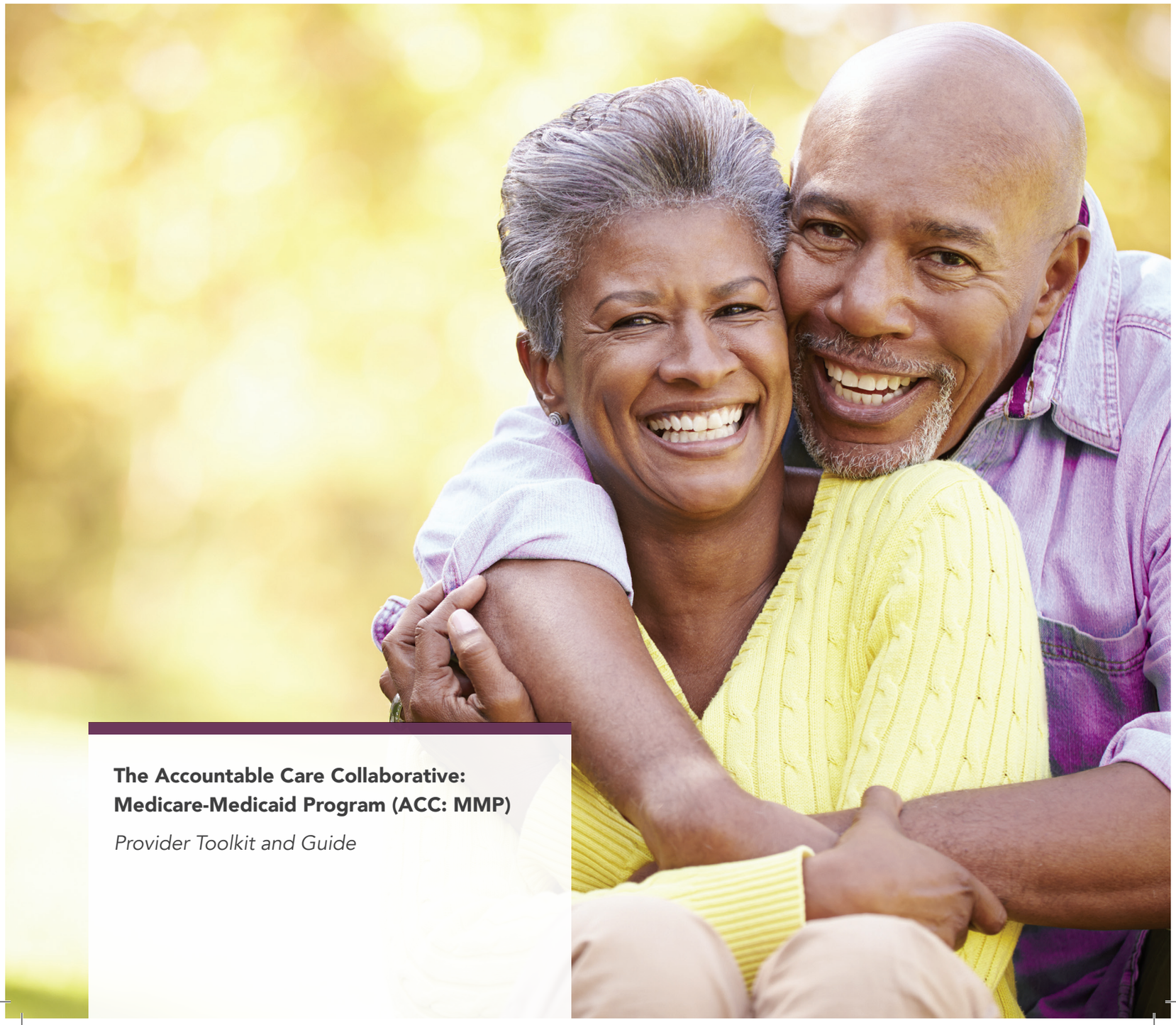
COLORADO
Department of Health Care Policy & Financing

Integrating Care for **Colorado Medicare-Medicaid Patients**

SEPTEMBER 2015



The Accountable Care Collaborative: Medicare-Medicaid Program (ACC: MMP)

Provider Toolkit and Guide

The Accountable Care Collaborative: Medicare-Medicaid Program (ACC: MMP)

In September 2014, the Colorado Department of Health Care Policy and Financing (the Department) introduced the ACC: MMP. The ACC: MMP is for people who qualify for both Medicare and Medicaid. This program helps Medicare and Medicaid work better together, making it easier for your patients to get the services, care coordination and support they need.

In the ACC: MMP, patients keep their full benefits and the freedom to choose their own doctor. Patients also have access to a care coordinator, who can help them make sense of the health care system and connect them to the right care at the right time.

- Patients keep their doctors.
- Patients keep all of their Medicare and Medicaid benefits.
- Patients get the added benefit of care coordination.

This provider toolkit and guide gives you easy access to all the information you need to know about the ACC: MMP.

This program helps your patients get the services they need to live a healthy life.

The ACC: MMP uses Regional Care Collaborative Organizations (RCCOs) to connect clients with all the **medical and non-medical services** they need.

RCCOs also provide **assistance to providers**, including:

- checking in on patients to ensure they're attending their appointments, and filling and taking their prescriptions;
- following through on patient referrals to social, medical and behavioral health services;
- identifying and addressing gaps in care for patients;
- engaging patients in their own health care, and helping them meet their personal goals; and
- explaining and coordinating Medicare and Medicaid benefits for patients.

For more information, please continue reading.

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Program Overviews

What is the ACC?

The Accountable Care Collaborative (ACC) is the primary Medicaid delivery system in Colorado, serving approximately 74 percent of the 1.2 million Colorado Medicaid patients. The program provides additional support beyond health care services to make sure patients get the right care at the right time in the right place. The ACC considers wellness and non-medical needs, helping patients overcome obstacles that may have little to do with health care but everything to do with overall health. In the fall of 2014, the ACC began enrolling Medicare-Medicaid patients for the first time.

The goals of the ACC are to:

- improve health outcomes;
- improve the patient and provider experience; and
- contain costs.

How does the ACC Work?

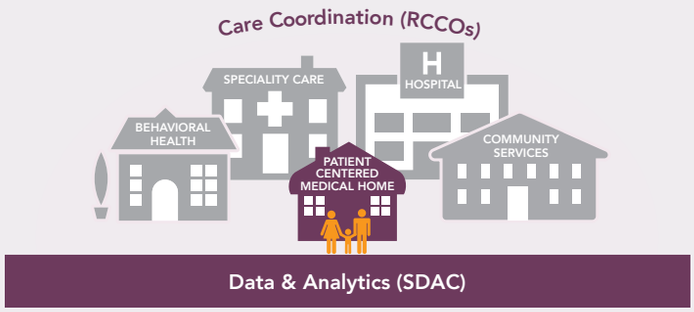
ACC patients:

- receive the regular Medicaid benefit package;
- belong to a Regional Care Collaborative Organization (RCCO); and
- choose a Primary Care Medical Provider (PCMP).

