

# *Colorado's Accountable Care Collaborative Phase II*

An Overview

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**COLORADO**

Department of Health Care  
Policy & Financing

# *ACC Program History*

## **Created in response to:**

- Unsuccessful experience with capitated Managed Care
- 85% in an unmanaged Fee-For-Service (FFS) system
- Unprecedented economic situation, highest Medicaid caseload and expenditures in state history
- Desire not to continue to pay for higher volume/utilization

## **Colorado's delivery system reform**

- Governor's agenda, stakeholder input, and budget action
- Developed prior to federal ACO concept

# *ACC Successes*

- FY 2012-2013: \$6 million net reduction in total cost of care
- FY 2013-14: \$30 million net reduction in cost (after all program expenses)
- Lower rates of exacerbated chronic health conditions such as hypertension (5%) and diabetes (9%) relative to clients not enrolled in the ACC Program
- Over 75% of enrollees are linked to a PCMP after six months of enrollment



# *Community Behavioral Health Services Program History*

- The Community Behavioral Health Services (CBHS) Program is a carved-out managed care model for mental health and substance use disorder treatment in Colorado
- Authorized by the General Assembly in the mid-1990s when most services were offered either fee-for-service or through comprehensive managed care plans
- Today, the CBHS Program is operated by 5 Behavioral Health Organizations (BHOs)
- System operates under 1915(b) waiver authority from the Centers for Medicare & Medicaid Services.

# *BHO Successes*

- BHOs have been successful in using **evidence-based programs**
- Many CMHCs are **partnering, co-locating**, and exploring other **moves towards integration**
- BHOs have **strong relationships** with many community partners and have established **comprehensive networks** to address the needs of many clients
- The Community Behavioral Health Services Program has **protected funding** for behavioral health services
- The BHOs have successfully managed **program costs**.
- Developed a continuum of **alternative community based services**



# *Why Make a Change?*

- Fragmented Medicaid System
- Required to re-procure Regional Care Collaborative Organizations
- Desire for greater physical and behavioral health integration
- Opportunity to continue to reduce costs and improve quality
- New federal opportunities



# *Designing ACC Phase II*

## **GOAL:**

*To optimize health for those served by Medicaid through accountability for value and client experience at every level of the system and at every life stage*

**This is the impact we want to see in Colorado.**



# *Phase II: Guiding Principles*

1. Person- and family-centeredness
2. Accountability at every level
3. Outcomes-focused and value-based



# *Phase II: Outcomes*

**Improved  
Health**



**More  
Value**



**Better  
Experience**



# *Phase II: Outcomes*

<b>Improved Health</b> 	<b>Health Management</b>
	<b>Population Health</b>
	<b>Social Well-being</b>

