

Colorado's Accountable Care Collaborative Phase II

An Overview

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COLORADO

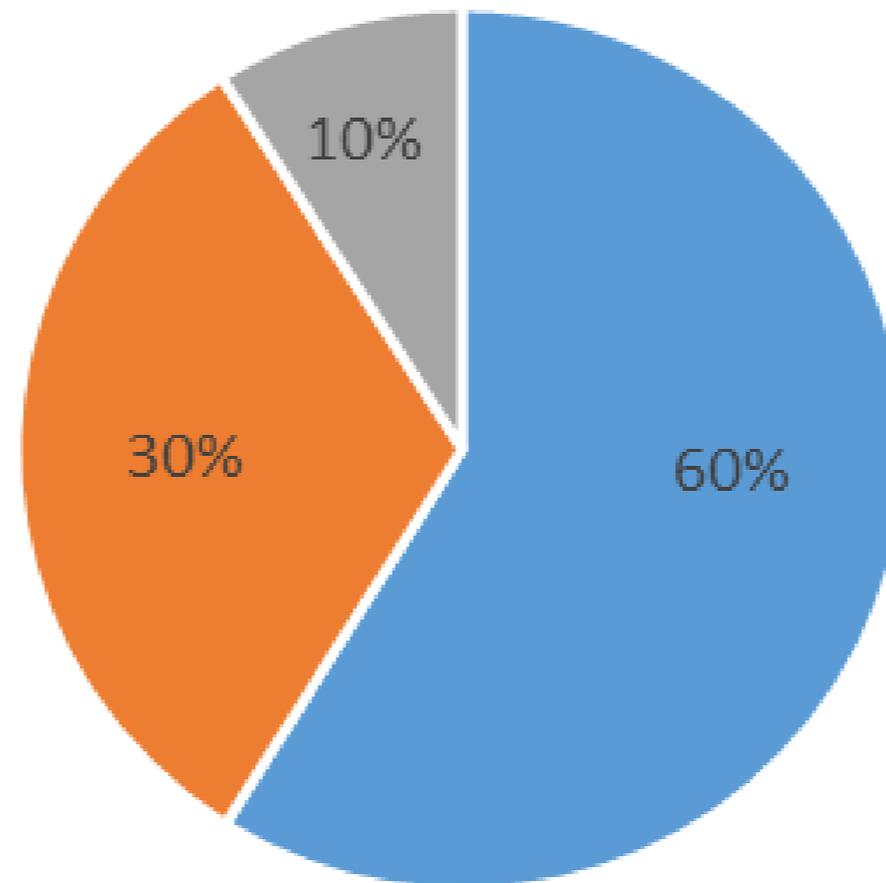
Department of Health Care
Policy & Financing