The ACC connects and supports patients and their providers across all areas of health care, using:

1. Seven Regional Care Collaborative Organizations (RCCOs) that develop a network of both medical and non-medical service providers to help patients in their community get what they need to be healthy.

- RCCOs work together with ACC patients and providers, and their communities, to connect patients with the services they need.



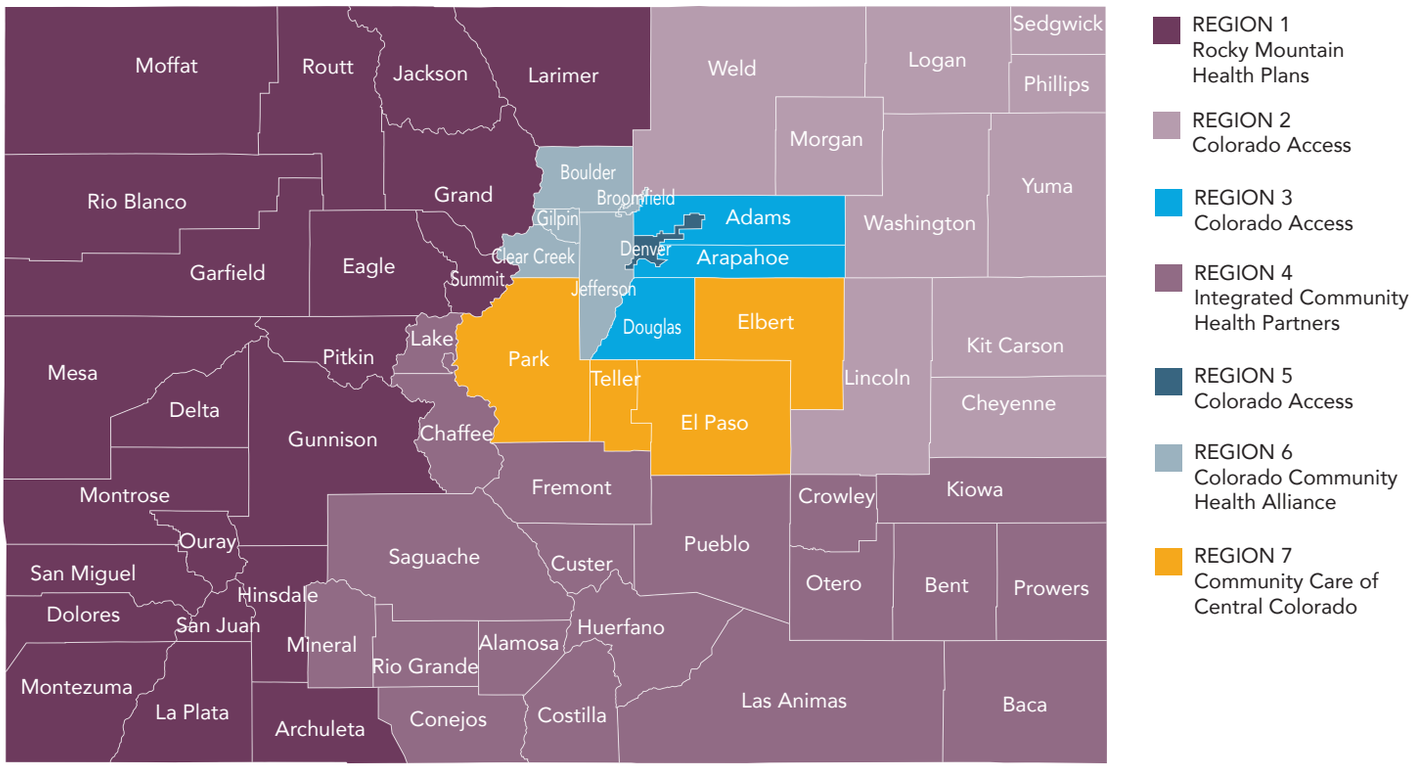
Regional Care Collaborative Organizations develop a network in a patient's community. The network allows them to coordinate care and connect patients to community resources. The Statewide Data and Analytics Contractor supports the system by supplying RCCOs and providers with data to inform their decision-making.

- RCCOs support providers by helping them navigate the Medicaid system. They remove system barriers where possible, provide tools and resources for patients, and help with transforming practices into patient-centered medical homes. RCCOs also track trends in health services and health outcomes.
- RCCOs provide care coordination services to ACC patients with complex or extensive health care needs. Care coordinators help patients find the right health care and learn self-care. They also help find non-medical services like housing, childcare, food and fuel assistance.
- ACC patients belong to the RCCO that covers the geographic region in which they live.

2. Primary Care Medical Providers (PCMPs) who contract with a RCCO to serve as a medical home for ACC patients.

- RCCOs and PCMPs work together to coordinate the care of ACC patients with complex health needs.
- The PCMP keeps track of a patient's health history and health care needs, and listens to the patient's preferences and goals.
- The PCMP coordinates patient care across the spectrum of providers the patient sees.
- The PCMP provides care that is culturally and linguistically sensitive to the needs of patients.

RCCO map



3. The Statewide Data and Analytics Contractor (SDAC), a health information technology contractor that analyzes and reports on claims data to better see patterns in patient use of health care services.

- The SDAC is responsible for providing secure electronic access to clinically actionable data to the RCCOs and PCMPs.
- The SDAC web portal allows PCMPs to better coordinate Medicaid patients' care by providing secure access to:
  - *Medicaid paid claims data;*
  - *diagnoses, prescriptions and other health information;*
  - *reports that help eliminate avoidable and duplicative procedures; and*
  - *analyses to identify potentially preventable health events (e.g. ER visits, hospital readmissions).*

With this data, RCCOs can see trends in the services their clients are using and patterns in how providers care for their patients. This data is used to create Key Performance Indicators which help track the performance of the RCCOs and PCMPs.

ACC Eligibility

All Medicaid clients are eligible to participate in the ACC, except for those in an inpatient psychiatric care facility.

Most Medicaid clients who live in Denver County are enrolled in the Denver Health Medical Plan but have 90 days after enrollment to opt out. Once they opt out, they are eligible for the ACC.

The ACC has now expanded eligibility to include patients who have both Medicare and Medicaid. Those patients are part of the ACC: MMP.

Participation in the ACC is voluntary. Medicaid clients can choose not to participate.

Payments in the ACC

RCCOs receive a per-member-per-month payment to fulfill their responsibilities of supporting providers and helping enrolled clients get the health care and services they need.

