



COLORADO

Department of Health Care  
Policy & Financing

# Accountable Care Collaborative Phase II County FAQs

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*July 10, 2018*

The following frequently asked questions (FAQs) have been collected from County Directors. The FAQs are intended to provide guidance on the next Phase of the Accountable Care Collaborative (ACC) to County Leadership but should not be considered comprehensive. We encourage County Leadership to see all resources available on [CO.gov/HCPF/ACCPhase2](http://CO.gov/HCPF/ACCPhase2).

## Regional Accountable Entities (RAEs)

**When will the Regional Accountable Entity contracts be signed and available online?**

The contracts were executed in April 2018 and are posted on [CO.gov/HCPF/ACCPhase2](http://CO.gov/HCPF/ACCPhase2).

**What is the general RAE structure?**

The Department produced an overview webinar on ACC Phase II, including the structure of the RAEs. You can access the recording as well as other helpful resources at [CO.gov/HCPF/ACCPhase2](http://CO.gov/HCPF/ACCPhase2).

**How are the RAEs going to be different than the Regional Collaborative Care Organizations (RCCOs)?**

The RAEs will be different than the RCCOs in that they will be responsible for administering both physical and behavioral health. They will assume the duties of the RCCOs and the BHOs. The Department produced an overview webinar on ACC Phase II, including information on what is changing and what is staying the same in ACC Phase II. You can access the recording as well as other helpful resources at [CO.gov/HCPF/ACCPhase2](http://CO.gov/HCPF/ACCPhase2).

**What safeguards exist in the RAE contracts to prevent conflicts of interest?**

The Department has added a number of RAE requirements in Phase II of the program related to reporting and transparency. One of those requirements is that the RAE

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submit and make public their governance plan. This deliverable will allow Department staff and other stakeholders to view governance plans and address any perceived conflict of interest.

### **How can members raise concerns about conflicts of interest or barriers to care?**

Members should first contact their RAE to resolve access to care issues. Members can also file a grievance through the RAE, which is also reported to the Department.

### **How can counties raise concerns about potential barriers to care and conflicts of interest?**

Counties can work directly with the RAE regarding potential barriers to care. Additionally, counties can contact the Department regarding possible conflicts of interest if they do not feel the issue was adequately addressed by the RAE.

### **Who pays Care Coordinators?**

The administrative per member, per month (PMPM) payments will be made directly to the RAEs. The RAEs will have authority to make administrative payments to Primary Care Medical Providers (PCMPs) participating in the ACC. Ultimately, the RAEs are responsible for ensuring care coordination is available to the members who need it, whether they provide the care coordination or they work with PCMPs to provide the coordination needed.

### **How to do we advise Health First Colorado members to navigate the new system?**

Every member of Health First Colorado (Colorado's Medicaid Program) has a primary care provider and belongs to a regional organization that helps connect them with the health care they need.

A member's primary care provider is their first contact for their health and wellness services. Health First Colorado will assign members with a primary care provider. A member can choose another participating primary care provider at any time by calling Health First Colorado Enrollment.

Each member also belongs to the regional organization their primary care provider works with. A member's regional organization can help them understand and use their health care benefits and help them find providers for their physical and behavioral health needs.

For more member-facing communications and messaging, visit our Member Messaging



Resource Center on [CO.gov/HCPF/ACCPhase2](https://www.colorado.gov/HCPF/ACCPhase2).

### **What are the expectations for how RAEs are communicating with and including counties in governance and their implementation plans?**

The Department have webinars, fact sheets and FAQs available for stakeholders on [CO.gov/HCPF/ACCPhase2](https://www.colorado.gov/HCPF/ACCPhase2). Currently, RAEs are focused on contracting with PCMPs and submitting their provider network information to the Department. They are also working on attribution and are working on behavioral health networks. If the RAE hasn't reached out to you, now is the time to reach out to them. We encourage each county to introduce yourself and let them know that you want to make sure you have formal relationship with them to help members. The RAE contract requires that they work with counties and social services partners to coordinate care, particularly around transitions of care. The contact information for each RAE can be found at [CO.gov/HCPF/ACCPhase2](https://www.colorado.gov/HCPF/ACCPhase2).

