Accountable Care Collaborative (ACC)

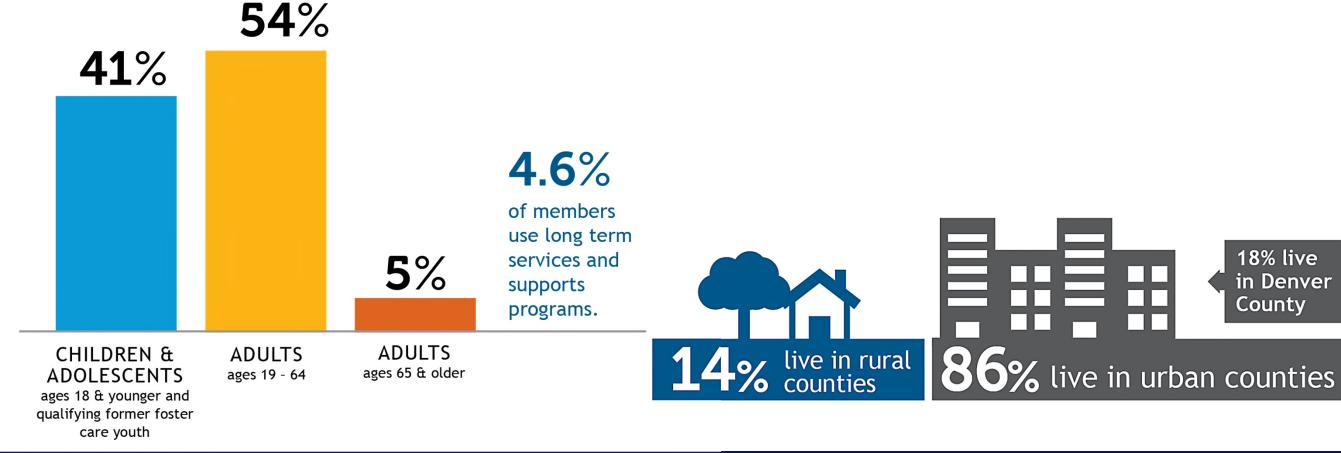
Interaction with Child Welfare



HCPF: WHO WE SERVE VIA HFC

Family Size	Adults 19-65	Children 0-18	Pregnant Women
Family of 1	up to \$1,507	up to \$1,609	Up to \$2,209
Family of 2	up to \$2,030	up to \$2,167	up to \$2,976
Family of 3	up to \$2,553	up to \$2,726	up to \$3,743
Family of 4	up to \$3,076	up to \$3,284	up to \$4,510
*You may still be eligible if you earn more			

- Approximately 1.6 million
 Coloradans
 (about 25% of the population)
- PHE affected enrollment significantly. Unwind will also affect enrollment







Child Welfare Population in Medicaid

- Difficult to identify child welfare population with just Medicaid data
- ~640,000 members under 18
- ~11,000 in foster care
- ~12,000 adoption
- ~587,000 never foster care

Managed Care in Colorado Medicaid

Accountable Care Collaborative

- Administered by RCCOs
- Managed FFS for Physical Health
- Medical Home
- Cost savings
- Iterative