*What do we want the
care system to look
for Medicaid
recipients?*



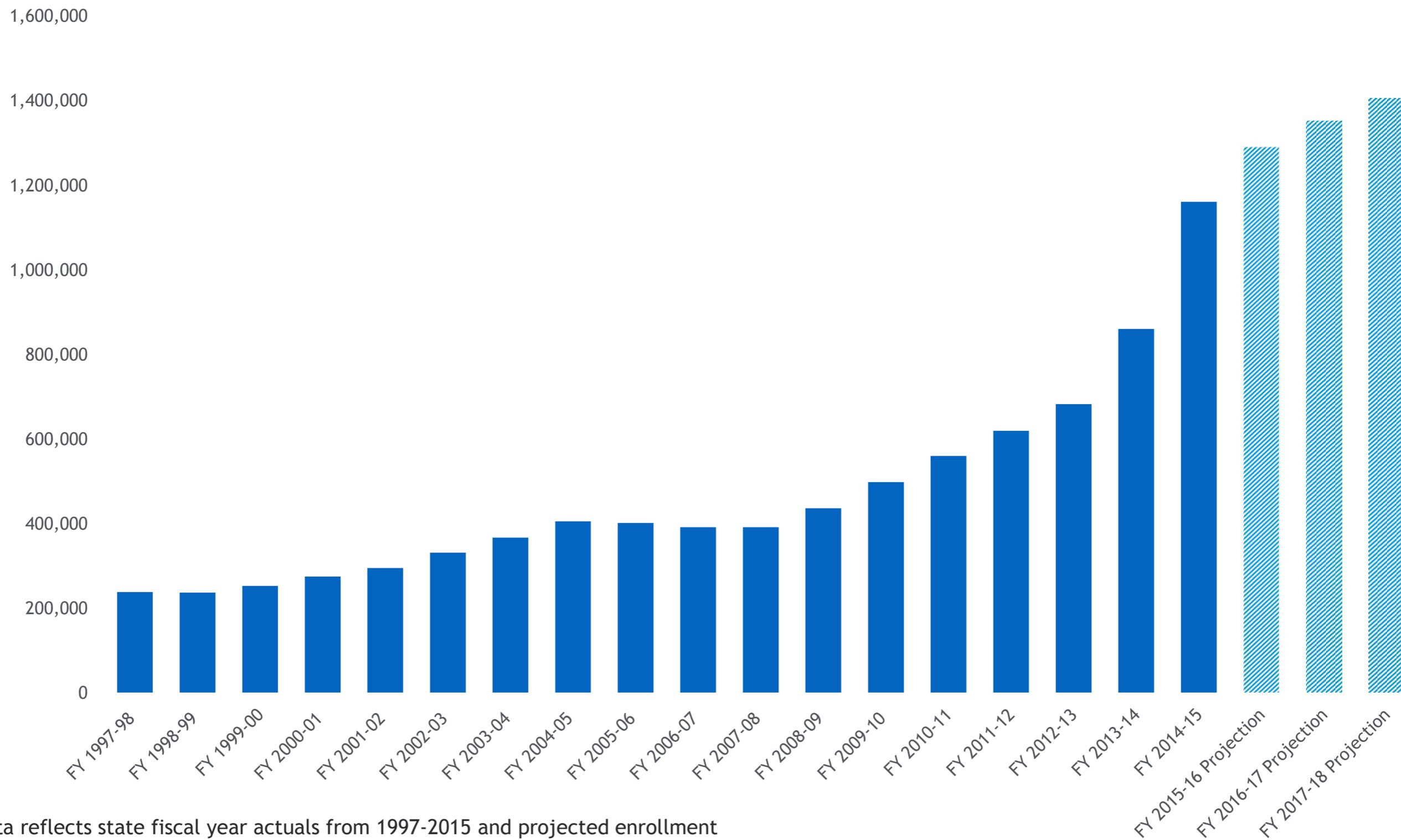
Medicaid Expenditures SFY 14-15 (Estimates)

