

Welcome & thank you for joining!

- **This meeting is being recorded.** Please keep your microphone muted, unless you are speaking.
- Slides and a recording of the presentation portion will be available on the Department's website.
- **Health First Colorado Members:** We will share a link in the chat to sign-up for compensation for your time attending today. Thank you!

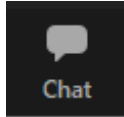
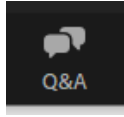
ACC Phase III Planning

Aligning RAE and BHASO Regions

April 25, 2023

Boulder County

Questions or comments?

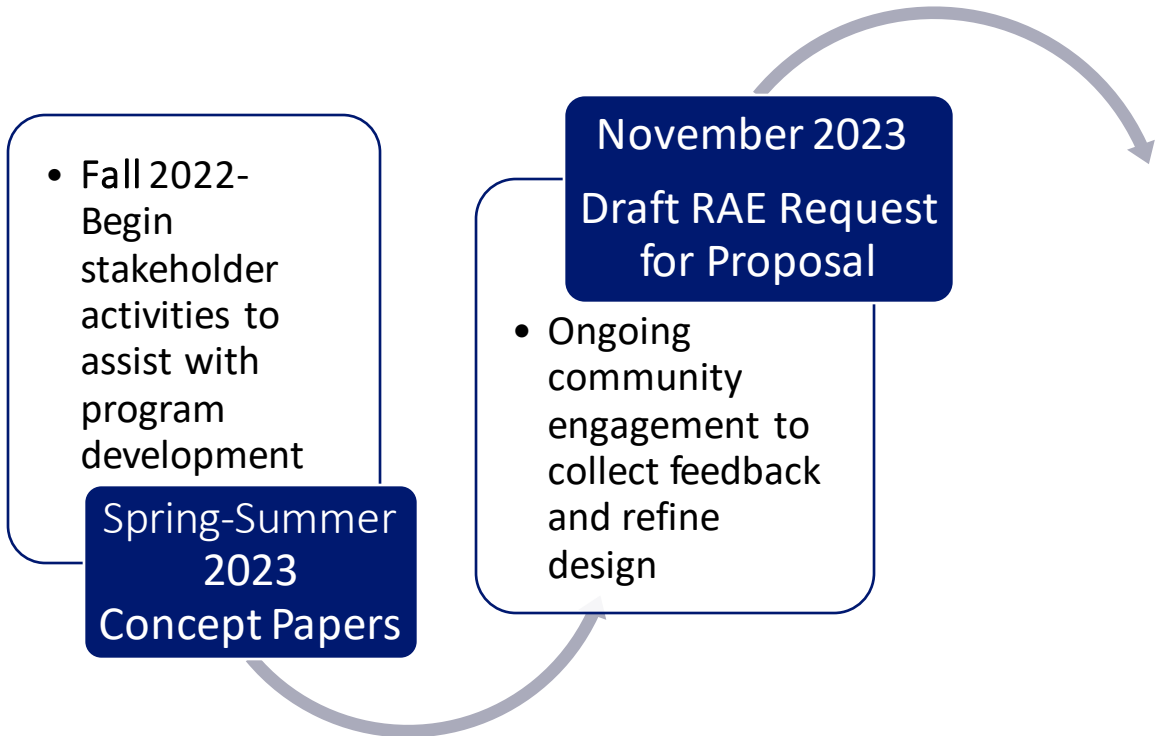
-  Use the chat for comments.
-  Use the Q&A feature for questions.
- Please hold verbal questions until the discussion portion of our meeting today.
 - Use the "raise hand" feature to indicate a question.

Agenda

- Background, *Colorado Health Institute (CHI)*
- Current Map Proposal, *Dept. of Health Care Policy & Financing (HCPF)*
 - Background and Guiding Principles
 - Three-Region Proposal for RAEs and BHASOs
- Discussion, *CHI and HCPF*
 - Discussion
 - Zoom Poll
 - Note: A [survey](#) will be available for additional feedback until 10:00am tomorrow morning.
 - An open-feedback form is available, ongoing, on the HCPF website.

Background

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

Completed Stakeholder Meetings

- **Statewide Meetings (Virtual)**
 - Monday, April 17
 - Thursday, April 20
- **Regional Meetings (Virtual)**
 - Larimer and Weld Counties: April 11
 - Elbert County: April 13
 - Park and Lake Counties: April 19

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.

Boulder County Feedback (to date)

- Survey responses to date indicate preference for placement in **Region 3**
- Comments around alignment with Broomfield and better "cultural fit" with Denver-Metro
- Desire to continue supporting care patterns established by current RAE placement
- **Note:** While survey has high number of total responses (N ~ 100), few of these respondents live or provide services specific to Boulder (N=6).

Current Proposals and Analysis

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.
- We are moving quickly to do our best to support the BHASO timeline for RFP, given their 7/1/24 legislative effective date.