Community Behavioral Health Services Program

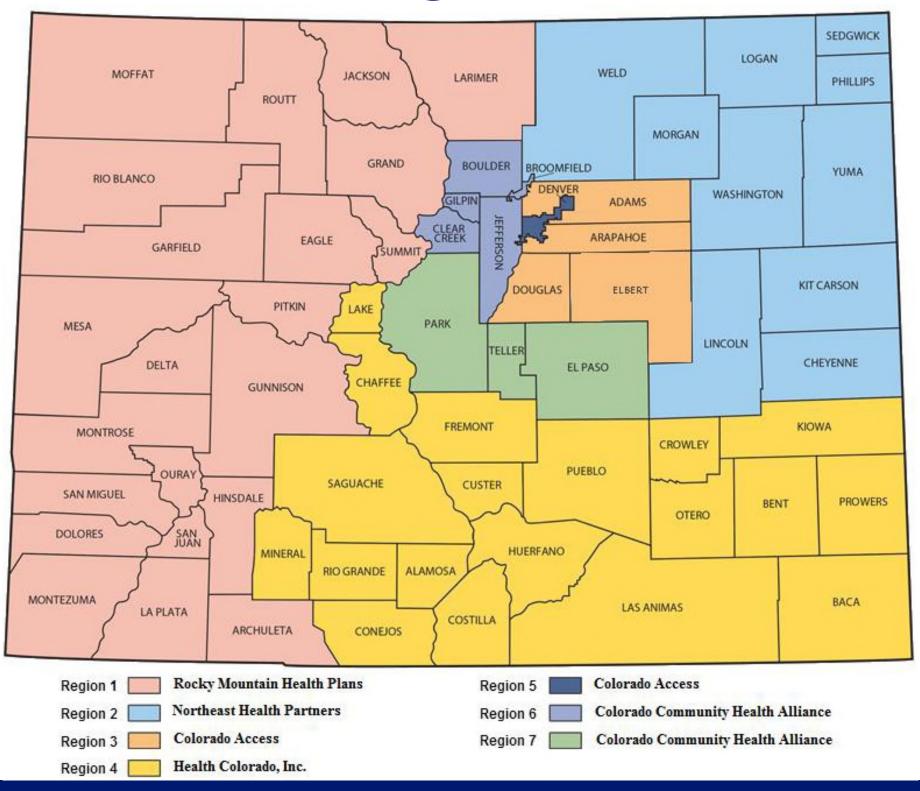
- Administered by BHOs
- Capitated Mental Health and SUD Services
- Cost Savings

Accountable Care Collaborative Phase II

- Administered by RAEs
- Join administration of physical and behavioral health
- Refine focus on cost and outcomes

1995 2011 2018

Regions





Accountable Care Collaborative

Improve Health and Reduce Costs

Medical Home

Ensure
Medicaid
members
have a focal
point of
care.

Behavioral Health

Comprehensive community-based system of mental health and substance use disorder services.

Regional Coordination

Medicaid
members have
complex needs
and are served by
multiple systems.
Regional umbrella
organizations
help to
coordinate across
systems.

Data

Members,
providers and the
system receive
the data needed
to make real-time
decisions that
improve care,
increase
coordination of
services and
improve overall
efficiencies.

Accountable Care Collaborative

Goal

• To improve member health & reduce costs

Objectives

- Join physical and behavioral health under one accountable entity
- Strengthen coordination of services
- Promote member choice and engagement
- Pay providers for the increased value
- Ensure greater accountability and transparency

Accountable Care Collaborative

Regional Accountable Entity

Physical health care

Per member/
per month

Behavioral health care

Behavioral health capitation

Role of RAEs: Primary Care Network Management

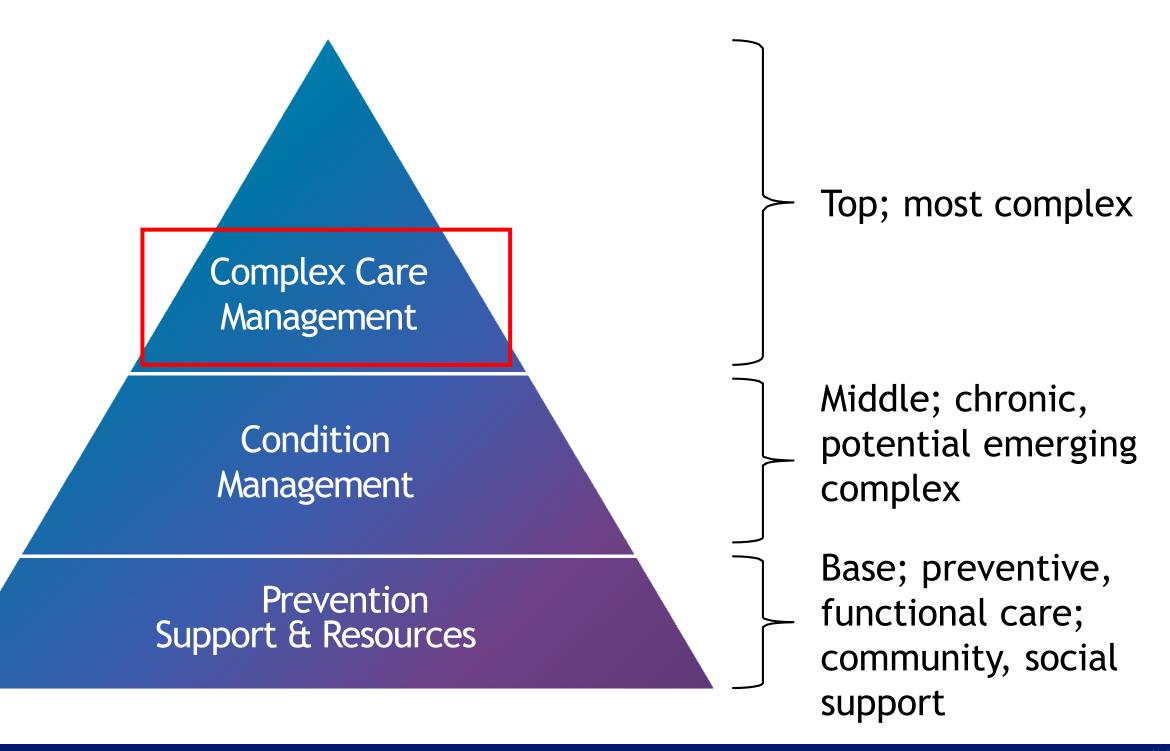
- Contract with a network of Primary Care Medical Providers (PCMPs) to serve as medical home
 - PCMPs expected to meet certain requirements
- Pay administrative payments to PCMPs to serve as medical home (e.g. care coordination)
- Support providers in coordinating care across disparate providers
- Provide administrative, financial, data and technology, and practice transformation assistance