## **Provider Networks & Access to Care**

### **Will the RAE provider networks be large enough to meet needs of members?**

Yes, following federal guidelines, the RAE contract includes requirements regarding an adequate network and access standards. These requirements also include responsibilities to develop strategies to mitigate network shortages to ensure adequacy. Strategies may include use of single case agreements, telehealth and other mechanisms to ensure member care needs are met.

### **What is the timeline for providers to contract with the RAEs?**

The RAEs have been engaged in contracting with their PCMP network and have submitted those networks to the Department to meet the Department's aggressive timeline. All RAEs are now working on contracting with their BH network providers. Much of this work is done in some regions. If a provider has not completed a RAE's credentialing process by July 1, the RAEs are required to ensure continuity of care during the transition and can use other mechanisms, such as single case agreements, to ensure that continuity.

### **Counties have been sending lists of providers to the RAEs, suggesting they contract with the providers. Will counties hear back on their suggestions of providers to the RAEs? How will counties know which providers were contracted with the RAE?**

The RAEs continue to be engaged in contracting with their PCMP and behavioral health networks. The RAEs are required to update monthly a directory of their PCMP network and behavioral health network that is available on their website. We encourage counties

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to reach out to the RAE that covers their county to establish a working relationship. The RAEs are expected to develop relationships with community partners and stakeholders to best serve members. The contact information for each RAE can be found at [CO.gov/HCPF/ACCPhase2](http://CO.gov/HCPF/ACCPhase2).

### **Does the Department collect data on how quickly members can access services within each RAE, including how long it takes to get follow up services, etc.?**

Yes. Some of this tracking of access to services is federally required and all contracts with RAEs are in full compliance with the federal requirements. Above and beyond the federal requirements, the Department has developed the behavioral health incentive program which includes incentives related to behavioral health screening and assessment for foster care children, engagement of outpatient substance use disorder treatment, and other performance metrics. The Department is holding the RAEs accountable for these measures and others to be able to appropriately monitor access to care.

## **Behavioral Health**

### **How will behavioral health services be administered under ACC Phase II?**

The RAEs will perform the duties previously performed by the Behavioral Health Organizations. The Department produced an overview webinar on ACC Phase II, including information on behavioral health services in ACC Phase II. You can access the recording as well as other helpful resources at [CO.gov/HCPF/ACCPhase2](http://CO.gov/HCPF/ACCPhase2).

### **Why did the Department retain the behavioral health capitation as opposed to moving to fee-for-service?**

Very early on in the process of designing Phase II of the ACC, the Department decided to retain the capitated benefit for behavioral health care in an effort to maintain the full continuum of community-based, alternative services that are only available under capitation and a waiver with the federal Centers for Medicare & Medicaid Services (CMS). For additional information on the Department's decision to retain the behavioral health capitation, see our [program decision](#).

### **What are the credentialing requirements and process for behavioral health providers?**

Federal regulations require credentialing, so state Medicaid programs can ensure inclusion of quality network providers. The new RAEs will be responsible for administering both the physical and behavioral health benefit, therefore, there is an incentive for the RAE to ensure a robust, quality network to meet the needs of their

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members.

### **What requirements do the RAEs have in terms of behavioral health provider contracting?**

The Department has several requirements around network development in the RAE contracts. The Department must follow federal requirements on network adequacy standards, which includes making sure to contract with a variety of providers to meet the needs of all members. The contracts require RAEs to contract with both community mental health centers as well as private behavioral health practitioners. The Department has been made aware by the RAEs that they are contracting with other providers who may not have been part of the network before. That being said, the ACC has requirements that providers are also credentialed by RAEs. For more information please see our provider contract webinar and fact sheets on [CO.gov/HCPF/ACCPhase2](https://www.colorado.gov/HCPF/ACCPhase2).

### **What requirements do RAEs have related to behavioral health networks?**

Each RAE is responsible for its own network and they have to demonstrate network adequacy to the Department. The RAE contracts require adequate access to behavioral health services included in the Capitated Behavioral Health Benefit, which includes meeting the network adequacy standards. Each RAE can still place their own limitations on networks. The Department has also engaged an external quality review vendor who will help determine and monitor networks to make sure they meet the proper adequacy standards. Additionally, the new managed care regulations require the RAE to notify the Department if a provider is leaving the network and if that will make it hard for members to receive certain services.