# *Phase II: Outcomes*

**More  
Value**



**Evidence-based Cost Efficiency**

**Goals by Population and Service**

# *Phase II: Outcomes*

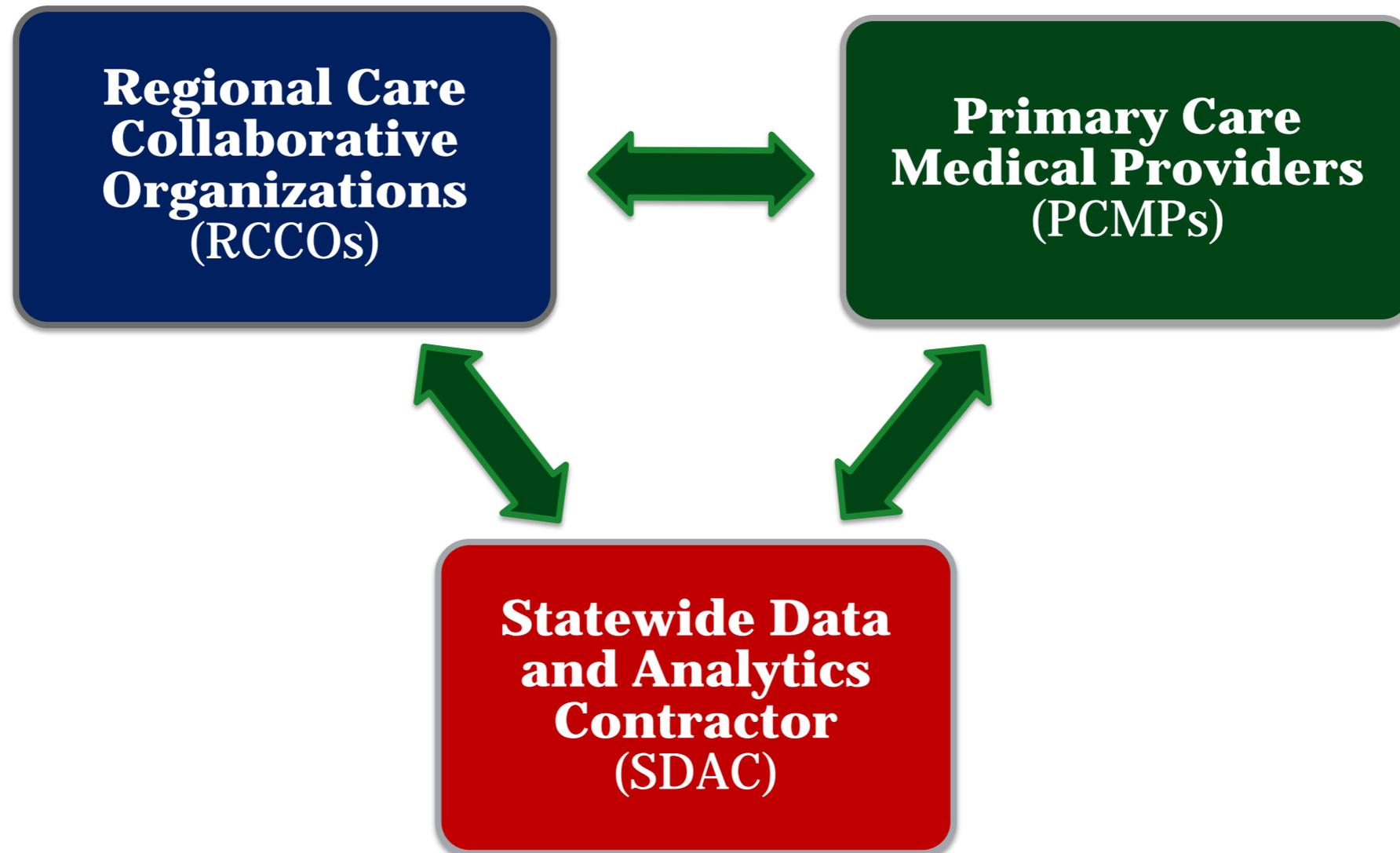
**Better  
Experience**



**Client Engagement**

**Efficient Systems**

# *Current ACC: Program Structure*



# *Phase II: Levels of Accountability*

- Client
- Health Neighborhood
- Regional Accountable Entity (RAE)
- The Department (HCPF)

# Phase II: Clients

<b>FY14-15 YTD Average</b>	<b>Prenatal</b>	<b>Adults 65 and Over</b>	<b>Individuals Under 65 with Disabilities</b>	<b>Adults</b>	<b>Children &amp; Foster Care</b>
<b>Number of Clients</b>	16,646	69,862	80,641	475,463	515,872
<b>Percentage</b>	1.43%	6.02%	6.94%	40.95%	44.43%

# *Phase II: Clients*

- Onboarding
- Client engagement
- Client incentives

# *Current: Primary Care Medical Provider (PCMP) Role*

- Approximately 550 PCMPs
- PCMPs serve as Medical Homes
- Member/family centered
- Whole-person oriented
- Promotes client self-management
- Care provided in a culturally and linguistically sensitive manner



# *Phase II: Health Neighborhood*

## **Health Team**

- Behavioral Health Providers
- Primary Care Medical Providers
- LTSS Case Management Agencies
- Certain specialists



# *Phase II: Health Neighborhood*

## **Health Team**

- Team-based client care
- Provide care coordination
- Utilize non-traditional health workers
- Promote integrated care within practices



