



COLORADO

Department of Health Care
Policy & Financing

Accountable Care Collaborative Phase III How the Vision Summary Informed the Concept Paper

In preparation for launching Phase III of the Accountable Care Collaborative (ACC), the Department of Health Care Policy & Financing (HCPF) contracted with the Colorado Health Institute (CHI) to gather stakeholder feedback about the design of ACC Phase III. Stakeholder feedback heard between November 2022 and March 2023 was incorporated into a Vision Stage Engagement Summary. In August 2023, HCPF published a Concept Paper that describes many of HCPF's major proposals for ACC Phase III. Both the Vision Stage Engagement Summary and the Concept Paper can be found on the [ACC Phase III website](#).

This fact sheet describes how HCPF incorporated feedback from the Vision Stage Engagement Summary into the design of ACC Phase III, as discussed in the Concept Paper.

Member Experience

Key Takeaways from Vision Summary

Stakeholders would like HCPF to put member experience at the center of all its decisions. One example may involve hiring or compensating members to review member communications for plain language, accessibility, and clarity.

Stakeholders recommend that the RAEs expand and further support their Member Advisory Councils so the RAEs and their members can be better at sharing information with each other.

Policies/Proposals in Concept Paper

- HCPF has two structures to engage members and other stakeholders. The first is a department-wide Member Experience Advisory Council. Members involved with this council are compensated for their time, provide input on key decisions for many programs and frequently review member communications. Second, the Program Improvement Advisory Committee and its subcommittees all include member representatives who advise HCPF about policy and programmatic activities. These committees have been actively engaged in the ACC Phase III design and development. HCPF has presented many of the ACC Phase III proposals to this group to help inform the ongoing design of this program.

- HCPF will be requiring that all Regional Accountable Entities (RAEs) establish their own Member Advisory Councils. Additionally, RAEs will be asked to regularly engage with HCPF to share the lessons learned from their advisory councils.
- RAEs will be required to test member communications with their advisory councils.

Performance Metrics

Key Takeaway from Vision Summary

Stakeholders would like metrics used for key performance indicators and Alternative Payment Models to be consistent across time and align with metrics providers track for other initiatives. Some recommended that clinicians provide input on metrics used for APMs. Stakeholders felt that fewer, but more focused, metrics could help providers and RAEs assess meaningful changes in population-level outcomes.

Policies/Proposals in Concept Paper

- For ACC Phase III, HCPF is defining six strategic clinical objectives that will drive its work for the entirety of the Phase III contracts. Incentive payment measures will align with these objectives.
- Where possible, incentive measures will be selected from the Centers for Medicare and Medicaid Services (CMS) Adult and Child Health Care Quality Measure set. HCPF is also working to align performance metrics with statewide and federal initiatives, such as work being completed by the Division of Insurance and the new CMS payment model Making Care Primary.
- HCPF engages the Performance Measurement and Member Experience subcommittee, which includes members and providers, to review proposed measures.

Care Coordination Support

Key Takeaway from Vision Summary

Stakeholders say HCPF should consider how to provide additional support to the entities (such as RAEs, providers, or third-party agencies) responsible for care coordination and screenings for health-related social needs. This may include financial support and providing clearer direction and standardization in how these activities are conducted across all RAEs.

Policies/Proposals in Concept Paper

- In alignment with the Behavioral Health Administration (BHA), HCPF is developing a tiered care coordination model that outlines clearer expectations for entities providing care coordination as well as more transparency around the services members should expect to receive and how.
- HCPF is also working to clearly define roles and expectations between the different agencies providing critical care coordination services for members, such as the RAEs and the Case Management Agencies.
- HCPF is participating in the design and implementation of the state's Social Health Information Exchange and will align with best practices in screening for health-related social needs.

Cultural Responsiveness

Key Takeaway from Vision Summary

Stakeholders hope RAEs will be required to hire and train direct service staff who reflect and are equipped to serve a diverse member population, particularly within the realms of care coordination, health-related social needs services and referrals, and behavioral health.

Policies/Proposals in Concept Paper

- RAEs will be required to formalize their health equity work. Each RAE will be required to have a key personnel position responsible for the RAE's health equity work. RAEs will also be required to have Health Equity Taskforces consisting of representative members, providers, and community organizations.
- To increase equitable access to care coordination, HCPF will require that RAEs establish a network of trusted community organizations to ensure RAEs are reaching members where they are most comfortable. RAEs will be expected to distribute some of the Administrative per-member-per-month payments to the community organizations in their network.
- HCPF is researching opportunities for reimbursement of Community Health Workers in accordance with [Senate Bill 23-002](#).

Alignment with BHA

Key Takeaway from Vision Summary

Stakeholders hope RAEs and the BHA's Behavioral Health Administrative Service Organizations (BHASOs) will be aligned, both geographically and through clear referral processes to providers within each system.

Policies/Proposals in Concept Paper

- HCPF and the BHA are committed to aligning these organizations in a way that can help reduce the administrative burden for providers and streamline services for members.
- HCPF and the BHA are working together closely to align care coordination standards, implement alternative payment arrangements for behavioral health safety net providers, design and implement strategies to address gaps in care, and design many other policies and programs.

Behavioral Health Integration

Key Takeaway from Vision Summary

Current policies for behavioral health integration are promising, but stakeholders think they could be improved by expanding the types of billing codes used and removing the ceiling on the total number of visits permitted.

Policies/Proposals in Concept Paper

- Improving the delivery of integrated care is foundational for ACC Phase III. [House Bill 22-1302](#) established grant-funded [integrated care pilots](#). HCPF is tracking the progress of these pilots and plans to build upon integrated care delivery across the ACC based on lessons learned.

Data Sharing

Key Takeaway from Vision Summary

Stakeholders think that data sharing across entities should be improved to be more timely, accessible, and consistent across RAEs. They also recommend that HCPF and the RAEs consider best practices to improve transparency regarding how members' data is captured and who has access to it.

Policies/Proposals in Concept Paper

- HCPF is committed to providing actionable data to RAEs and providers. New initiatives that will support timely information sharing of critical services include the eConsult tool and the Social Health Information Exchange. These are in addition to the near real-time existing Admit, Discharge, and Transfer notifications from hospitals participating in the Health Information Exchanges.
- HCPF is also working on implementing the Medicaid Blue Button project, which will improve transparency and support members' ability to access their own health data through a smartphone app. This is the result of a recent federal rule and CMS requirement beginning with claims data.

Children and Youth

Key Takeaway from Vision Summary

Stakeholders want to see HCPF further support children and youth by standardizing services across all RAEs, including those covered under the existing early and periodic screening, diagnostic, and treatment (EPSDT) benefit.

Policies/Proposals in Concept Paper

- HCPF is developing a standardized child benefit to address different health needs at different levels of complexity. This model would be standard across all RAEs.
- HCPF is also pursuing solutions to support children and youth with more complex needs to reduce out-of-home and out-of-state placements and improve access to community-based services. These include high fidelity wraparound services and conflict-free intensive care coordination.

For More Information

- ACC Phase III website for general information:
<https://hcpf.colorado.gov/accphase3>
- ACC Phase III stakeholder engagement page for information about upcoming and past presentations:
<https://hcpf.colorado.gov/acc-phase-iii-stakeholder-engagement>
- Concept paper feedback survey:
<https://forms.gle/KujmmX3L6R2T5ZkE9>