

ACC Phase III Planning

Simplifying the RAE Regions

July 26, 2023

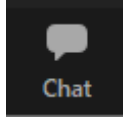
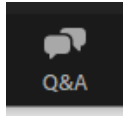
Statewide Update



COLORADO

Department of Health Care
Policy & Financing

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 under Reactions to indicate a question.

Agenda

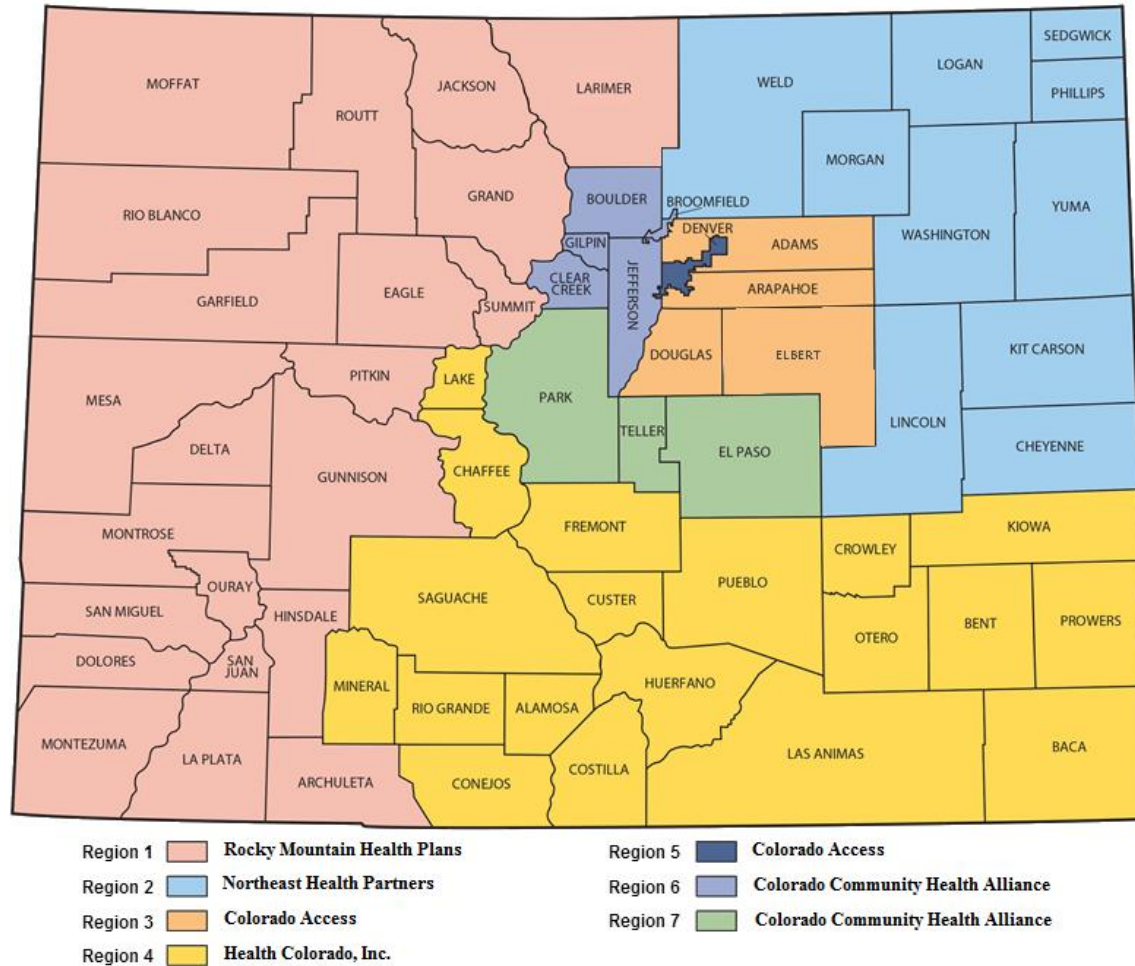
- Background, *Colorado Health Institute*
- Current Proposal, *Dept. of Health Care Policy & Financing*
- Discussion, *Colorado Health Institute*

