How Feedback Informed ACC Phase III

Performance Measurement and Member Engagement Subcommittee

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Presented by:

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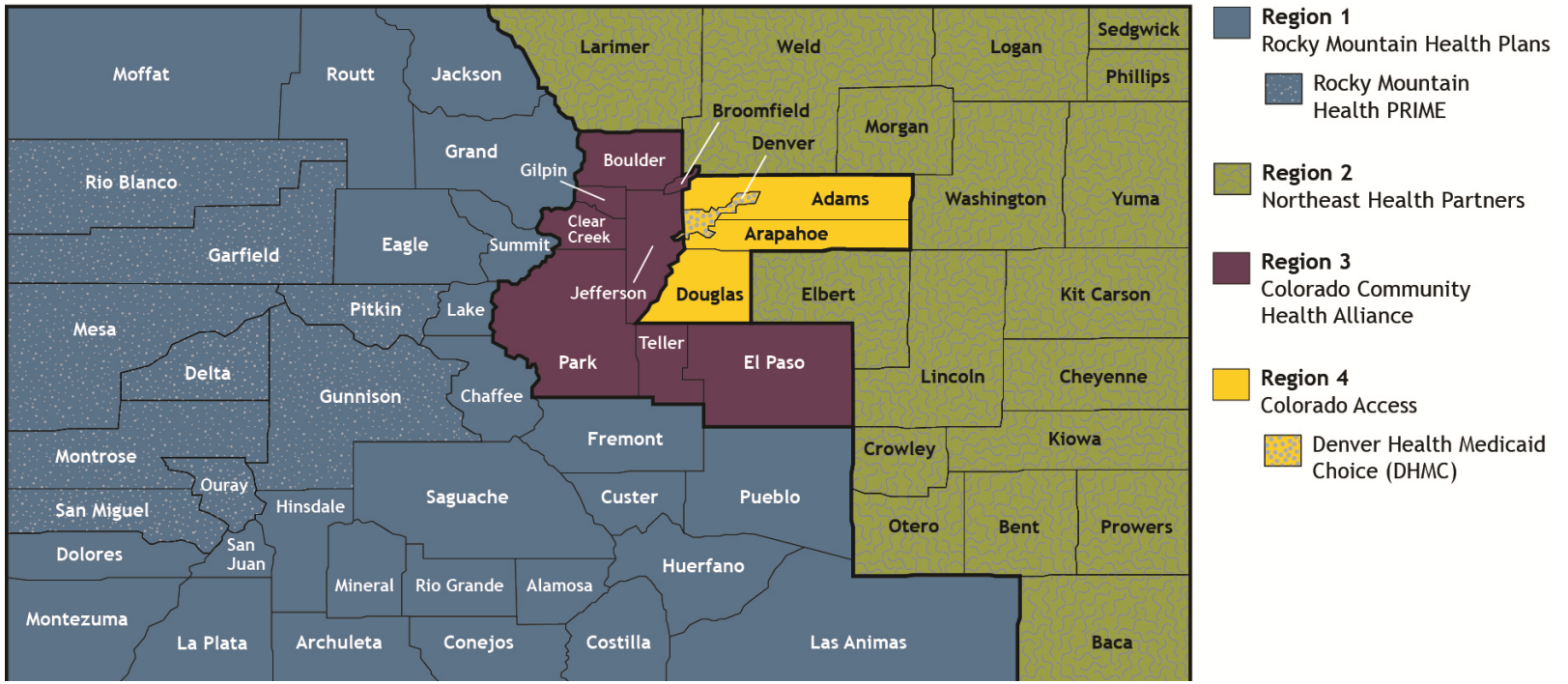
Agenda

- How feedback informed the RFP
- Implementing ACC Phase III

Reminders

- **ACC Phase III begins July 1, 2025.**
- Phase III RFP was open from May 10 to July 13.
  - Intent to award new vendors announced on Sept. 11.



Evaluation Committee

- What was the criteria to serve on the evaluation committee?
  - No conflicts of interest
  - Able to provide fair and impartial evaluation to all offerors based solely on contents of proposals
  - Relevant subject matter expertise
  - Able to commit time necessary to review multiple, several hundred-page proposals
- How was the evaluation committee assessing proposals?
  - Whether all critical elements in RFP have been addressed
  - Capabilities of the offeror
  - Quality of approach and/or solution proposed
- Were stakeholders on the evaluation committee?
  - We are grateful for the immense contribution and commitment of external stakeholders throughout this process.
  - At the guidance of our procurement team and in alignment with common practices for other procurements of this size, only state employees were part of the evaluation committee.