■ Medical Services ■ LTSS ■ Behavioral Health



Medicaid Caseload

Medicaid Caseload 1997-2015 Actuals and 2015-2018 Projections*

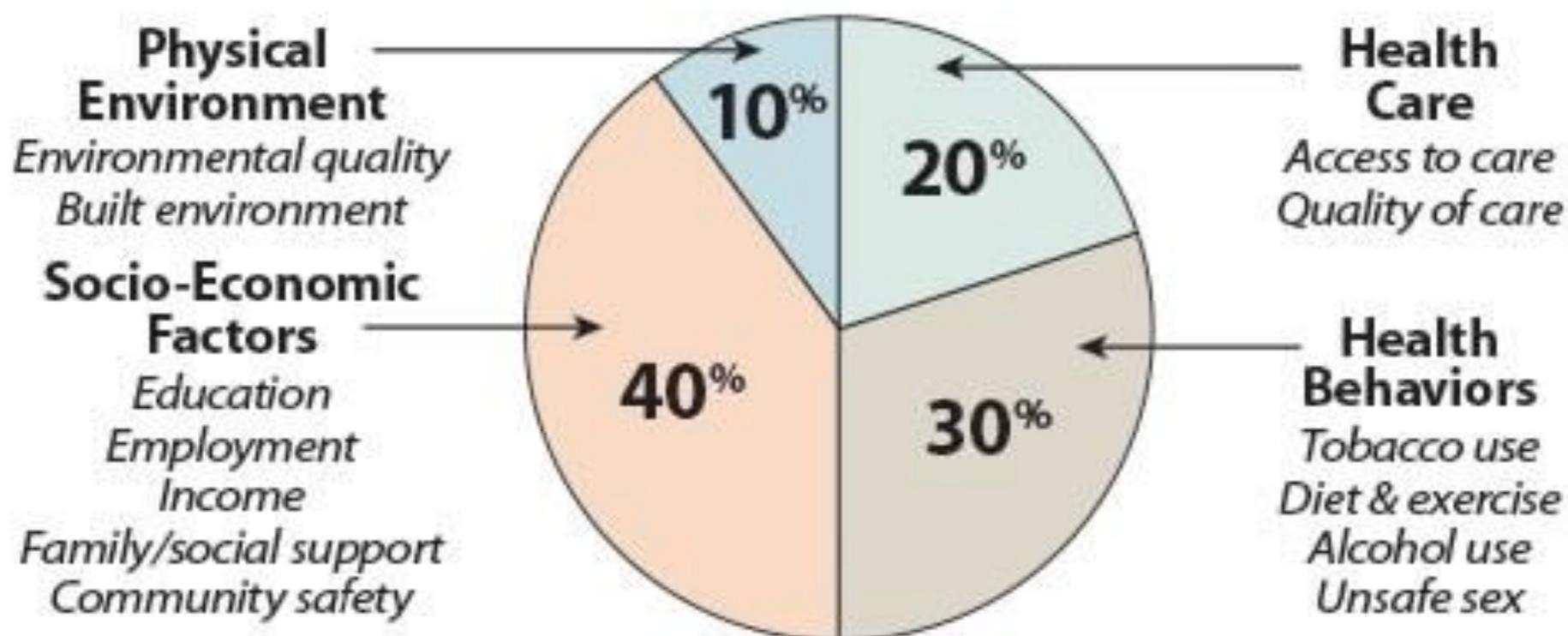


*Data reflects state fiscal year actuals from 1997-2015 and projected enrollment for 2015-2018 for all eligibility categories, does not reflect retroactivity.