# *Phase II: Health Neighborhood*

## **Broader Health Neighborhood**

- Specialists
- Hospitals
- Other medical providers
- Non-medical providers



# *Phase II: Health Neighborhood*

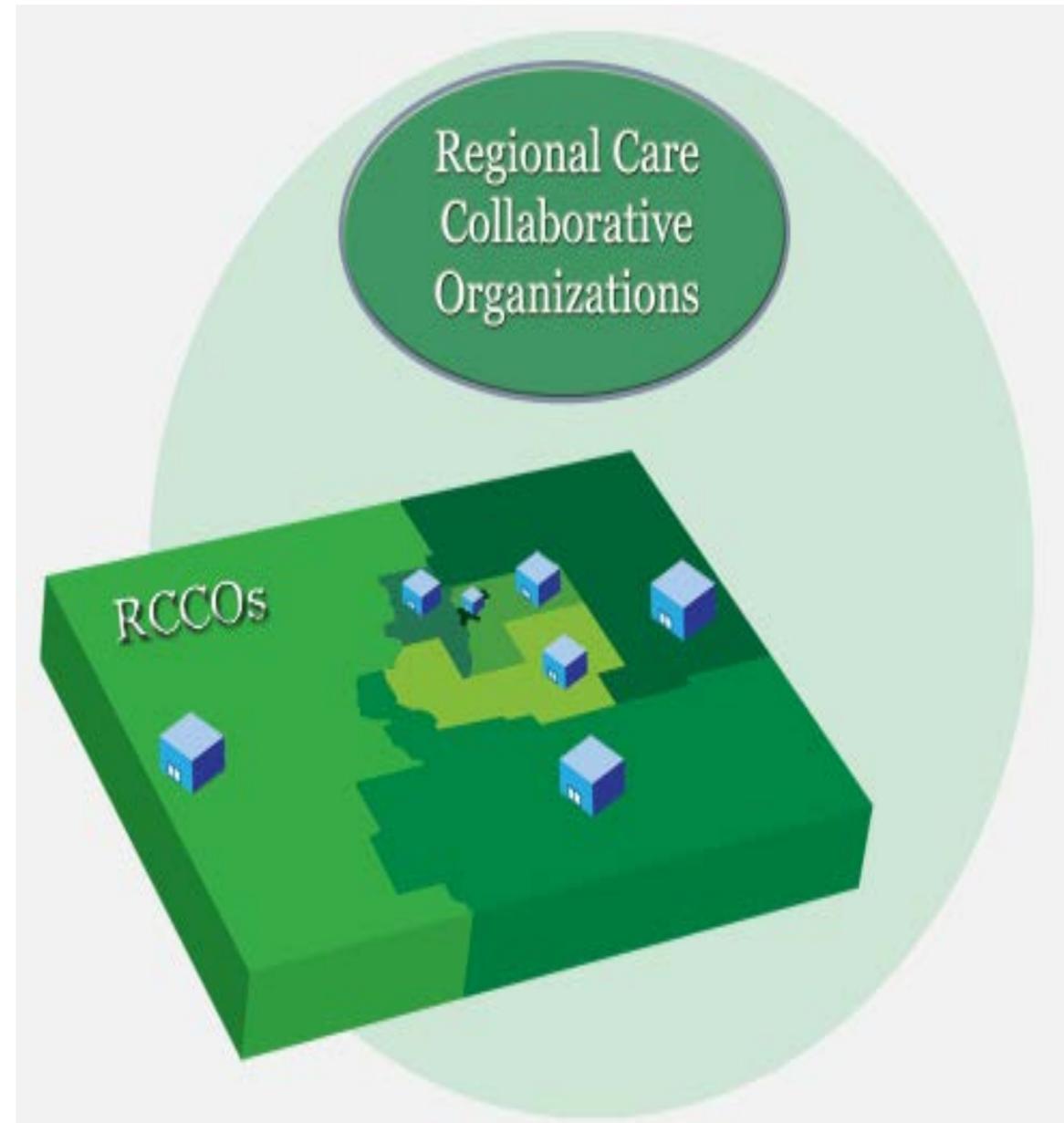
## **Broader Health Neighborhood**

- Provider compact
- Electronic consultation and other telehealth
- Hospital engagement and other incentives



# *Current: RCCO Role*

- Achieve financial and health outcomes
- Ensure a Medical Home level of care for every Member
- Network Development/Management
- Provider Support
- Medical Management and Care Coordination
- Accountability/Reporting