PCMPs and other providers are reimbursed for the services they deliver through "fee-for-service," which means they receive payments for each service delivered.

PCMPs also receive a per-member-per month payment to coordinate and manage the care of ACC patients in their practice.

The Department is incorporating a value-based delivery system of rewarding good outcomes in a managed fee-for-service model rather than the traditional fee-for-service, high-volume model.

Currently, the ACC tracks and monitors several performance measures designed to improve the health outcomes of Medicaid patients. Currently, these performance measures are: ER visits, well child checks and post-partum rate. The Department gives a performance-based payment to RCCOs that meet or exceed targets set for Key Performance Indicators.

What is the ACC: MMP?

The Accountable Care Collaborative: Medicare-Medicaid Program (ACC: MMP)

The ACC is expanding its ability to care for patients who have both Medicare and Medicaid. Colorado is one of few states participating in a Centers for Medicare and Medicaid Services (CMS) demonstration program to align the Medicare and Medicaid programs for patients who are enrolled in both. There are more than 9 million Medicare-Medicaid patients across the nation, and approximately 32,000 eligible patients in Colorado, half of whom are younger than 65 years of age.

Typically, patients with both Medicare and Medicaid rely almost entirely on government programs to meet their health needs. They have low incomes and can often have:

- multiple chronic health conditions;
- cognitive impairments;
- low literacy; and
- housing isolation.

In other words, their needs are great and their resources are few.

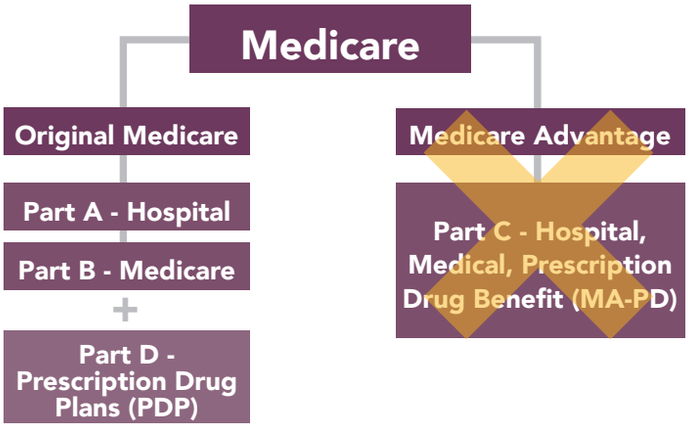
The goal of this program is to improve health outcomes and provider and patient experience, and to contain costs by decreasing unnecessary and duplicative services. Colorado will use the ACC to provide greater coordination of care and services to Medicare-Medicaid enrollees.

For the first time, individuals with both Medicare and Medicaid are enrolled into the ACC. The ACC and RCCOs will help Medicare-Medicaid patients by providing assistance in navigating both programs. Additionally, all Medicare-Medicaid enrollees will be assigned a care coordinator who can help connect them to needed medical and non-medical services and supports.

Who is eligible?

Persons who are covered by both Medicare and Medicaid are eligible for the ACC: MMP if they:

- are enrolled in Medicare Parts A and B and are eligible for Part D;
- receive full Medicaid benefits (aka "regular" Medicaid) or waiver benefits;
- have no other health insurance coverage besides Medicare and Medicaid; and
- are Colorado residents.



More about ACC: MMP

Why do Medicare-Medicaid enrollees need the ACC: MMP?

With this program, Medicare-Medicaid enrollees:

- keep their full Medicare and Medicaid benefits;
- have the freedom to choose their own doctor; and
- receive enhanced care coordination.

Patients and their care coordinators will complete a Service Coordination Plan (SCP) to gain a whole-person view of patients' wants and needs. The SCP lists all of the doctors a patient sees, specifies language and cultural preferences, documents personal goals, and asks about any assistance needed with food, transportation, housing, and other necessities. Once the SCP is completed, the care coordinators will work to connect the patients to needed supports and services, regardless of whether the supports and services are medical or non-medical. The care coordinators can also be liaisons between the patients and their doctors, acting as key members of the care team. To read more about the SCP, click here.

The RCCO helps providers, too. RCCOs make it easier for providers to navigate the Medicaid and Medicare systems, and improve their practices so that providers can focus on delivering care. The RCCOs are partnering with different types of providers in their community to improve communication and continuity of care for clients they share. Together, they have developed Cross-Provider Communication Agreements, or protocols. The protocols document how RCCOs and providers will work together and with their clients to coordinate care and improve care delivery. To read more about the Cross-Provider Communication Agreements, click here.

Other features of the ACC: MMP include:

- initiatives to improve primary care access and disability-competent care for persons with disabilities; and
- access to the Medicare-Medicaid Advocate to ensure that patients know their care choices, who to talk to when they are not getting the services they need, and how to appeal coverage decisions.

Persons are **not** eligible for the ACC: MMP if they:

- are enrolled in a managed care program (Medicare Advantage plan, the Program of All-inclusive Care for the Elderly (PACE), the Denver Health Medicaid Choice Plan, or the Rocky Mountain Health Plan);
- reside in an Intermediate Care Facility for People with Intellectual Disabilities (ICF/ID); or
- participate in the ACC Rocky Prime Program.

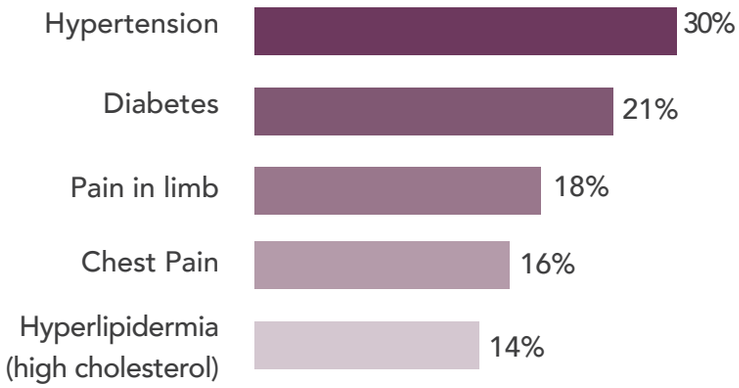
Participation in the ACC: MMP is voluntary. A person can choose not to participate and still receive his or her full Medicare and Medicaid benefits.