There are also opportunities for single-case agreements for established relationships and specialty providers outside of network that the RAE can arrange. We encourage counties to reach out directly to the RAEs if you believe their network is missing key providers.

### **What will be the behavioral health appeals process be under ACC Phase II?**

The RAEs will handle appeals for all services denied under the Capitated Behavioral Health Benefit. Fee-for-service medical service denials are handled by the Department. The RAEs follow specific federal regulations in managing appeals.

### **Can you explain the new short-term behavioral health services in the primary care setting?**

The Department has developed a [fact sheet](https://www.colorado.gov/HCPF/ACCPhase2) dedicated to this topic that can be found on [CO.gov/HCPF/ACCPhase2](https://www.colorado.gov/HCPF/ACCPhase2).



## Attribution

### How will attribution work for Phase II?

The Department has produced a number of resources related attribution on [CO.gov/HCPF/ACCPhase2](https://www.colorado.gov/HCPF/ACCPhase2).

## Child Welfare

### What are the expectations or services members should consider, specifically a high-needs child welfare member, for a care coordination? What recommendations does the Department have for facilitating communication between the Department of Human Services and the member's care coordinator?

Members will continue to have access to the same continuum of services currently offered under the behavioral health capitation. Child welfare workers may continue to coordinate services with the Members PCMP and behavioral health providers. The RAEs may provide additional support and coordination as necessary. The Department encourages each county to reach out to the RAE in their area and formalize how they will interface with the RAE.

### What are the expectations for RAEs to collaborate with Child Welfare?

The RAE contract includes several requirements related to coordinating with other state and county agencies as well ensuring appropriate care coordination and transitions of care for special populations. Child welfare offices are encouraged to reach out to their RAEs and establish working relationships.

### What is the attribution process for foster care Health First Colorado members?

Department staff recently meet with several state and local child welfare representatives and determined that child welfare involved members would be enrolled in the same way as the general Health First Colorado population. For Phase II, the PCMP attribution will also determine a member's RAE assignment. Members will be assigned to the RAE region in which their PCMP is located. This is a change from Phase I of the program, as members were assigned to a RCCO based on their county of residence. The Department decided to change the attribution and enrollment process in response to stakeholder feedback indicating a desire for each practice site to have a single regional entity to work with. For more information please see our [Attribution of Foster Care Members to Primary Care Medical Providers Fact Sheet](#).



## How can a county view a member's RAE enrollment and assignment information?

If the county is enrolled as a Medicaid provider and has access to the Colorado interChange, individual member enrollment and assignment information can be accessed through the Provider Web Portal. See the Provider Web Portal [Quick Guide on Verifying Member Eligibility](#).

For counties not enrolled as a Medicaid provider and who do not have access to Colorado interChange system, county staff should contact the RAE who serves their region for assistance in accessing member enrollment and assignment information.

## Tribal

### How will tribal members access behavioral health services?

The way tribal members access behavioral health services will not change in Phase II.

### Please provide an update on care coordination compacts.

The Department is working to facilitate Care Coordination Agreements between IHS and non-IHS providers. These agreements will address how care will be coordinated once a patient is referred out to a non-IHS provider and will include details on care coordination and how/when information is shared back with the referring provider. CMS has dictated these terms as part of a [State Health Official letter they issued in 2016](#). This letter expands upon the care coordination and the requirements for these agreements. If all requirements have been fulfilled, the state is eligible for 100% FMAP on these claims for the American Indian/Alaska Native population.

## Member Enrollment in Kaiser Permanente

### What changes have been made to member enrollment in Kaiser Permanente?

Kaiser Permanente has changed its participation with Health First Colorado. As of July 1, 2018, Kaiser Permanente will no longer serve as a Medicaid Primary Care Medical Provider (PCMP) outside of the Denver and Boulder area. Kaiser Permanente has chosen to not contract as a PCMP with the following regional organizations: 1,2,4, and 7.