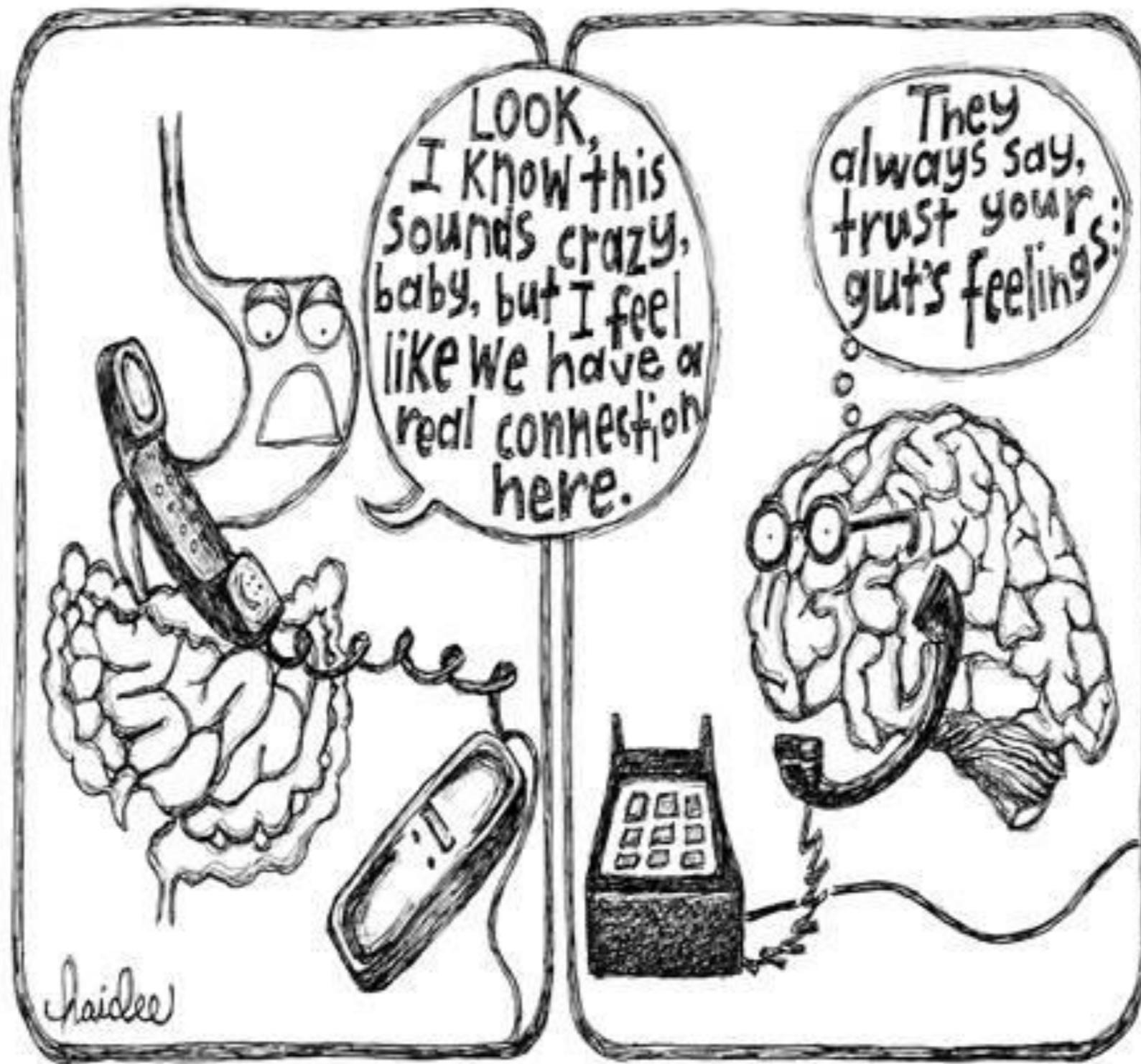


Social Determinants of Health

Population Health



Source: Authors' analysis and adaption from the University of Wisconsin Population Health Institute's *County Health Rankings* model ©2010, <http://www.countyhealthrankings.org/about-project/background>



Source: <http://probioticsrock.com/theres-a-link-between-probiotics-and-good-mental-health>

What can we accomplish?

- Whole person coordinated care
- Single point of accountability
- Robust continuum of behavioral health care
- Maximize state HIT investments and attain efficiencies
- More data and insight into services provided

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)

Accountable Care Collaborative Program History

- The ACC program is a managed fee-for-service model for physical health services in Colorado
- 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
- Today, the ACC Program is operated by 7 Regional Care Collaborative Organizations (RCCOs)

Why Now?

- Important opportunity to move towards integrated care
- Required to re-procure Regional Care Collaborative Organizations
- New federal opportunities
- Need to improve costs and quality

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.



ACC Phase II: Guiding Principles

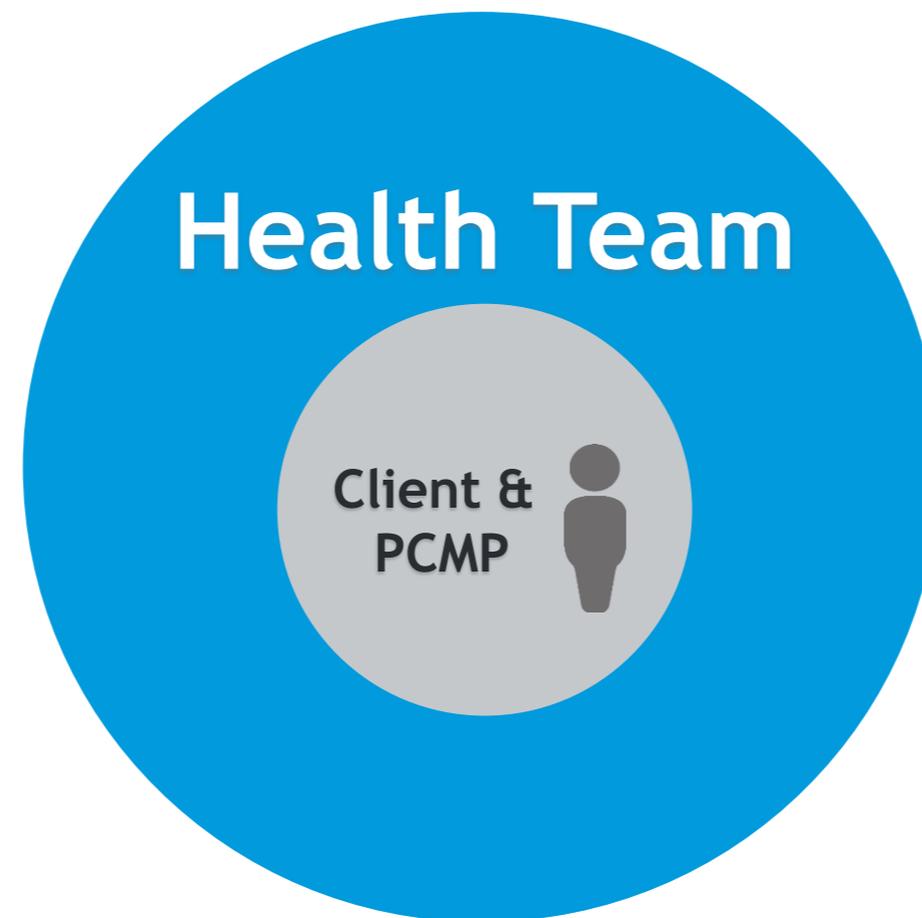
1. Person- and family-centeredness
2. Accountability at every level
3. Outcomes-focused and value-based