Key Changes for ACC Phase III and Stakeholder Feedback

Member Engagement

Key Takeaways

- Members, advocates, and other stakeholders liked the increased focus on cultural responsiveness.
- Members supported the increased requirements for Member Advisory Councils (MACs) and provided suggestions on how best to convene and facilitate these MACs.
- Many advocates wanted RAEs to be more involved in the renewal and eligibility processes.

ACC Phase III Changes

- Added two performance standards to increase accountability for RAE staff to complete cultural and disability competence training and to ensure Network Providers make it available to their staff.
- HCPF added further requirements for transparency for the MACs, including posting agendas and de-identified minutes on RAE websites.
- Refined contract requirements for RAEs to provide outreach and assistance for renewals, at HCPF's guidance and within federal limitations.

Attribution

Key Takeaways

- Providers liked the proposal to remove geographic attribution, but they expressed concern about the possibility that this proposal may decrease their overall administrative payments.

ACC Phase III Changes

- The RFP defines that RAEs must payout, at minimum, 33% of their administrative per-member-per-month payment to their Primary Care Medical Provider (PCMP) Network.
- The alignment of PCMP payment with Alternative Payment Models (APM) is a key implementation project that will require additional stakeholder engagement.

Accountability

Key Takeaways

- Many stakeholders expressed general concerns that RAEs are being asked to do too much in the new contract.
- Members and advocates also liked the focus on network adequacy and timely access to care, but they were concerned that RAEs would not be held accountable for meeting these requirements.
- Several members suggested that the new contracts should focus on increased accountability for current care coordination responsibilities, as opposed to expanding care coordinators' responsibilities.

ACC Phase III Changes

- Major contract sections like Care Coordination, Standardized Child and Youth Benefit, and Provider Support were reorganized and simplified.
- Added new performance standards to monitor network requirements. We will also be following federal guidance on how to best monitor these requirements.
- Performance standards are linked to clear contract requirements and financial accountability through the Commitment to Quality program.
- To effectively hold RAEs accountable and create a more standardized experience for members, we've spelled out best practices in care coordination.

Care Coordination

Key Takeaways

- Stakeholders liked the care coordination concepts, such as the tiers, but they were concerned about how those would be implemented.
- Some stakeholders were concerned that the Draft Contract is not prescriptive enough in how RAEs delegate or coordinate responsibilities with other entities, such as the Behavioral Health Administration and its Behavioral Health Administrative Services Organizations.

ACC Phase III Changes

- Ensure requirements reflect the unique needs between children and adults and that tiers are fluid; members can move through tiers based on their preference and providers' clinical judgement.
- Further clarified requirements around RAE responsibilities to delegate care coordination activities; RAEs are responsible for making sure that care coordination is available to Health First Colorado members either through a member's provider or through the RAE.
- Since BHASOs will be responsible for individuals without Health First Colorado coverage, RAEs will collaborate with BHASOs for those members that move between programs.

Care Coordination (cont.)

Key Takeaways

- Some advocates were concerned that RAEs have too much discretion in the care coordination section, such as in creating a Care Coordination Policy Guide. Some members and advocates suggested that RAEs be more strongly directed to include members in the creation of these guides.
- Many members and advocates liked the focus on health-related social needs, but others were concerned that these new responsibilities would overextend RAEs.

ACC Phase III Changes

- HCPF continues to encourage RAEs to use evidence-based models and programs that best address the unique needs of the members in their regions. A requirement of regional PIACs/MACs is to review RAE deliverables and provide input on program policy changes.
- Contract requirements for the RAEs are intended to complement recent state legislation and pursuit of 1115 waiver amendment and create a foundation for further collaboration as this work evolves.

Provider Support

Key Takeaways

- Stakeholders disagreed about whether HCPF should require RAEs and providers to use specific tools. Potential bidders and providers worried that this may create duplication and unnecessary burden, while other stakeholders liked the idea of standardization to ensure RAEs are using evidence-based methods.
- Many providers felt the provider support requirements are overly prescriptive and suggested providers be able to opt out of these requirements and instead directly receive a larger PMPM payment.
- Providers and advocates had a range of suggestions for specific measures that should be added to incentive programs. These suggestions differed based on stakeholders' vision for what RAEs should prioritize.

ACC Phase III Changes

- RAEs are encouraged to promote the use of HCPF and state-developed tools that are aimed at leveraging existing systems and consolidating duplicative systems.
- Contract requirements reflect that RAEs must support practices of all sizes to ensure they have the tools and resources to support members, to create consistency and accountability. Providers always have the option to choose which systems and tools they use, as well as the level of support they receive.
- We are aligning with CMS and DOI measures. Aspects of our quality program are under development and we will continue to engage with stakeholders to further define this program.