# *Current: BHO Role*

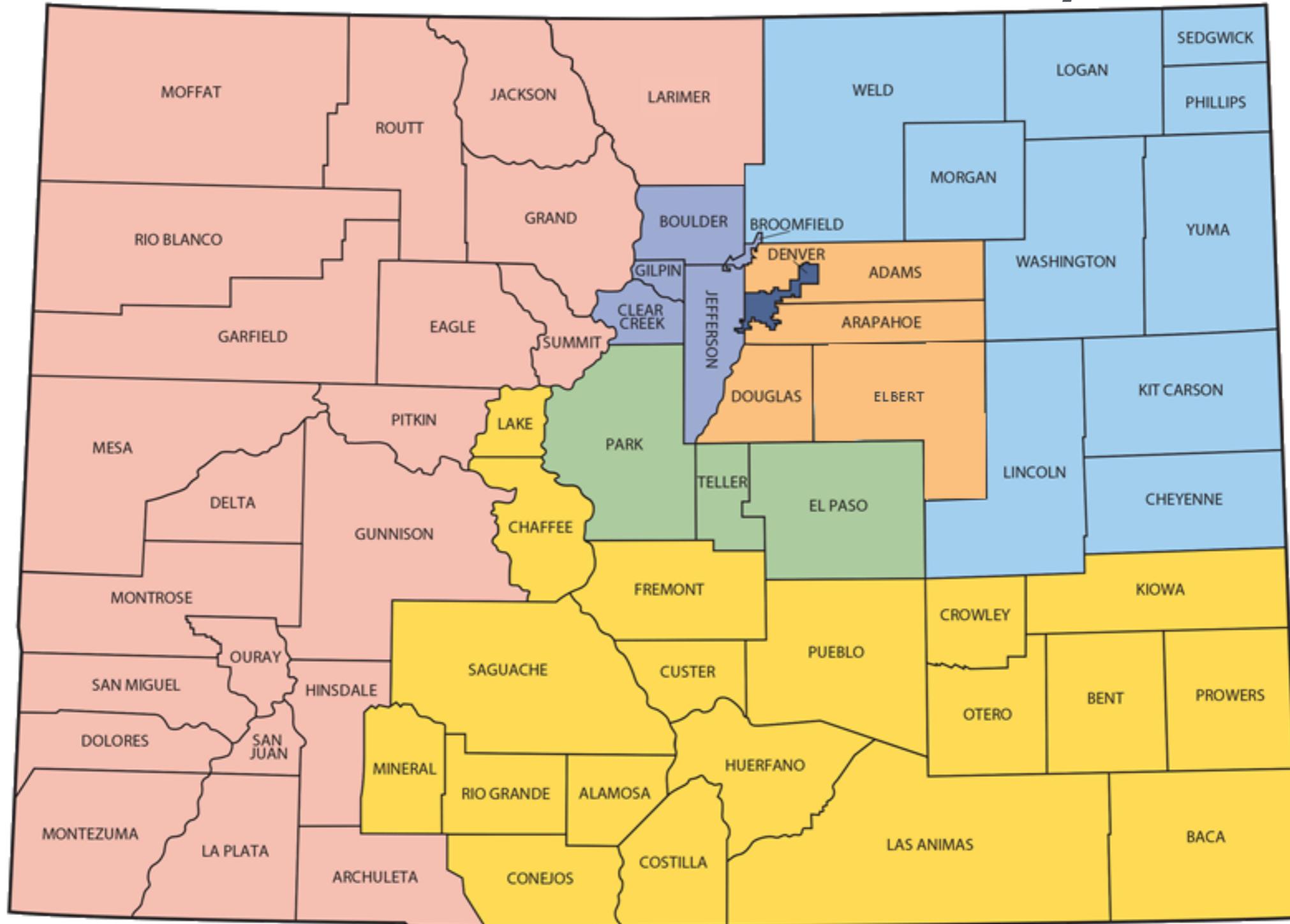
- Provide comprehensive behavioral health benefit
- Manage provider networks
- Operate authorization processes
- Pay providers
- Perform audits and quality functions
- Care coordination
- Accountability and reporting to the State



# *Phase II: Regional Accountable Entity*

- Unified administration of physical health and behavioral health
- Onboard clients
- Contract, support, and oversee network
- Develop a broad health neighborhood
- Convene Community
- Manage systems of care for special populations
- Make value-based payment to Health Team

# ACC Phase II: RAE Map



- Region 1
- Region 2
- Region 3
- Region 4

- Region 5
- Region 6
- Region 7



# *Phase II: The Department (HCPF)*

- Administer benefit package
- Enrollment into the RAEs
- Cross-program and cross-agency alignment



# *Phase II: Program Infrastructure*

There will need to be infrastructure investments at every level of accountability. These fall into three domains:

1. Payment
2. Health Information Technology
3. Sound Administration



# *Current: ACC PMPM Payments*

- RCCO PMPM: Payment is reduced for clients unattributed longer than 6 months
- PCMP PMPM: Enhanced Primary Care Standards
- FFS reimbursement for Medical Services