ACC Phase II: Outcomes

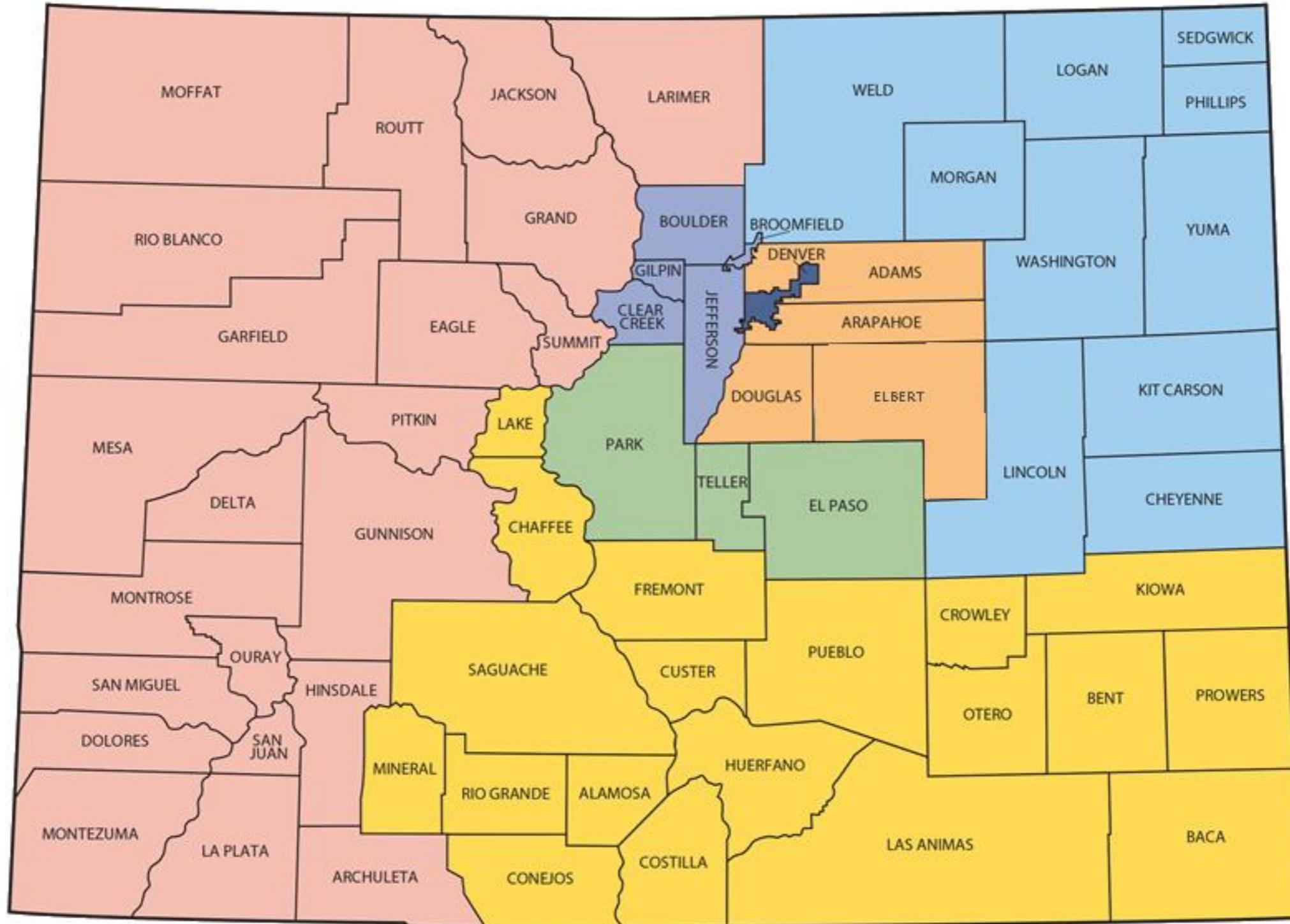
Improved Health 	Health Management
	Population Health
	Social Well-being
More Value 	Evidence-based Cost Efficiency
	Goals by Population and Service
Better Experience 	Client Engagement
	Efficient Systems