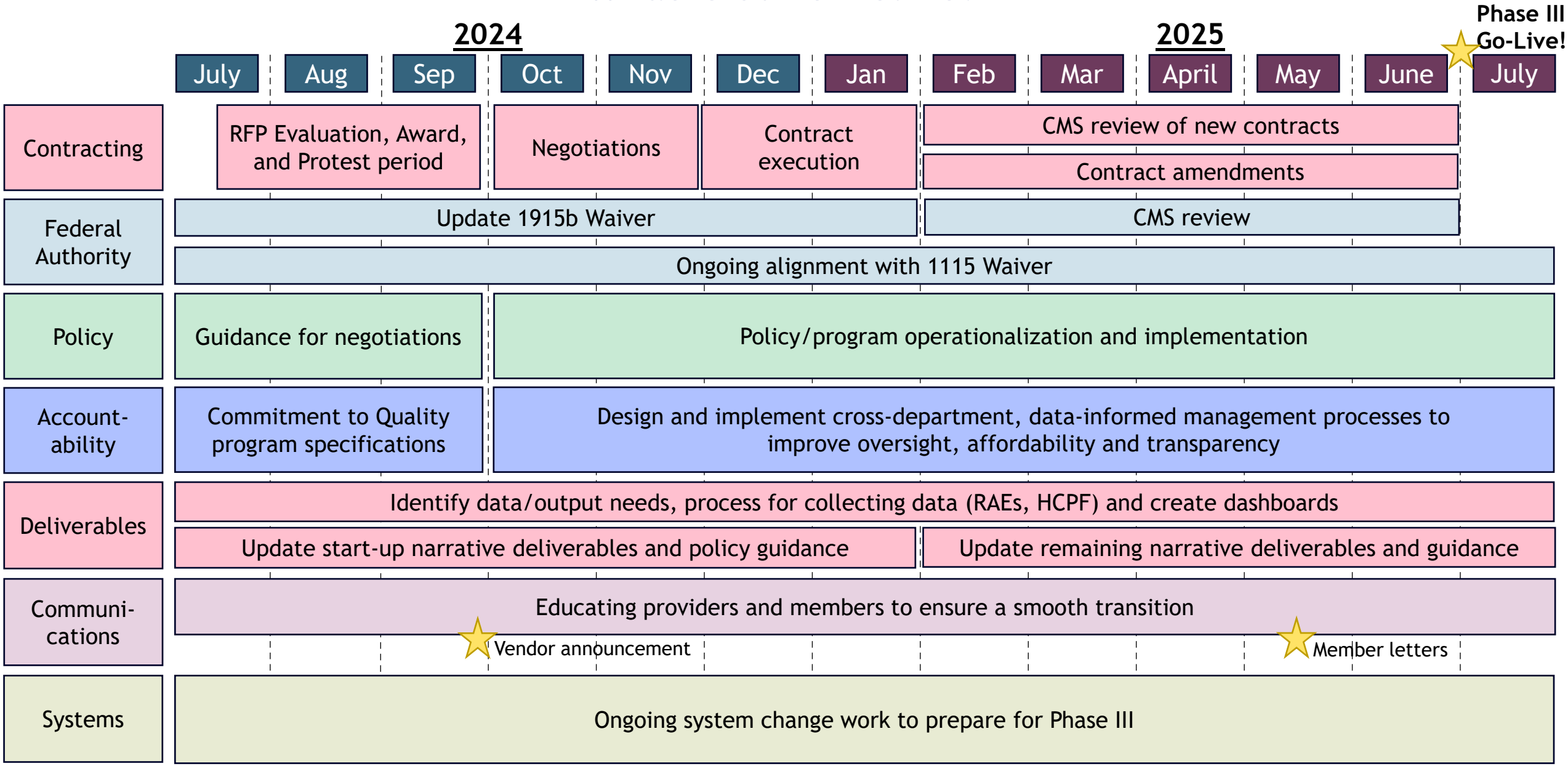
Implementing ACC Phase III

How do we get to ACC Phase III?

- Releasing the RFP was **one part** of this process.
  - Once vendors are awarded, we move into contract negotiations.
  - Then, we work with new RAEs on start-up activities to ensure they are ready for go-live.

- **In addition to that**, from now until July 1, 2025 (and beyond) we have to:
  - Further clarify and implement new policies/programs.
  - Implement system changes.
  - Review and update deliverables.
  - Design and implement a data-informed management model.
  - Educate providers and members to ensure a smooth transition.
  - And more!

What is our timeline?



Next Steps

- We will need guidance from PIAC/subcommittees to support implementation of key activities, such as:
  - Quality and payment programs – PCMP competency assessment, payment structure, etc.
  - Children and youth

- Look out for future agenda topics and updates in the ACC Newsletter