Background

Accountable Care Collaborative

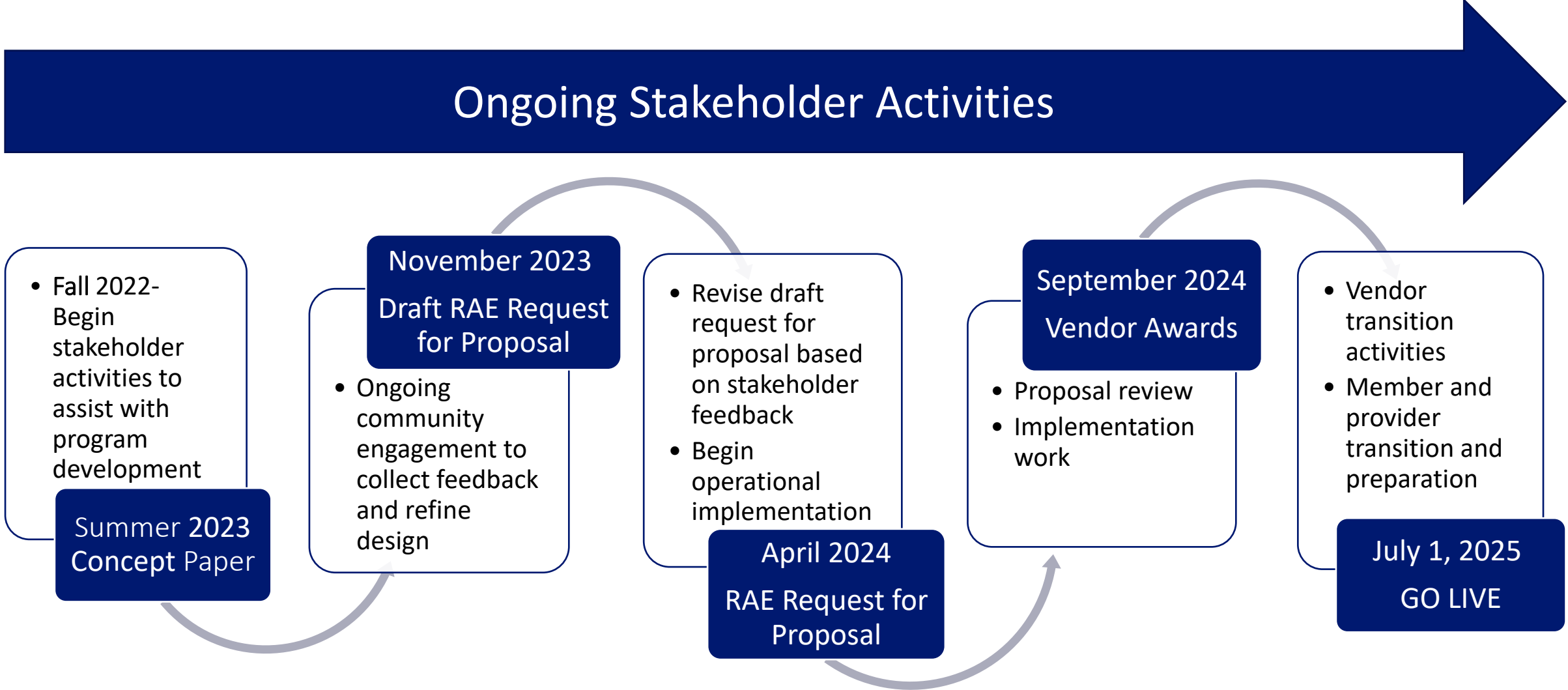
- Delivers cost-effective, quality health care services to Colorado Medicaid members to improve the health of Coloradans.
- Coordinates regional physical and behavioral health care services to ensure member access to appropriate care.
- Currently made up of **7 Regional Accountable Entities (RAEs)**

Current RAE Map (Phase II)