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

Where do Boulder County Health First Colorado members access care?

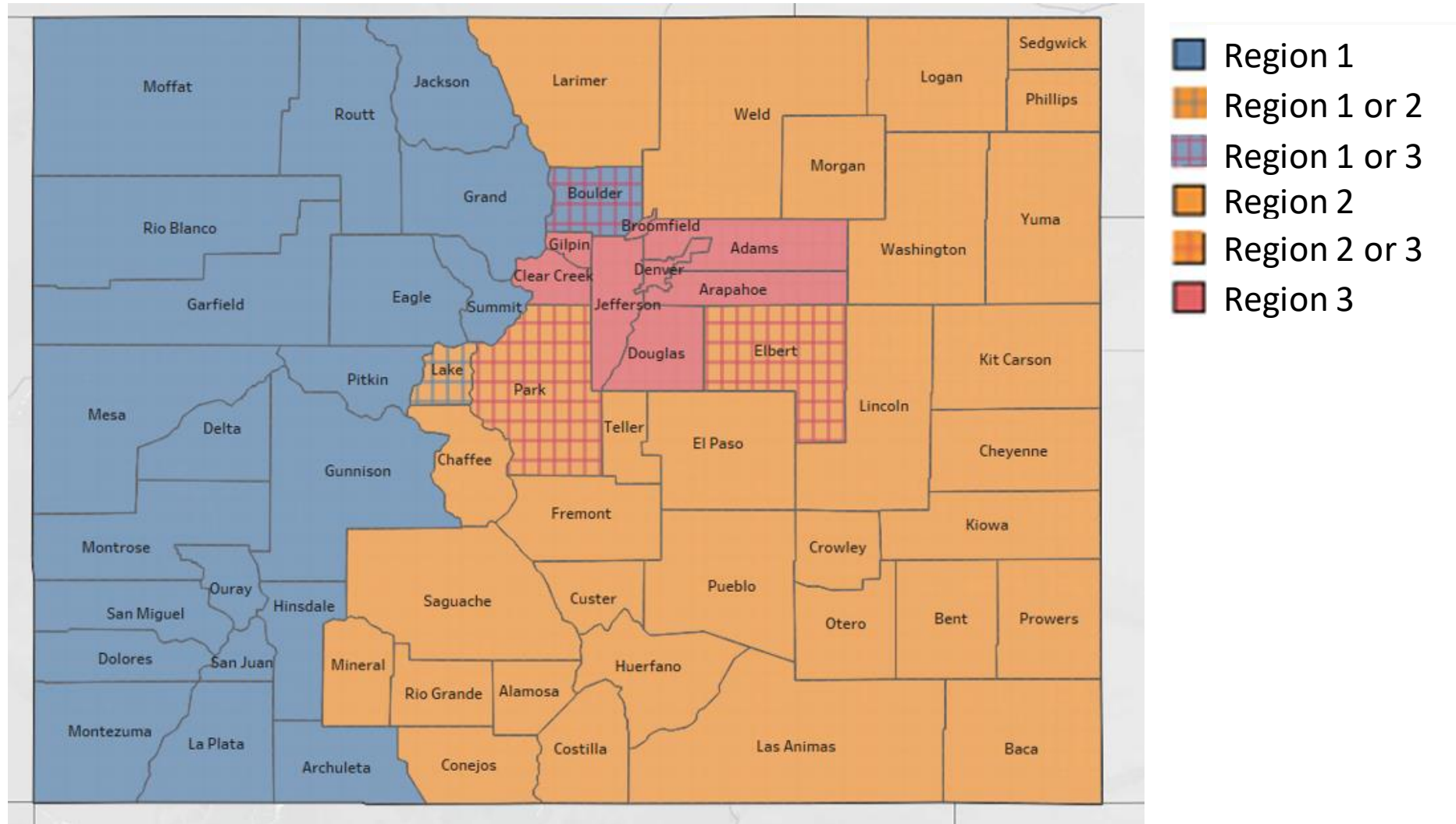
Primary Care

- 71% access in Boulder
- 13% in Adams
- 7% in Denver
- 5% in Jefferson
- 5% in Larimer

Behavioral Health

- 63% access in Boulder
- 19% in Denver
- 12% in Adams
- 3% in Arapahoe
- 3% in Larimer

Three-Region Proposal for BHASOs and RAEs



How many Health First Colorado lives are impacted within each region?

Within the solid-colored regions (approximate):

- Region 1 (Blue): 180,000
- Region 2 (Orange): 630,000
- Region 3 (Pink): 830,000

Boulder adds ~68,000 lives to Region 1 or Region 3

Discussion

Discussion: Boulder County placement

- If Boulder County were placed in **Region 1 (Blue)**:
 - What are the benefits? What are the challenges?
- If Boulder County were placed in **Region 3 (Pink)**:
 - What are the benefits? What are the challenges?

Zoom Poll

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

Thank you!