Role of RAEs: Behavioral Health Network Management

- Contract with statewide network of behavioral health providers
 - Credential providers to ensure quality
 - Negotiate reimbursement rates
- Utilization management of covered behavioral health services
- Reimburse behavioral health providers for all services covered under the capitated behavioral health benefit

Statewide Approach to Addressing Member Health



RAEs and Child Welfare

- Care coordination responsibilities
- Payment for covered behavioral health services
- Performance metric for behavioral health assessment within 30 days of entering foster care
- Independent assessment process for child welfare involved

RAE/MCO Contracts

- Contract formation and amendment
 - Phase II July 1, 2018 June 30, 2025
 - Federal approval required
 - Bi-annual amendments (rates/annual renewal/policy)
 - Department policy guidance
- Contract content
 - SOW/contract requirements
 - Deliverables
 - Performance metrics
 - https://hcpf.colorado.gov/health-first-colorado-managed-carecontracts

Holding RAEs and MCOs Accountable

- Detailed operational and performance standards and requirements
- Deliverables
 - ~120 deliverables in contract
 - Ad hoc deliverables
 - Federal requirements
 - CO specific requirements
 - Financial, programmatic, governance, delivery, data, quality, etc.

Remedies for Contract Performance

- Informal corrective actions
 - Conversation
 - Informal action monitoring plan
- Formal corrective actions
 - Deliverable amendment or rejection
 - Corrective action plans
 - Breach of contract
- Considerations for use
 - Disruption to providers and members
 - Severity
 - Correctability

Accountability through Performance Metrics

- Administrative PMPM withhold incentives (RAEs)
 - \$16.27 PMPM (\$4.21 withhold)(\$0.06 EPSDT)
 - Key Performance Indicators (KPI)
 - Flexible spending pool
- Behavioral Health Incentive Pool (BHIP)(RAEs)
- MLR metrics (MCOs)
 - 89% MLR can drop as low as 85%
- ~20 incentive metrics
- National/standardized metrics
- Longer term metrics

Other Accountability Mechanisms

- Audits and performance monitoring
 - Financial, networks, quality
 - Site reviews
 - Independent 3rd party monitoring
- Rate setting and recoupment processes
- Member, provider and stakeholder feedback
 - Grievance and appeals processes
 - Provider complaint form
 - https://hcpf.colorado.gov/behavioral-health-independent-provider-network-forum
 - Multiple stakeholder forums
 - Annual and ad hoc legislative reports

ACC Phase III

- ACC Phase II ends June 30, 2025
- Planning changes to improve model in Phase 3
- 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 experience.
 - Manage costs to protect member coverage, benefits, and provider reimbursements.
 - Concept paper available online
- Draft RFP in November
- Final RFP in 2024

Additional Resources

Stakeholder Information

https://hcpf.colorado.gov/accphase2

Deliverables

https://hcpf.colorado.gov/accountable-carecollaborative-deliverables

ACC Phase 3

https://hcpf.colorado.gov/accphase3

Contact Info

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Questions?

