



ACC Model Details and Policy Decisions

APRIL 21, 2015

The next phase of the Accountable Care Collaborative (ACC) seeks to optimize health for those served by Medicaid through accountability for value and client experience at every life stage. Much of the new ACC is still being developed in accordance with the timeline below. This update summarizes three key structural decisions that have been made for the ACC Model that will be in place starting July 1, 2017. Over the next year, the Department plans to conduct stakeholder outreach and additional research to continue developing the program model.

Administrative Structure: The Department will contract with one administrative entity in each region of the state to be responsible for the duties traditionally performed by the Regional Care Collaborative Organizations (RCCO) and Behavioral Health Organizations (BHO). This change will improve the client experience by creating one point of contact and clear accountability for whole person care.

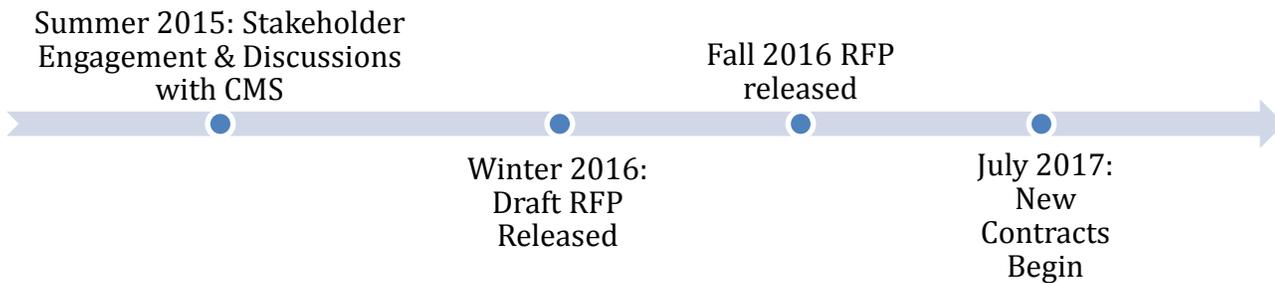
RCCO	BHO
<ul style="list-style-type: none"> • Care coordination and medical management • Network development/management • Provider support • Ensure medical home level of care for members • Achieve financial and health outcomes 	<ul style="list-style-type: none"> • Care coordination • Network development/management • Provider support • Ensure service delivery is consistent with recovery and resilience model/trauma informed care • Reporting, quality assessment, performance improvement

Regional Map: The ACC regions will align with the current RCCO regional map. There are two counties in the current BHO regions that don't align with the existing seven RCCO regions, Elbert and Larimer. We will hold stakeholder meetings in those communities to determine how to handle the regional assignment for those two counties. We will work to ensure administrative simplicity for providers who serve clients in multiple regions.

Payment: The next phase of ACC payment will support greater integration of care at the local service system and provider levels, and greater integration of health care systems at the regional and state levels. At the beginning of the contract, the ACC will continue to pay most physical health through managed fee for service and most behavioral health through a capitated payment structure. Over the course of the five year contract, the Department will create a glide path to better align payment structures to incent value and quality of care. These changes in payment may differ between regions and may be implemented in phases. The applying administrative entity will need to have necessary licensure to manage limited behavioral health risk.



Timeline



Stakeholder Input

We will continue to seek stakeholder guidance and input through public meetings of the [ACC Program Improvement Advisory Committee](#) and its subcommittees. More information about the next iteration of the ACC Program is available via [the RCCO RFP webpage](#), or by contacting Kevin Dunlevy-Wilson at RCCORFP@state.co.us or 303-866-5351.

If you have questions about these policy decisions please contact Kathryn Jantz at Kathryn.Jantz@state.co.us or 303-866-5972.