# *Current: BHO Payment*

Capitated managed-care payment. BHO is responsible for the claim when:

- The client is enrolled in the BHO
- The client has a BHO-covered diagnosis
- The service in question is covered by the BHO contract
- The service is medically necessary for the covered condition

# *Phase II: Payment*

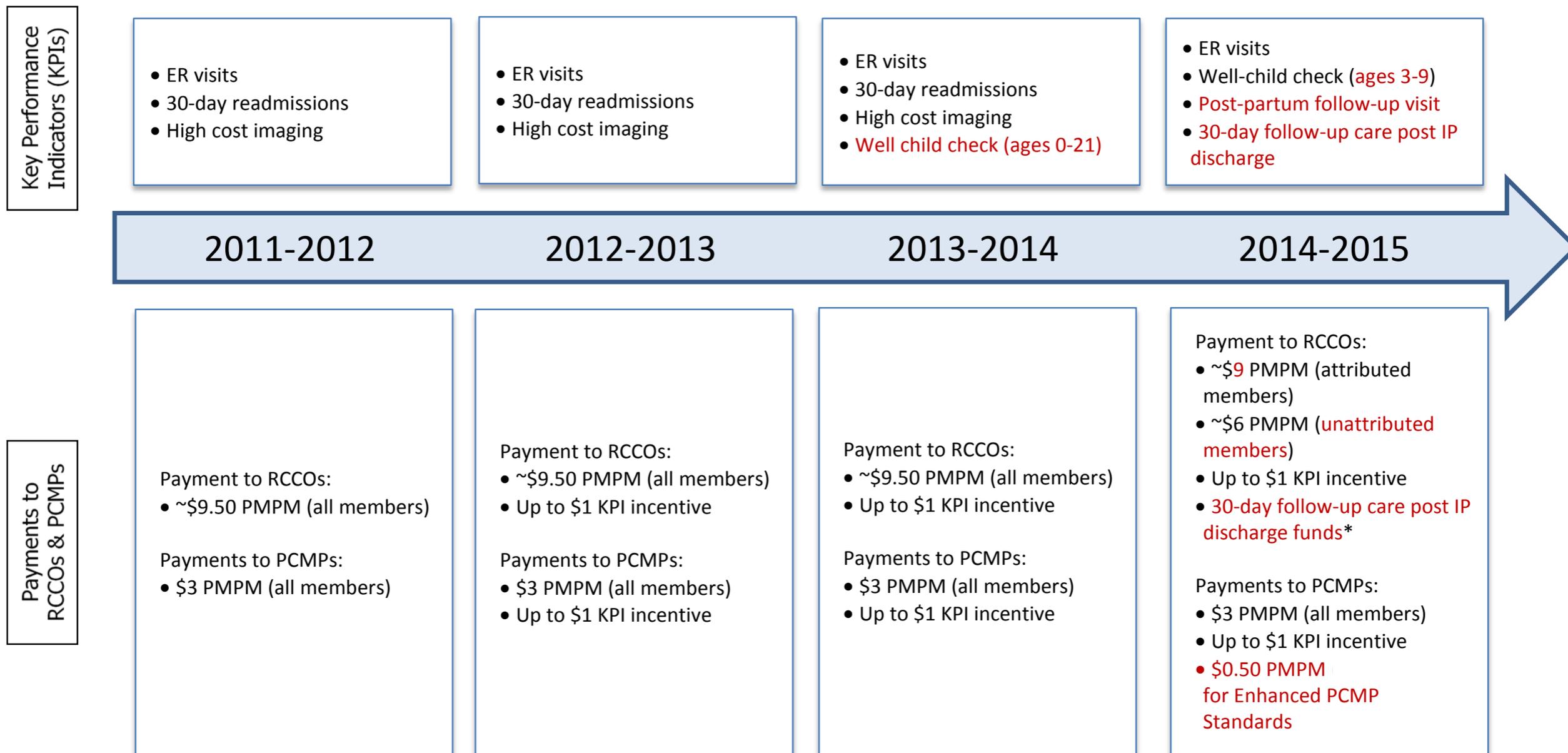
- PMPM to RAE: RAE makes value-based payments to Health Team providers
- Leverage new functionality for hospital payments
- Exploring aligned alternative payment methodologies for FQHCs, RHCs and CMHCs
- Value based payment formula
- Payments to support integration
- Outpatient professional capitation