Timeline

Ongoing Stakeholder Activities



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?**

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

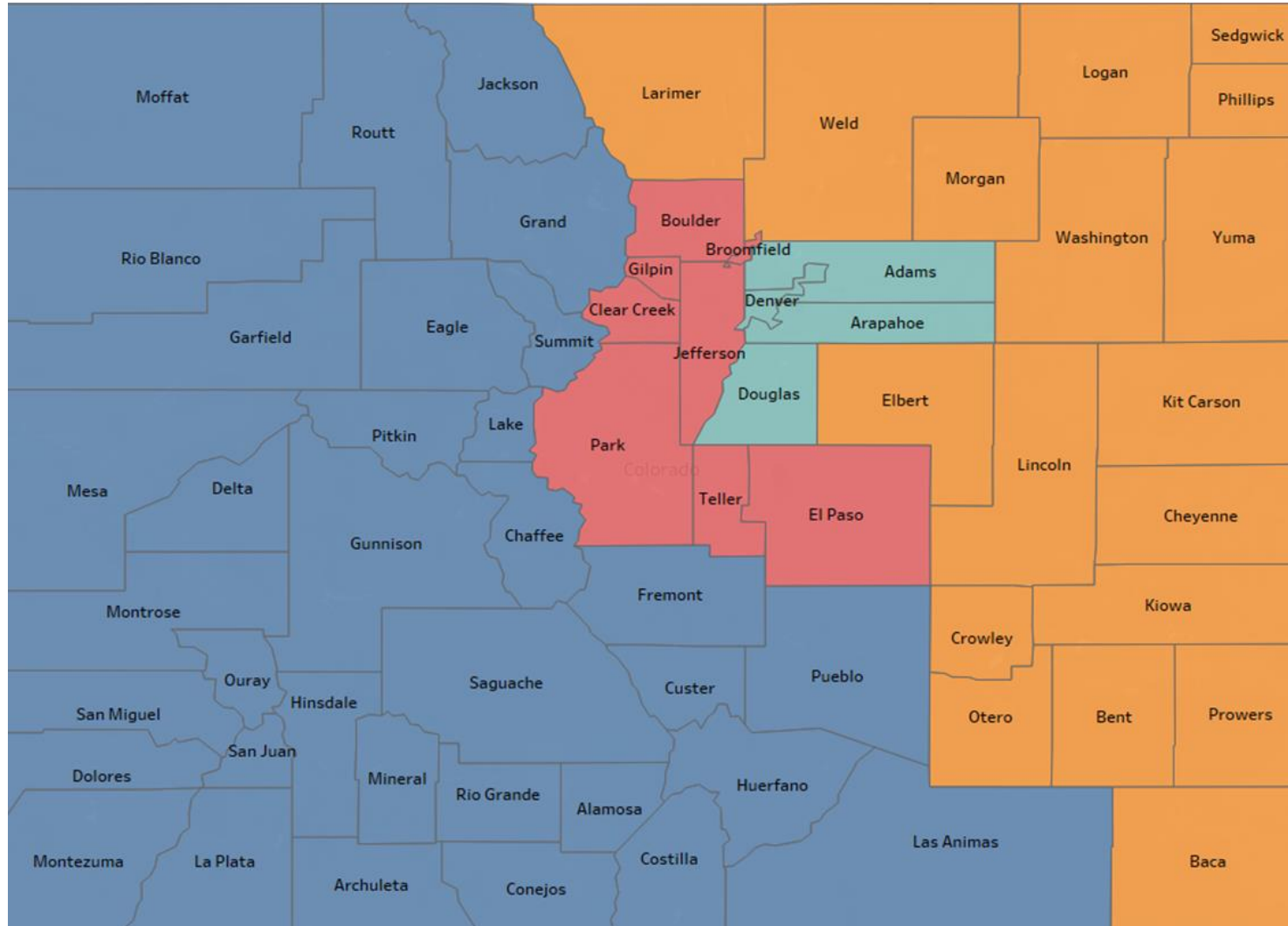
RFP: April 2024

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?