ACC: MMP Enrollment by RCCO

	Clients Enrolled in ACC: MMP	% of Total ACC: MMP Population
RCCO 1	4,017	14.20%
RCCO 2	3,021	10.70%
RCCO 3	4,925	17.85%
RCCO 4	6,475	22.91%
RCCO 5	3,182	11.26%
RCCO 6	3,530	12.5%
RCCO 7	3,111	11%
Statewide	28,259	100%

*May 2015

Top Five Physical Health Diagnoses for ACC: MMP Clients



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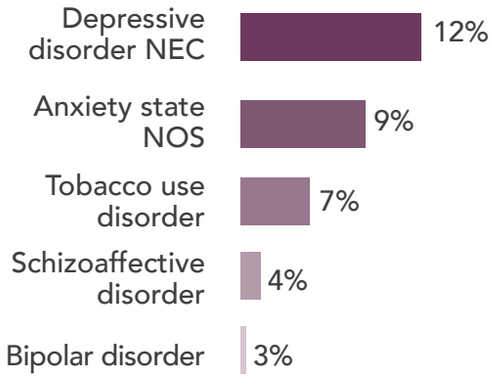
Top Five Mental Health Diagnoses for ACC: MMP Clients



*May 2015

How do my patients enroll?

The Department is using a passive enrollment process. This assigns eligible Medicare-Medicaid patients to the Regional Care Collaborative Organization (RCCO) in their geographic area, based on existing patient-provider relationships.

Patients receive notification 30 days prior to automatic enrollment, allowing them the time and opportunity to make an informed choice about being in the ACC: MMP. Those who do not wish to be in the ACC: MMP may opt out or request disenrollment at any time.

Regardless of enrollment status, access to Medicare or Medicaid services stays the same.

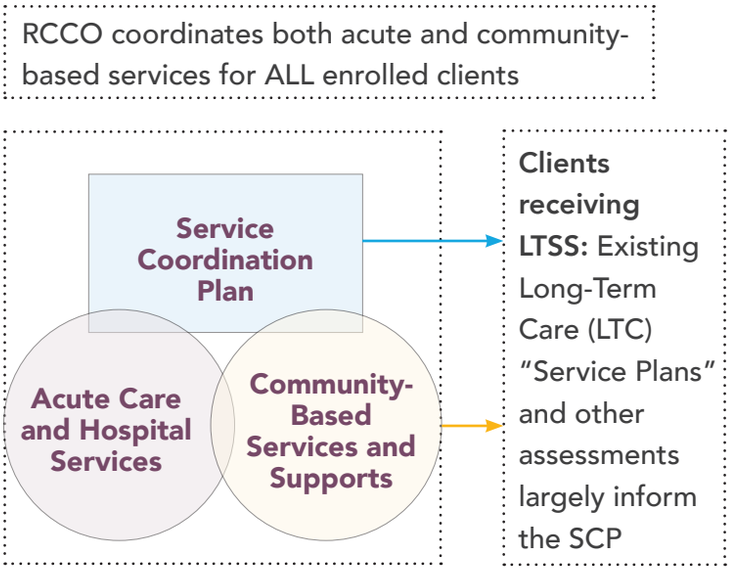
If your patient would like to be part of the ACC, have him or her call Health*Colorado* at **1-888-367-6557** to enroll.

How does the ACC: MMP enhance the way my patients get care?

The current system for Medicare-Medicaid patients often misses opportunities to coordinate primary care with acute, specialty care services or long-term services and supports.

ACC: MMP clients have complex conditions and needs, and often have multiple providers and case managers who are not communicating with one another. Patients struggle to navigate the various health care systems, and the fragmentation often results in patients receiving duplicative tests and conflicting medications. No one person is reviewing the patients' entire care needs to determine what is unmet.

The ACC: MMP provides care coordinators to help patients reach their health care goals, coordinate their various providers, and address gaps in care



by connecting patients with the medical and non-medical services they need. Patients work with the ACC: MMP care coordinators to develop a Service Coordination Plan to make this happen.

What is the Service Coordination Plan (SCP)?

Once clients are enrolled, the RCCO will contact them to offer supports and a Service Coordination Plan (SCP). The SCP is the cornerstone of the program. It documents clients' short- and long-term goals and helps identify gaps in care.

Every ACC: MMP client receives a SCP. Care coordinators use the SCP to gain a whole-person view of the client by documenting the client's needs. The SCP captures all of the services and supports a client may be receiving, documents his or her goals and any unique medical or social needs to promote person-centered care. The tool helps coordinate and improve access to care, advancing the client in meeting his or her goals.

ACC: MMP care coordinators work with clients to develop their SCP, which is meant to be shared with all providers in the client's care team. As the State's first assessment designed specifically for this purpose, the SCP is valuable for persons with disabilities or complex health needs. They often

have many different providers and specialists, and the SCP offers an easy way for providers to understand clients' health goals and circumstances.

Take a look at the SCP to see all the areas it covers:

SCP assessment form

SCP instructions for use

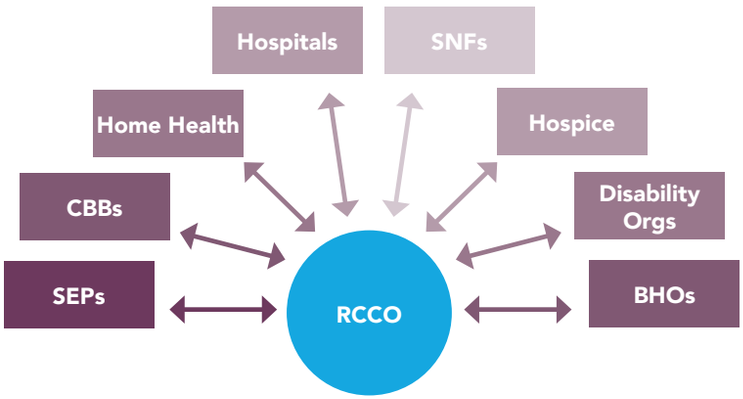
SCP training webinar

How does the ACC: MMP help providers?

A major goal of the ACC: MMP is to improve communication and collaboration among providers. RCCOs are forming partnerships with providers across the continuum of care, including:

- Single Entry Point agencies;
- Community Centered Boards;
- Hospitals;
- Hospice;
- Home Health;
- Skilled-Nursing Facilities;
- Behavioral Health Organizations; and
- Disability Organizations.

The goal of this work is to provide greater coordination of care for patients, improving patient experience, reducing duplication of services, offering greater support during transitions of care, and filling in any gaps in care by connecting patients to needed services.



The communication agreements, or protocols, are agreements between the RCCOs and each of the provider types listed in the bottom left graphic. They describe the process for identifying and working with shared clients; fulfilling existing responsibilities and mutually agreed-upon support functions; and establishing regular contact and communication between the RCCOs and providers. The general protocol requirements include:

- continuous improvement;
- two-way collaboration;
- identification and prioritization of shared clients;
- understanding coordination activities;
- regular contact and communication; and
- mutually agreed-upon support functions.

If you are one of the provider types listed above, please contact your RCCO to see how they may be able to help you help your patients.

