ACC Phase III Planning

Simplifying the RAE Regions

July 25, 2023 Southeast Colorado

Questions or comments?

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

Agenda

- Background, Colorado Health Institute
- Current Proposal, Dept. of Health Care Policy & Financing
- Discussion, Colorado Health Institute

Background

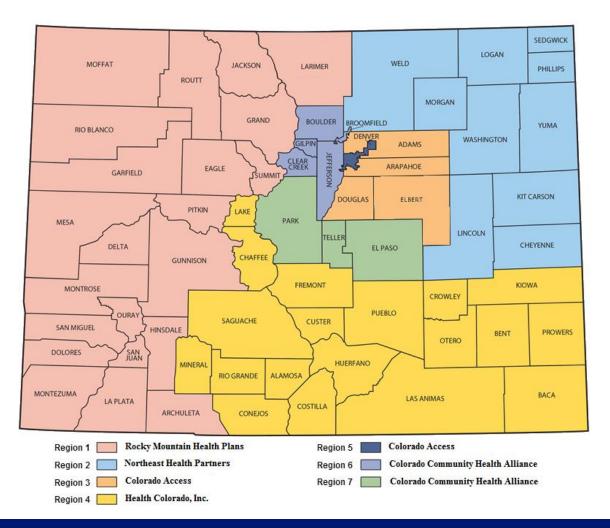


Accountable Care Collaborative

 Delivers cost-effective, quality health care services to Colorado Medicaid members to improve the health of Coloradans.

- Coordinates regional physical and behavioral health care services to ensure member access to appropriate care.
- Currently made up of 7 Regional Accountable Entities (RAEs)

Current RAE Map (Phase II)



Regional Accountable Entities

- In current phase (Phase II):
 - > 7 RAEs operated by 5 organizations

• RAE contracts expire June 30, 2025

• Phase III (new contracts) begins July 1, 2025

Current Stakeholder Engagement

1. What should be the function and responsibilities of the RAEs in Phase III?

2. What should the RAE map look like?

What should the RAE map look like?

- Based on feedback received to date:
 - > Stakeholders would like to see the ACC system and structure simplified.
 - > Stakeholders felt 3 total RAEs were too few.
 - > Specific counties had **strong preferences** for regional placement.

Behavioral Health Administrative Services Organizations (BHASOs)

Why BHASOs

- > Behavioral health services
- > Contracting efficiency
- Interface and align services with HCPF's Managed Care Entities (RAEs)

BHASO Role

- Connect people to care and ensure timely access to services
- > Provide a continuum of safety net service
- Receive feedback from communities and make system / service adjustments

BHASO Timeline

RFI: July 2023

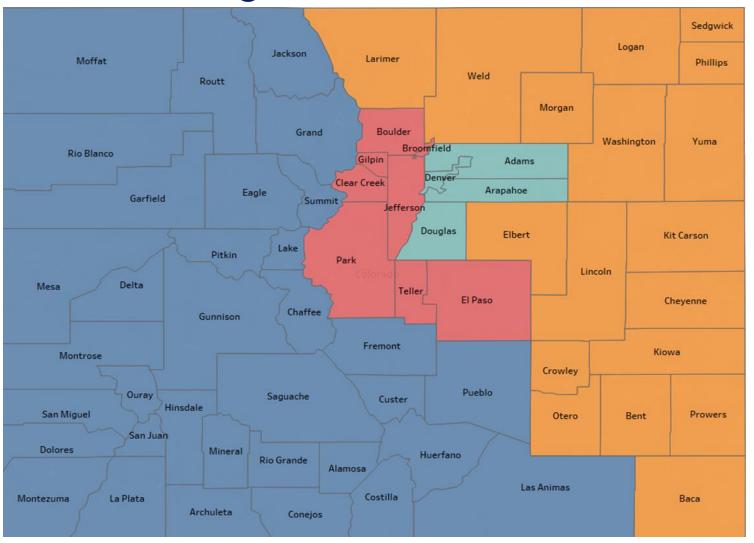
RFP: April 2024 Go-Live: July 1, 2025



Current Proposal



Four-Region Proposal for Regional Accountable Entities



- Region 1 (325,000)
- Region 2 (255,000)
 - Region 3 (450,000)
- Region 4 (700,000)

Factors Considered

- Stakeholder feedback
- Geography/number of counties
- Population size & demographics
- Behavioral health needs
- Continuum of behavioral health services
- Medicaid utilization patterns
 - > Utilization in member's home county vs adjacent counties
 - > Continuity from Phase II to Phase III
- Provider networks
- County identity

What is NOT changing from Phase II?

- Members can still see any Medicaid provider statewide for physical health.
- Members can still seek behavioral health services outside their region, as RAEs will be required to maintain a statewide BH network.
- Members can still seek emergency or crisis services with their nearest provider.
- RAEs will still be required to maintain a local focus.

What is changing from Phase II?

- Providers will contract with fewer entities.
- Members may be assigned to a different RAE.
 - Members receiving care coordination from a RAE may receive different referrals for health-related social needs services if the RAE region changes.

Discussion



What are your reactions to these proposed regions?



Zoom Poll

How to provide feedback:

• If you would like to share your thoughts on this map, please complete this survey by July 31, 2023.

>www.surveymonkey.com/r/RAERegions_July23

Upcoming Stakeholder Meetings

- Regional Meetings (Virtual):
 - > Pueblo Regional Discussion | Wednesday, July 19, 9-10 a.m.
 - > San Luis Valley Regional Discussion | Thursday, July 20, 8-9 a.m.
 - > Southeast CO Regional Discussion | Tuesday, July 25, 9-10 a.m.
- Statewide Update (Virtual):
 - > Wednesday, July 26, 5-6 p.m.