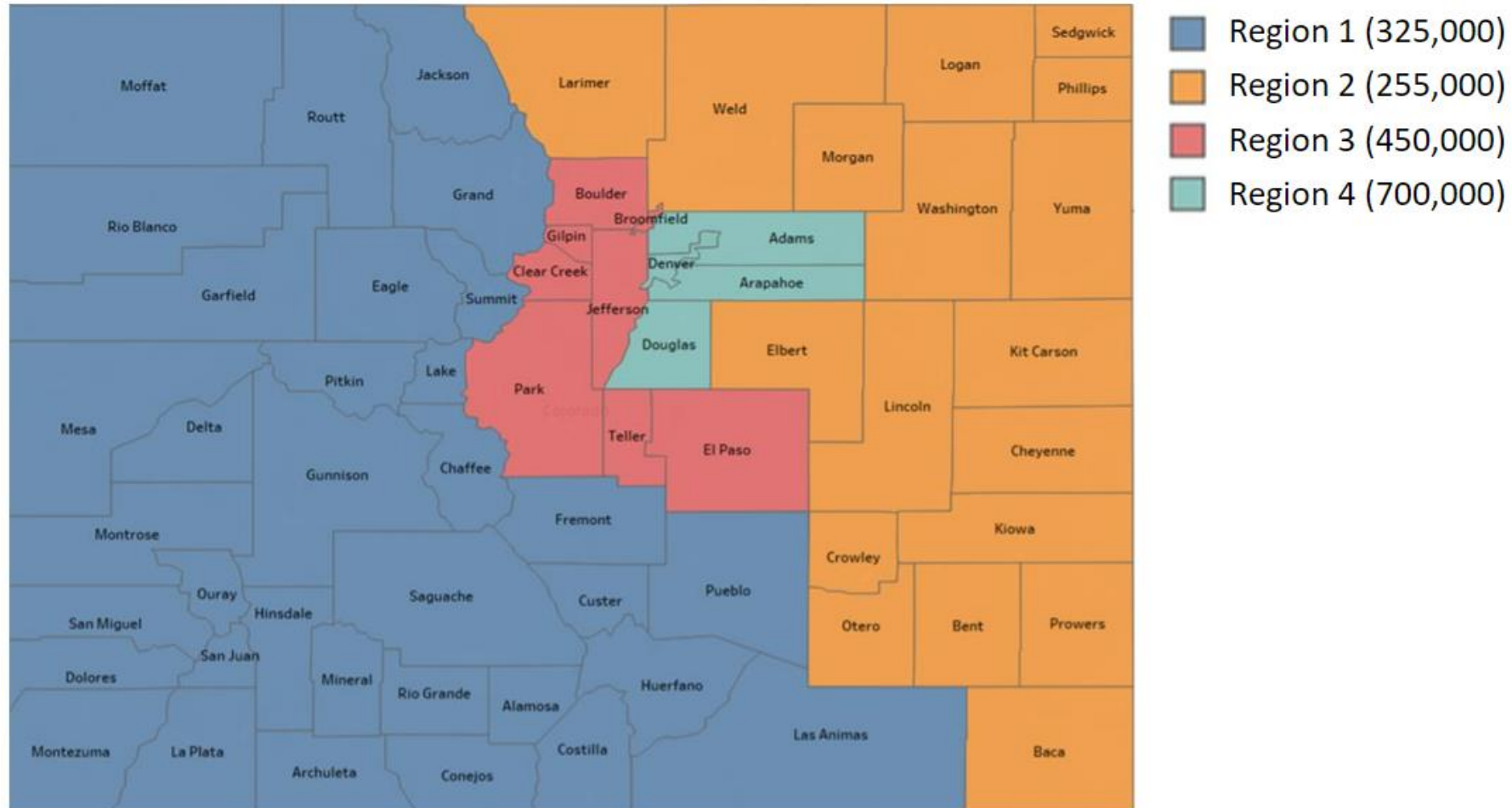
- **Members** can still see any Medicaid provider statewide for physical health.
- **Members** can still seek behavioral health services outside their region, as RAEs will be required to maintain a statewide BH network.
- **Members** can still seek emergency or crisis services with their nearest provider.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



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

Thank you!