How is the ACC: MMP monitored and evaluated?

The Department works with the Centers for Medicare and Medicaid Services (CMS) to provide data to monitor and evaluate the ACC: MMP. CMS has hired a contractor, RTI International, to measure, monitor and evaluate the program's overall impact. The evaluation will look at health outcomes, patient experience, changes in patterns of primary care, use of acute care and long-term services and supports, and cost. Rapid-cycle evaluation and feedback will inform the program's ongoing implementation, and guide mid-course corrections and improvements.

The Department will be eligible to receive a retrospective performance payment based on its performance on savings and quality measures. A total of 15 quality measures will help determine these performance savings. The 15 quality measures fall into three groups: model core measures, state-specific process measures and state-specific demonstration measures.

Quality Metrics

1. Model Core Measures

- all-cause hospital readmissions
- ambulatory care-sensitive condition hospital admissions
- ED visits for ambulatory care-sensitive conditions
- follow-up after hospitalizations for mental illness
- transmittal of care transition record to health care professional
- depression screening and follow-up care
- screening for fall risk
- initiation and engagement of alcohol and other drug-dependent treatment

2. State-Specific Process Measures

- Service Coordination Plan completed within 90 days for high-risk patients and 120 days for non high-risk patients.
- PCMP training on disability, cultural competence and health assessment
- Follow-up visit within 30 days of hospital discharge

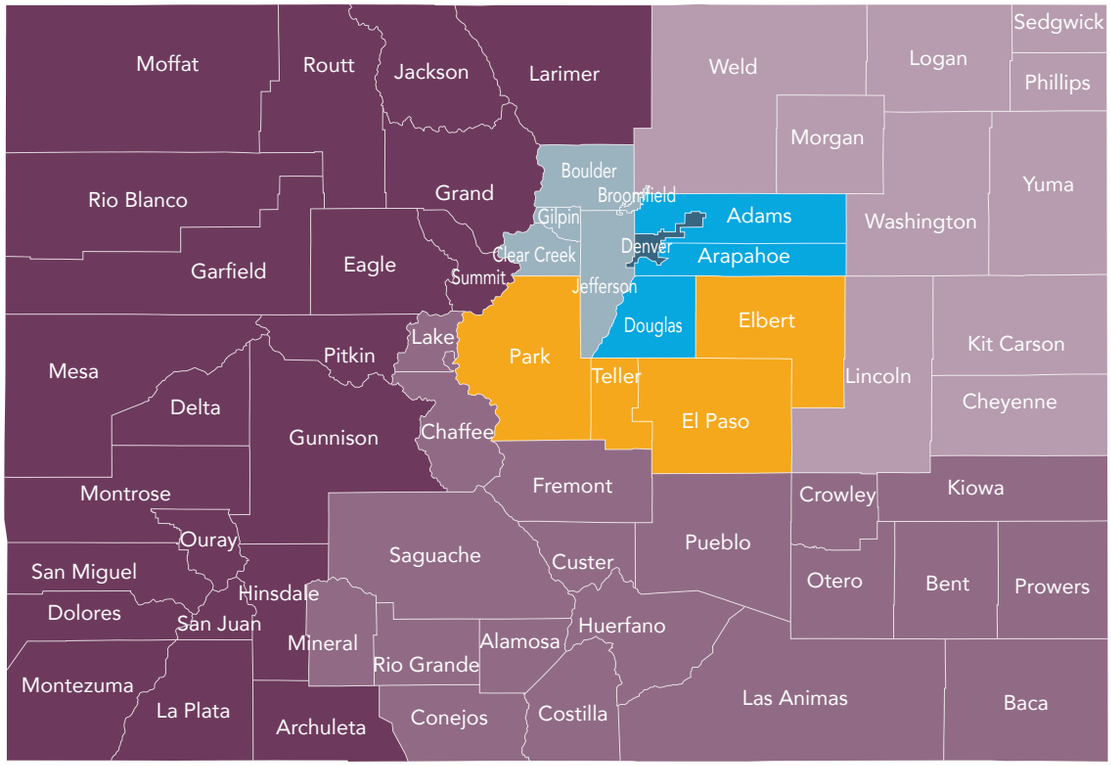
3. State-Specific Demonstration Measures

- Patient/caregiver experience of care
  - *Patient/caregiver reporting that their doctor or health care provider does the following:*
    - *listens carefully*
    - *shows respect for what they had to say*
    - *involves them in decisions about their care*
- Care for older adults: advance-care planning, medication review, functional assessment and pain screening
- Percent of high-risk patients receiving community-based long-term services and supports (LTSS)
- Percent of high-risk patients receiving LTSS services in SNF/other non-HCBS setting

The Department will also conduct an internal evaluation of the program through an Early Indicators Project. Modeled on the Massachusetts' Demonstration evaluation project, this evaluation will use a variety of data to assess the early experiences of patients in the ACC: MMP. These will include surveys, focus groups, enrollment, disenrollment and opt-out reports, RCCO patient reports, and grievance and appeals information gathered from the State ombudsman and the RCCOs.

Resources for Providers

1. How do I contact my RCCO?



- REGION 1 Rocky Mountain Health Plans
- REGION 2 Colorado Access
- REGION 3 Colorado Access
- REGION 4 Integrated Community Health Partners
- REGION 5 Colorado Access
- REGION 6 Colorado Community Health Alliance
- REGION 7 Community Care of Central Colorado

RCCO Contacts for Providers and Stakeholders

RCCO Region	RCCO Name	Key Contact Name	Title	Contact Information
1	Rocky Mountain Health Plans	Jenny Nate	Region 1 Contract Manager	720-934-4293 jenny.nate@rmhp.org
2	Colorado Access	Dave Rastatter	Region 2 Contract Manager	970-350-4665 dave.rastatter@coaccess.com
3	Colorado Access	Molly Markert	Region 3 Contract Manager	720-744-5415 molly.markert@coaccess.com
4	Integrated Community Health Partners	Jessica Provost	Director of Provider Relations	719-538-1430 jessica.provost@valueoptions.com
5	Colorado Access	Sheeba Ibidunni	Region 5 Contract Manager	720-744-5413 sheeba.ibidunni@coaccess.com
6	Colorado Community Health Alliance	Adam Bean	Region 6 Contract Manager	720-612-6626 adam.bean@cchacares.com
7	Community Care of Central Colorado	Carol Bruce-Fitz	RCCO Contract Manager	719-632-5094 carol@ppchp.org

2. Who do I contact for billing and claims?

Medicare and Medicaid billing procedures will not change under this program.

