ACC Phase III: Reading and Responding to the Draft Contract

Provider and Community Experience Subcommittee

February 8, 2024

Presented by:

Colorado Health Institute

Colorado Department of Health Care Policy and Financing

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Today's Agenda

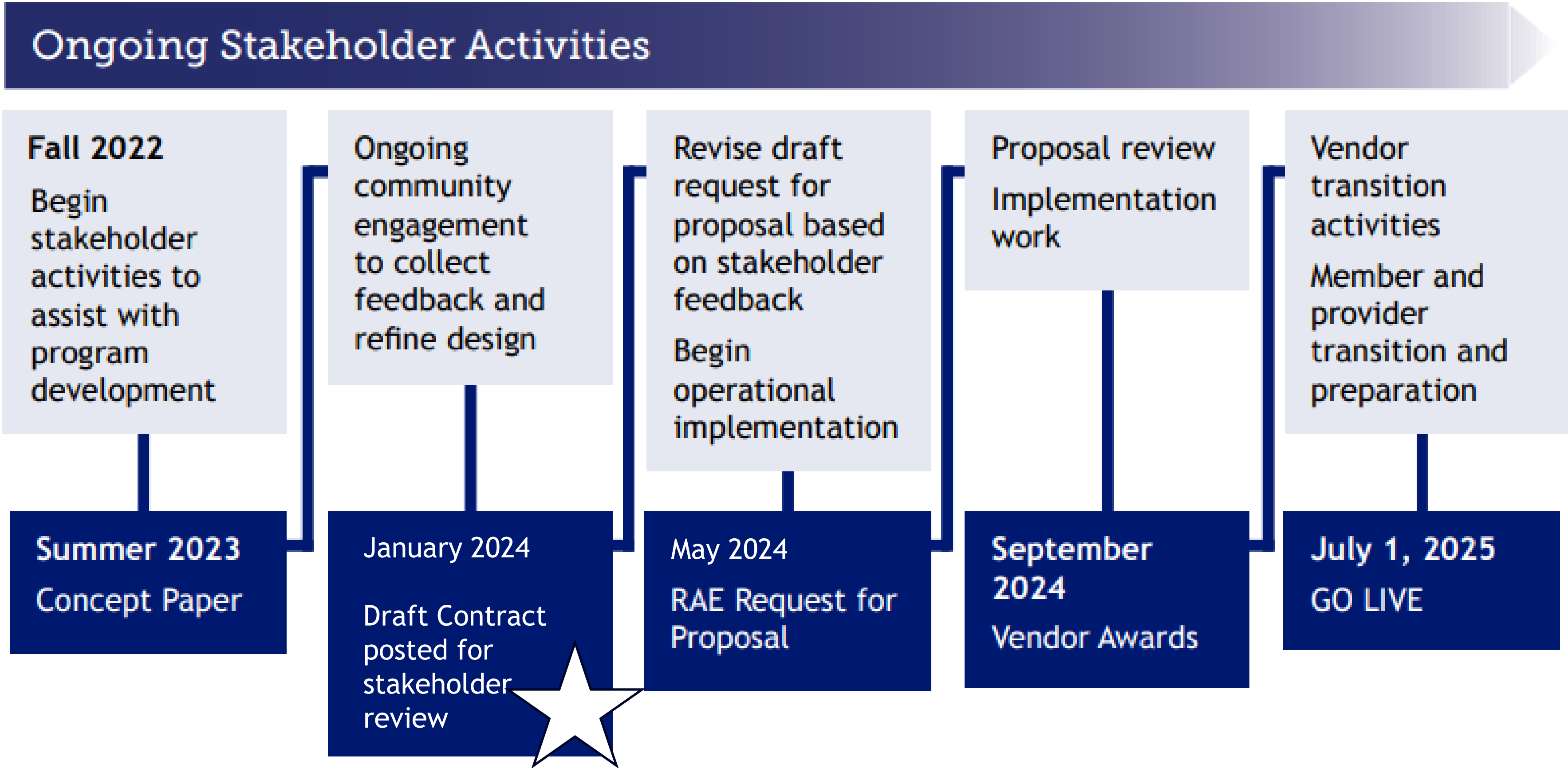
8:35-8:45am	Introduction and Draft Contract Overview
8:45-9:05am	Attribution
9:05-9:25am	Care Coordination
9:25-9:30am	Next Steps

Background

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.

Ongoing Stakeholder Engagement Timeline



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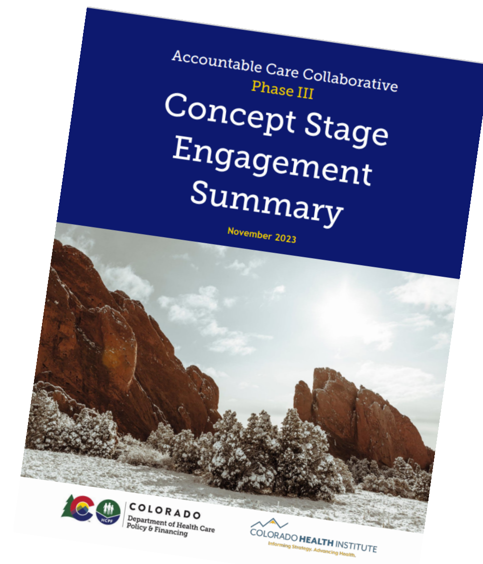
Who we’ve heard from:

- 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

What we've heard:

- Stakeholders like the overall focus on stability, process improvement, accountability, and alignment with other initiatives
- Stakeholders also praised specific proposals to reduce administrative burden and improve member engagement
- Stakeholders needed more clarity on new expectations for care coordination and services for children and youth
- Stakeholders had mixed opinions about the expansion of RAE responsibilities



How to Read the Draft Contract

What is the Draft Contract?