# Current: Pay for Performance

## KPI & Payment Evolution (2011-2015)

**ACC Goal:** Improve care, lower cost, and improve client & provider experience.



\*Calculation: [All funds saved from reducing RCCO PMPM by \$0.50] + [funds retained from tiered payments for unattributed members] – [Amount paid for enhanced PCMP standards]



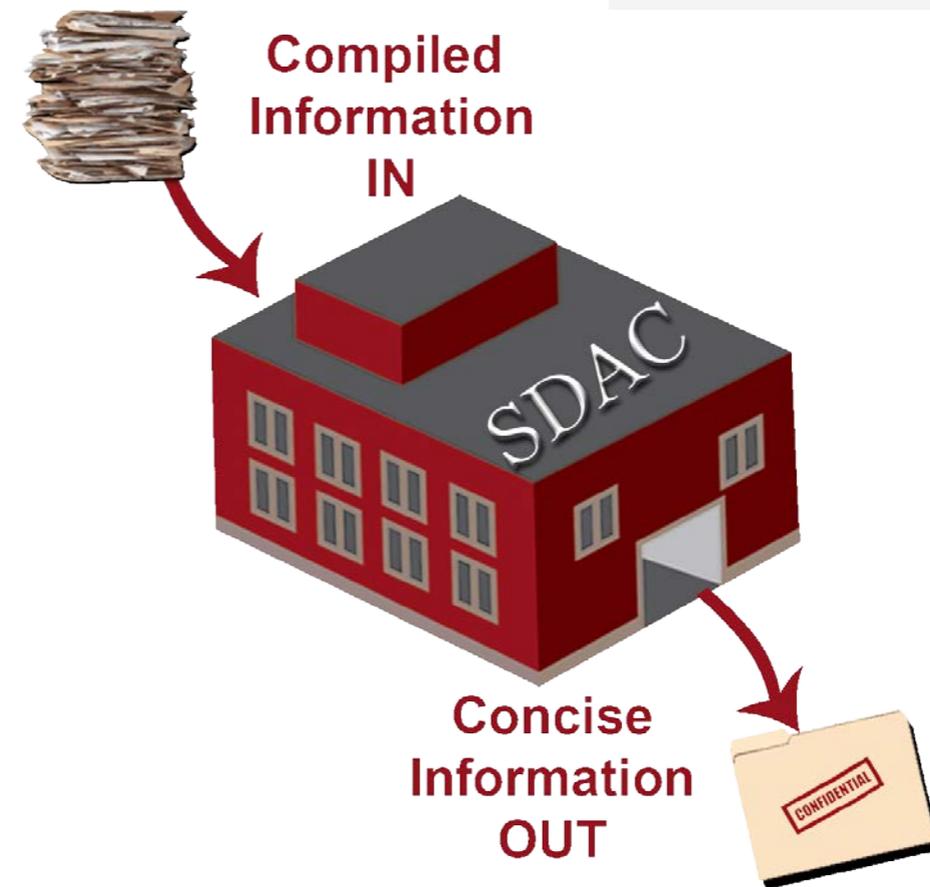
# *Phase II: Pay-for-Performance*

- Key Performance Indicators
- Competitive Pool
- Shared Savings



# *Current: Statewide Data Analytics Contractor Role*

- Data Repository
- Data Analytics & Reporting
- Web Portal & Access
- Accountability & Continuous Improvement



# *Phase II: Health Information Technology*

- Data, analytics, HIT
  - Enhanced Provider Portal
  - Additional analytics
  - New data sources
- Focus on Health Information Exchange
- Care coordination tool



# *Phase II: Sound Administration*

- Program oversight
- Program maximization



# *Phase II: Request for Proposals (RFP) Timeline*

- Spring-Summer 2014: Stakeholder meetings across Colorado
- Fall 2014: Request for Information (RFI) published
- Winter-Spring 2016: Drafting RFP and developing federal waiver authority
- Winter-Spring 2016: Draft RFP released
- Summer 2016: RFP published
- 2017: New ACC (RAE) contracts begin

# *Opportunities to Get Involved*

- October 21, 2015: ACC Phase II: Overview and Client Engagement
- November 10, 2015: Open Forum
- November 18, 2015: Program Improvement Advisory Committee Retreat
- December 16, 2015: Health Team Support & Payment
- January 12, 2016: Open Forum
- January 20, 2016: Advisory Structure and Stakeholder Engagement
- February 17, 2016: Care Coordination Strategy

# *Thank You*

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