If you have questions about Medicaid, including:

- billing;
- claims adjustments and payment questions;
- client eligibility information;
- enrollment for new Colorado Medical Assistance Program providers
- provider enrollment changes (e.g., change of address, tax IDs)

Contact:
Xerox State Healthcare Provider Services
1-800-237-0044
Or **1-800-237-0757**
Office hours are Monday to Friday, 8 a.m. to 5 p.m. MST.

3. How can I find out if my patient is in the ACC: MMP?

Patients who are enrolled in the ACC: MMP can be identified in the eligibility response. The response will be given through the web portal, fax or telephone. It will say:

"This is an Accountable Care Collaborative Medicaid client who also has Medicare and is enrolled in the Medicare-Medicaid Program."

The response appears in the Prepaid Health Plan section of the portal response. It immediately follows the response that identifies the client as enrolled with a RCCO in the Accountable Care Collaborative program.

Providers with problems or questions about client eligibility should call Colorado Medical Assistance Program Customer Service at **1-800-221-3943**, Monday through Friday, 8 a.m. – 5 p.m. MST.

4. What training is available for providers?

The Department has developed several introductory trainings on the ACC: MMP. Please follow the links below to view the recorded webinar and download the slides.

Program Training for Primary Care Medical Providers (PCMPs)

- PCMP Provider Video Training on the ACC: Medicare-Medicaid Program
- PCMP Provider Training Slides on the ACC: Medicare-Medicaid Program

Program Training for All Other Providers

- Provider Video Training on the ACC: Medicare-Medicaid Program
- Provider Training Slides on the ACC: Medicare-Medicaid Program

Program Training for Regional Care Collaborative Organizations (RCCOs)

- RCCO Provider Video Training on the ACC: Medicare-Medicaid Program
- RCCO Provider Training Slides on the ACC: Medicare-Medicaid Program

5. What can I do to provide disability-competent care?

The goal of disability- competent care training is to raise awareness and increase the physical accessibility and cultural competency of facilities. This will help to remove barriers by highlighting accessibility strengths in each facility. It will also help patients find a provider who best fits their health care needs. Rather than focusing on a diagnosis, this approach focuses on providing care and support for maximum function, and addressing barriers to integrated accessible care.

Training resources:

- For online trainings on disability-competent care, click here.
- For Steps to Improve Access to Health Care Practices, click here.
- For a list of local disability resources, click here.
- For resources on accessible health care, click here.

RCCOs can provide the tools and expertise providers need to make their facilities accessible. Contact your RCCO if you would like an assessment of your practice and would like to be connected with additional resources to make your practice more accessible.

6. How do I answer my patient's questions about this program?

What are the advantages of the Accountable Care Collaborative: Medicare-Medicaid Program?
The new Accountable Care Collaborative: Medicare-Medicaid Program will help your Medicare and Medicaid benefits work better together. This makes it easier for you to get the services you need. In this new program, we will work with you to help you, your doctors, and others coordinate your care and services. We can also help you find social and community services in your area.

Will the benefits or services I have now change if I am in this program?
No. You will still have all the same Medicare and Medicaid benefits. You'll keep getting all benefits and services you get now, including social and community supports; case management; pharmacy services; durable medical benefits; home- and community-based services and long-term supports and services; and all other government benefits, such as Social Security and food assistance.

Will I still be able to use the doctors and other providers I have now?
Yes. You will still have the same doctors and providers.

Will I lose my Medicare and Medicaid benefits if I don't participate in this program?
No. If you choose not to be in the ACC: MMP, you will still have the same Medicare and Medicaid benefits.

Will I need to get approval from anyone before I can see my doctor or get services?
No. You do not need to get approval before you see your doctor or get services.

What about privacy? Who will see my records and information?
All your records and information will be covered by the same privacy rules as before. The rules restrict sharing your health information without your written permission first.

Who do I call when I have questions about my services?
For questions about Medicaid services, please call **1-800-221-3943**. For questions about Medicare services, please call **1-800-633-4227**.

7. How do stakeholders (including providers) provide input on the ACC: MMP?

The ACC: MMP subcommittee was created in 2011, during the planning phase of the program, and has met regularly since then. This subcommittee consists of a diverse membership, including providers, patients, patient advocates, and community stakeholders. Subcommittee members serve an advisory role, and have been integral to the overall design and implementation of this program.

The ACC: MMP subcommittee and stakeholder meetings have been combined to provide important program updates and maintain transparent communication between the Department and stakeholders. Members of the subcommittee and stakeholders continue to meet regularly to provide feedback and evaluation, and to suggest necessary changes for program improvement. These meetings are open to the public. Please visit our website for future meeting dates: www.colorado.gov/hcpf/mmp.

For more information about these meetings, or to be added to the email distribution list, please email ACCMedicareMedicaidProgram@state.co.us

8. Introduction to Medicare and Medicaid

Medicare 101:

- Federally-funded health insurance for:
  - *Age 65 and older, or*
  - *Under age 65 with certain disabilities*
- Eligibility requires 10 years, or 40 quarters, of Medicare-covered employment, and the candidate must be:
  - *A U.S. citizen or permanent legal resident; and Age 65 or older, or*
  - *Disabled, and on SSDI for 24 months, or*
  - *Diagnosed with Amyotrophic Lateral Sclerosis (ALS) or End Stage Renal Disease (ESRD).*

Medicare benefits:

PART A: INPATIENT CARE

- Inpatient hospital care
- Short-term rehab in a skilled-nursing facility
- Hospice care
- Home health

PART B: OUTPATIENT CARE

- Medically necessary and preventive services, such as:
  - *ambulance services*
  - *durable medical equipment (DME)*
  - *mental health*

PART D: PRESCRIPTIONS/MEDICATIONS

- Once someone is eligible for Medicare, Medicaid can no longer pay for most prescriptions.

Medicaid 101:

- State- and federally-funded health care program
- Eligibility criteria:
  - *Financial or functional need*
- Provides coverage to:
  - *families;*
  - *children;*
  - *seniors;*
  - *people with disabilities; and*
  - *low-income adults without dependent children.*

Medicaid benefits:

- Behavioral health services – mental health and substance-use disorders
- Preventive services – screenings and counseling
- Office visits
- Home health care
- Hospital stays
- Laboratory and radiology (x-ray) services
- Nursing home services – long-term care
- Vaccinations
- Medical equipment and supplies
- Physical, occupational and speech therapy services
- Podiatry services (foot care)
- Surgery – inpatient and outpatient
- Vision, eye exams, eyeglasses, contacts (only after eye surgery)
- Hearing – augmentative and alternative communication devices (AACD) with prior authorization
- Dental – basic dental and diagnosis services, up to $1,000 per year for comprehensive services
- Substance abuse – outpatient treatment, drug screening and monitoring, emergency and crisis services
- Behavioral health counseling and therapy

When your patients are enrolled in the ACC: MMP, they still get all of the Medicare and all of the Medicaid benefits; their benefits are just better coordinated.