In late June, Kaiser Permanente sent letters to approximately 5,600 impacted Health First Colorado members enrolled with Kaiser Permanente notifying them of this change. The impacted Kaiser Permanente members were disenrolled from Kaiser Permanente effective June 30, 2018. Impacted members were assigned a new PCMP and regional organization following the Department's attribution methodology, see our [fact sheet](#) and

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[FAQs](#) for more information. Members will be notified of this assignment through a letter from Health First Colorado Enrollment.

**Can a Health First Colorado member outside of the Denver/Boulder area be assigned to a Kaiser Permanente provider in Denver/Boulder?**

No. Kaiser Permanente is only contracted as a Health First Colorado provider in Denver/Boulder and can only see Health First Colorado members in the Denver/Boulder service area. Health First Colorado members will receive a letter between July 2-23 telling them their assigned primary care provider and regional organization. Members can contact Health First Colorado Enrollment to help find a new or change their primary care provider at 1-888-367-6557. State Relay: 711 for callers with hearing or speech disabilities. Call Monday to Friday, 8 a.m. to 5 p.m. The call is free.

**Is Kaiser Permanente accepting additional members at this time?**

No. Kaiser Permanente is not accepting additional Health First Colorado members at this time and is not able to make any exceptions. Members can contact Health First Colorado Enrollment to help find a new or change their primary care provider at 1-888-367-6557. State Relay: 711 for callers with hearing or speech disabilities. Call Monday to Friday, 8 a.m. to 5 p.m. The call is free.

**Can an individual who previously had private health insurance coverage through Kaiser Permanente continue to be enrolled in Kaiser Permanente as a Health First Colorado member?**

No. Kaiser Permanente is not accepting additional Health First Colorado members at this time and is not able to make any exceptions. Members can contact Health First Colorado Enrollment to help find a new or change their primary care provider at 1-888-367-6557. State Relay: 711 for callers with hearing or speech disabilities. Call Monday to Friday, 8 a.m. to 5 p.m. The call is free.

**Can a Health First Colorado member who is currently seeing a Kaiser Permanente primary care provider, change their provider?**

Yes. Health First Colorado members can change their primary care provider at any time. It is important to know that if a member chooses a primary care provider outside of Kaiser Permanente, they will not be able to see a Kaiser Permanente provider in the future. Kaiser Permanente is not accepting additional Health First Colorado members at this time and is not able to make any exceptions. Members can contact Health First Colorado Enrollment to help find a new or change their primary care provider at 1-888-367-6557. State Relay: 711 for callers with hearing or speech disabilities. Call Monday to Friday, 8 a.m. to 5 p.m. The call is free.





## Other

### **What are the key performance indicators (KPI) for ACC Phase II?**

The Department has developed a fact sheet on all performance measurement activities, see our [Performance Measurement Fact Sheet](#).

### **What were the metrics/outcomes of ACC Phase I? In what areas was it most successful and in what areas do we need to work a little more?**

In the first iteration of the ACC, the Department prioritized well-child checks, postpartum care and emergency room visits. While the RCCOs realized performance improvements across all three incentive measures, there is room for continued improvements. Under ACC Phase II, the Department will incentivize well visits, prenatal engagement, and emergency department visits, in addition to several other performance measures. For a full list of performance measures, and other pay for performance initiatives in the next phase of the ACC, please refer to our [Performance Measurement fact sheet](#).

Additionally, for more information on outcomes and past performance of the RCCOs, see our past [ACC Annual Reports and ACC Evaluation](#).

### **Where can counties find more information on Early and Periodic Screening Diagnostic Treatment (EPSDT)?**

Counties and any other interested party can find trainings, federal and state regulations, managed care expectations, reporting and other information about the program here at [CO.gov/hcpf/early-and-periodic-screening-diagnostic-and-treatment-epsdt](https://www.colorado.gov/hcpf/early-and-periodic-screening-diagnostic-and-treatment-epsdt).

### **What role does the Colorado Opportunity Project have in Phase II?**

The Colorado Opportunity Framework has been integrated into Phase II of the ACC. Please see the Neighborhood and Community section of the RFP and contract.

## **For more information & to submit questions visit**

[CO.gov/HCPF/ACCPhase2](https://www.colorado.gov/HCPF/ACCPhase2)