- Includes 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.
  - HCPF's preference is to award one RAE contract to a single bidder
- Requirements in the draft contract are subject to state and federal approval.

Tips for Reading the Draft Contract

- The contract is 200 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.

Draft Contract:
Key Changes for Phase III

Attribution

Goals for Attribution Changes

- Refine attribution to better reflect member care patterns
- Improve calculation of PCMP performance on outcome metrics
- Support PCMPs to focus on members they have a relationship with

Where to look for more info?
Section 2

Attribution

- Members will be attributed to PCMPs based on previous claims history – removing geographic attribution.
- Members without PCMP attribution will be assigned to RAEs based on member address.
  - RAEs must connect members accessing health care services with a PCMP.
- Re-attribution will occur quarterly
  - Utilize two most recent PCMP visits.
- Behavioral health providers offering integrated physical health services may serve as PCMPs.

Where to look for more info?
Section 2

Provider Admin PMPM Payments

- RAEs required to distribute 33% of administrative payment to PCMP network
  - Fewer attributed members should result in higher average PMPM payments
  - Example
    - $5.3 million monthly total distribution to PCMP network based on 1.3 million members
      - 1.3 million members =$4.08 average PMPM
      - 975,000 members = $5.44 average PMPM (historically 25% of members are non-utilizers)

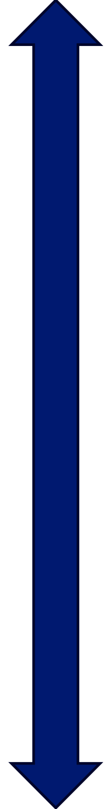
Care Coordination

Care Coordination

- RAEs must create a program that supports the full continuum of care coordination for physical and behavioral health care, including:
  - Implementing a 3-tier model that allows for person-centered care and consistency across RAEs
  - Creating a care coordination policy guide for children and adults
  - Partnering with community-based organizations and other agencies serving members
  - Establishing requirements, specifically for members with complex needs and members going through transitions of care

Where to look for more info?
Section 7

Continuum of Care Coordination Program Activities



- General outreach and health promotion
- Support a network of community-based organizations
- Address health-related social needs
- Utilization of the social health information exchange and related systems
- Connect members with appropriate entities for enrollment in other state benefits (SNAP, WIC, etc.)
- Efforts to screen members for both short and long-term health needs
- Targeted outreach to promote preventive care
- Proactive outreach to members with diagnosed conditions
- Coordination of Transitions of Care from clinical settings
- Medication reconciliation for members in the Complex Health Management tier
- Complex case management and effective collaboration with multi-provider care teams

Care Coordination Tiers

Tier	Activities at a Minimum Must Include	Minimum Populations that Must Be in This Tier (RAEs have discretion to add more but not to remove)		
		Adults	Children	Both

Tier 3: Complex Health Management	• Comprehensive needs assessment
	• Comprehensive care plan
	• Minimum monthly coordination with member and treatment team
	• Long-term monitoring/support
		• Chronic Over-Utilization Program
		• Individuals involved in Complex Solutions Meetings
		• Deemed ITP in previous year
			• CANS Assessment indicating high needs
			• Individuals involved in Creative Solutions Meetings
			• Child welfare and foster care emancipation
				• 2+ uncontrolled physical and/or behavioral health conditions
				• Multi-system involvement (e.g., child welfare, juvenile justice)
				• Denied Private Duty Nursing
				• Utilization (in previous 6 months):
				  • 2+ Hospital Readmissions
				  • 30+ Days Inpatient
				  • 3+ Crisis Contacts
				  • 3+ ED Visits

Tier 2: Condition Management	• Assessment based on population/need • Condition-based care plan (may pull from a provider as appropriate) • Minimum quarterly meeting with member and treatment team • Condition management • Long-term monitoring/support	• Value-based payment identified conditions not already listed under “Both” category	• CANS Assessment indicating moderate needs • Obesity • Pervasive Developmental Disorder	• Diabetes • Asthma • Pregnancy (peri- & post-natal) • Substance Use Disorder • Depression/Anxiety
Tier 1: Prevention	• Brief needs screen • Short-term monitoring/support • Prevention outreach and education	• Adult preventative screenings	• Well child visits • Child immunizations	• Dental visits

Care Coordination Collaboration

- RAEs must partner with the following types of organizations for care coordination:
  - Community-Based Organizations (CBOs)
  - Case Management Agencies (CMAs)
  - Dual Special Needs Plans (D-SNPs)
  - Behavioral Health Administrative Service Organizations (BHASOs)
  - Foster Care
  - Emancipated Foster Care
  - Criminal/Juvenile Justice
- RAEs are encouraged to subcontract with Comprehensive Safety Net Providers to meet the care coordination needs of members with complex behavioral health needs

Transitions of Care

- Phase III includes additional focus on transitions of care (e.g. inpatient hospital review program, emergency department, mental health facilities, crisis systems, Creative Solutions/Complex Solutions).
- RAEs must help develop and meet additional requirements focused on transitions of care.
- RAEs must meet the following performance standards:
  - 30 day follow up for physical health inpatient stay.
  - 7 day follow up for behavioral health inpatient discharge.

Next Steps

Upcoming Public Meetings

- **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
- **Health First Colorado Members Only:** 2/29, 2:30 – 4 PM
- **Prospective Bidder Conference:** 3/1, 9:30-11am

Written Feedback

- Survey for feedback on the Draft Contract:
  - https://forms.gle/cdfUR24eJNeWbfCS8
- Survey for feedback on Offeror Questions:
  - https://forms.gle/VJ4tba71W3RbtehT6
- All feedback must be submitted by **March 10**

Thank you!

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