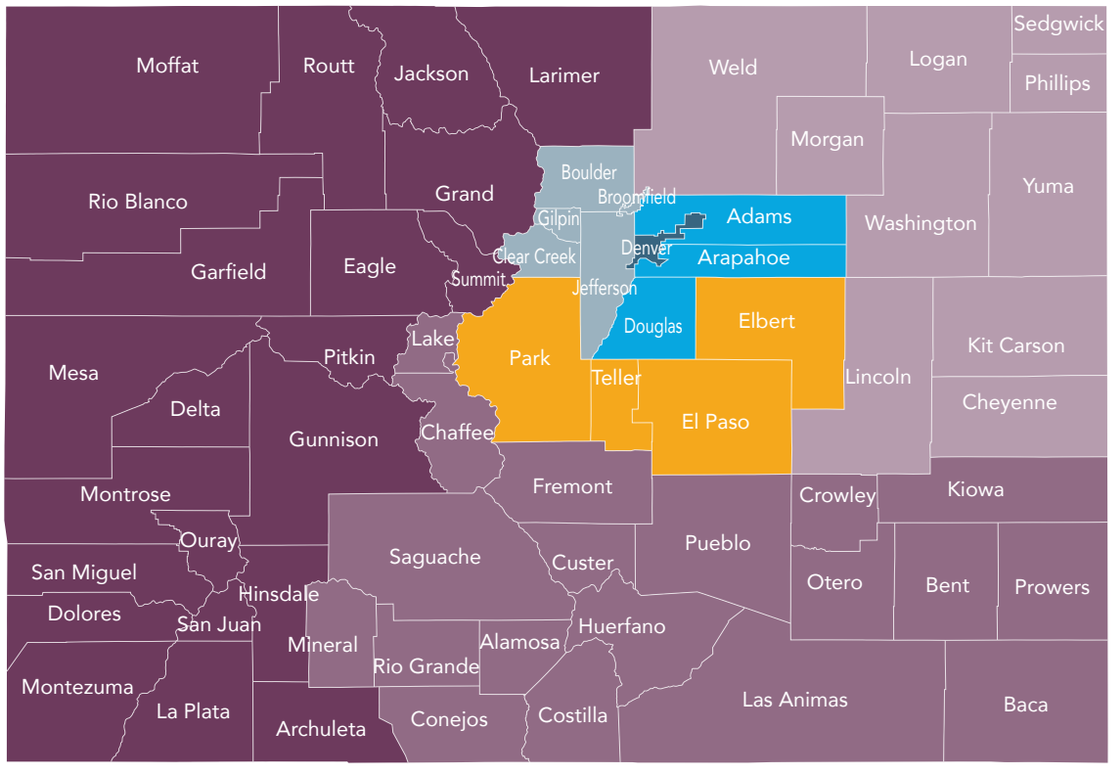
Resources for Your Patients

ACC: MMP enrollment materials

- Enrollment letter
- Enrollment handbook

Does your patient need a care coordinator?

If your patient would like to be connected to a care coordinator, refer them to the RCCO serving their county. RCCO map and contact information listed below.



- REGION 1 Rocky Mountain Health Plans
- REGION 2 Colorado Access
- REGION 3 Colorado Access
- REGION 4 Integrated Community Health Partners
- REGION 5 Colorado Access
- REGION 6 Colorado Community Health Alliance
- REGION 7 Community Care of Central Colorado

List of RCCOs and the counties they serve:

County	RCCO
Region 1 Archuleta, Delta, Dolores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, La Plata, Larimer, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel, Summit	Rocky Mountain Health Plans Customer Service: 970-254-5771 800-667-6434 http://acc.rmhp.org/Home
Region 2 Cheyenne, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, Yuma	Colorado Access Customer Service: 303-368-0035 855-267-2094 www.coaccess.com
Region 3 Adams, Arapahoe, Douglas	Colorado Access Customer Service: 303-368-0037 855-267-2095 www.coaccess.com
Region 4 Alamosa, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Fremont, Huerfano, Kiowa, Lake, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande, Saguache	Integrated Community Health Partners Customer Service: 855-959-7340 www.ichpcolorado.com/
Region 5 Denver	Colorado Access Customer Service: 303-368-0038/ 855-384-7926 www.coaccess.com
Region 6 Boulder, Broomfield, Clear Creek, Gilpin, Jefferson	Colorado Community Health Alliance 303-256-1717 855-627-4685 http://cchacares.com/en-us/home.aspx
Region 7 El Paso, Elbert, Park, Teller	Community Care of Central Colorado Customer Service: 719-314-2560 866-938-5091 http://www.mycommunitycare.org/

Does your patient need a Primary Care Medical Provider?

Refer your patient to Health*Colorado* for help selecting a primary care provider:

Health*Colorado*
303-839-2120 (Denver Metro Area)
1-888-367-6557 (all other areas)

Patient rights and protection, appeals and grievances

Patients have the right to:

- Be treated with dignity and respect for their privacy.
- Get information in a way that's easy to understand.
- Get information about ways to take care of their health care needs.
- Get help with their health care choices, including choosing not to use health care.
- Ask for a specific provider to be added to their RCCO.
- Ask for and get a copy of their medical records, and have them changed or corrected.
- Exercise their rights without having it change the way they are treated.
- Be free from being forced to do something they don't want to do.

Patients have the responsibility to:

- Be part of their health care, and ask questions or tell their concerns.
- Talk about their health care history with the people taking care of them.
- Tell their care coordinator about their medications, health problems, and other important things. Only go to the emergency room when their life is in serious danger and they need care right away. If they are not sure it's an emergency, they should call their PCMP or the 24-hour Nurse Advice Line at **1-800-283-3221**.
- Treat health care providers with respect, such as calling to cancel 24 hours before an appointment.

If your patient has a problem or complaint:

Step 1

The patient should talk to his or her Primary Care Medical Provider (PCMP) or Regional Care Collaborative Organization (RCCO).

Step 2

If a patient is still having trouble, he or she should contact the Medicare-Medicaid Advocate:

Medicare-Medicaid Advocate
Disability Law Colorado
455 Sherman Street, Suite 130
Denver, CO 80203
Phone: 303-722-0300
Fax: 303-722-0720
www.disabilitylawco.org

The Medicare-Medicaid Advocate is the single, statewide ombudsman for Medicare-Medicaid program enrollees. The advocate is independent of Colorado Medicaid and will help your patients resolve their issues or complaints.

Step 3

If a patient believes he or she was denied services without cause, he or she can appeal and ask for a State Fair Hearing. The patient should call the Colorado Office of Administrative Courts at **303-866-2000**.

