Draft Contract to be posted soon
- [Open feedback form](#) will remain available
- Additional online surveys and fact sheets will be posted when the Draft Contract is available

Upcoming Public Meetings

- **Informational Meeting #1: 2/1, 1 - 2:30 PM**
- **Primary Care Medical Providers: 2/12, 2:30 - 4 PM**
- **Informational Meeting #2: 2/14, 3 - 4:30 PM**
- **Behavioral Health Providers: 2/15, 12:30 - 2 PM**
- **Advocates and CBO Representatives: 2/21, 12:30 - 2 PM**
- **Members Only: 2/29, 2:30 - 4 PM**

Thank you!

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