Or, write to:

Colorado Office of Administrative Courts
1525 Sherman St.
Denver, CO 80203

Important Phone Numbers

This is a list of organizations that may be useful to your patients if they have questions related to their Medicare or Medicaid benefits.

For help with Medicare services:

Medicare Customer Contact Center
1-800-MEDICARE
www.medicare.gov
Refer your patients to Medicare Customer Contact Center if they have questions about their Medicare services or benefits.

Colorado State Health Insurance and Assistance Program (SHIP)
1-888-696-7213
Refer your patients to SHIP if they have questions about Medicare enrollment or Medicare benefits.

Long-Term Care Ombudsman
Disability Law Colorado
Toll Free: **1-800-288-1376**
Local: **303-722-0300**
www.disabilitylawco.org
Refer your patients to the Long-Term Care Ombudsman if they need help understanding their choices for long-term care or choosing a long-term care facility, or if they have a complaint about care at a nursing home or assisted living residence.

KEPRO
Medicare Beneficiary and Family Centered Care-Quality Improvement Organization
1-844-430-9504
www.keproqio.com
Refer your patients to this organization if they have concerns about the quality of care related to their Medicare services. A Medicare patient can contact the helpline to file a quality of care complaint or to request Immediate Advocacy.

For help with Medicaid services:

Health*Colorado*
303-839-2120 (Denver Metro Area)
1-888-367-6557 (all other areas)
Información en Español:
303-839-2120 o **1-888-367-6657**
www.healthcolorado.org
Refer your patients to Health*Colorado* if they need to change providers or Medicaid plans, or to get a copy of the enrollment materials.

Medicaid Customer Contact Center
1-800-221-3943
TDD **1-800-659-2656**
www.Colorado.gov/hcpf
Refer your patients to the Medicaid Customer Contact Center if they have questions about services or benefits, need help finding other health care providers, or are not sure whom to call.

Ombudsman for Medicaid Managed Care
303-830-3560 (Denver Metro Area)
1-877-435-7123 (all other areas)
Help123@maximus.com
Refer patients to the Ombudsman for Medicaid Managed care if they need help filing a grievance or appeal related to Medicaid benefits, or if they need help solving problems with quality of care.

Nurse Advice Line (24-Hour)
1-800-283-3221
Call for health care advice at any time.
A nurse is always available to help.

Colorado Legal Services
303-837-1313
www.coloradolegalservices.org
Subject to available resources, CLS may be able to provide legal assistance or information about a civil legal matter, including an appeal of the denial of Medicaid or Medicare eligibility or services.

Colorado Crisis Services
1-844-493-TALK (8255)
www.ColoradoCrisisServices.org
Colorado Crisis Services provides confidential help 24 hours a day for any mental health, substance-use or emotional crisis.

Suicide Hotline
1-800-273-8255
www.suicide.org

Tobacco Free Living
1-800-784-8669
www.coquitline.org

Other helpful numbers:

Total Transit
1-855-264-6368
www.medicaidco.com
Refer patients if they need help arranging transportation to an appointment.

Glossary of Terms

Accountable Care Collaborative (ACC) Program is a Colorado Medicaid program designed to improve patients' health and reduce costs. Medicaid patients enrolled in the program receive the regular Medicaid benefits package on a fee-for-service (FFS) payment basis, are assigned to a Regional Care Collaborative Organization (RCCO), and choose a Primary Care Medical Provider (PCMP).

Medicare-Medicaid enrollees, for the purposes of this demonstration, are those individuals who are enrolled in Medicare Parts A and B and eligible for Medicare Part D; receive full Medicaid benefits under fee-for-service (FFS) arrangements, regardless of age; and have no other private or public health insurance; and are Colorado residents. Patients are also referred to as Medicare-Medicaid enrollees.

Care Coordination is a process used by a person or a team to assist patients in gaining access to Medicare, Medicaid and waiver services, regardless of the funding source of these services. It is the deliberate organization of patient care, service, and support activities between two or more participants (including the patient) who are involved to facilitate the appropriate delivery of health care services. It involves bringing together personnel and other needed resources to carry out all required patient care, service, and support activities, and it is often managed by the exchange of information among participants responsible for different aspects.

Centers for Medicare and Medicaid Services (CMS) is a branch of the U.S. Department of Health and Human Services. It is the federal agency responsible for administering the Medicare and Medicaid programs as well as the Children's Health Insurance Program.

Patient/Family-Centered refers to bringing the perspectives of patients and their families directly into the planning, delivery, and evaluation processes of health care.

Customer Contact Center is the Department's managed call center that responds to inquiries about any Department of Health Care Policy and Financing program.

Department is the Colorado Department of Health Care Policy and Financing.

Enrollment is the process used to place eligible patients into the ACC Program and associate patients with a Regional Care Collaborative Organization. Enrollment is closely related to attributing a patient to a Primary Care Medical Provider while taking into account existing patient relationships with Medicare providers.

Long-Term Services and Supports (LTSS) provide persons with disabilities or chronic conditions choice, control, and access to a full continuum of services that assure optimal outcomes, such as independence, health, and quality of life. Services are intended to be person-driven, inclusive, effective, accountable, sustainable, efficient, coordinated, transparent and culturally competent. Medicaid allows for the coverage of LTSS through several vehicles and across a spectrum of settings, including home-, community-based and institutional settings, such as hospitals, intermediate-care facilities for persons with intellectual disabilities (ICF/ID), and nursing facilities.

Service Coordination Plan is a standardized tool utilized by RCCOs and PCMPs in the ACC: MMP to coordinate with other providers and to collaborate with the patient to document the patient's basic demographic information; release of information; cultural and linguistic considerations; prioritized domains of care; short- and long-term goals and objectives; available interventions and potential methods; contacts and objective timelines; and timeframes for updates and revisions.

Primary Care Medical Provider (PCMP) is one of the Accountable Care Collaborative (ACC) program's three main components. It is the designation for a primary care provider participating in the ACC Program who serves as the Medicaid patient's main health care provider and medical home where the patient receives the majority of primary care services. The PCMP helps to identify the most appropriate service provider for patients who need specialty care.

Regional Care Collaborative Organization (RCCO) is one of the Accountable Care Collaborative (ACC) program's three main components. Each RCCO is responsible for connecting Medicaid patients, and the Demonstration's Medicare-Medicaid patients, to providers and for assisting patients in finding community and social services in their area. The RCCO helps providers communicate with patients and with each other to ensure that patients receive coordinated care.

Statewide Data and Analytics Contractor (SDAC) is one of the Accountable Care Collaborative (ACC) program's three main components. It provides the Department, RCCOs, and PCMPs with patient-utilization and program-performance data. It provides a continuous feedback loop of critical information to foster accountability and ongoing improvement.

COLORADO
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