Welcome to Medicaid!

Step one: connect to a Regional Accountable Entity and a Primary Care Medical Provider



ACC Phase II: RAE Map

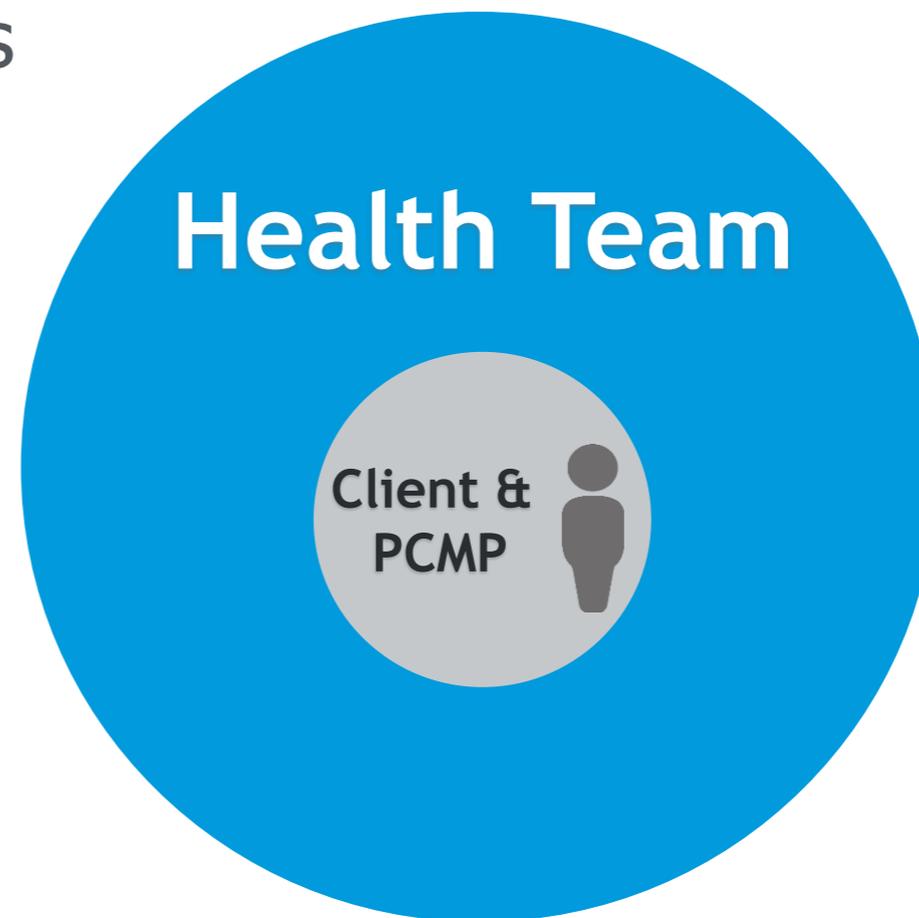


- Region 1
- Region 2
- Region 3
- Region 4

- Region 5
- Region 6
- Region 7

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



Health Team

Step One: Connect to a Regional Accountable Entity

Step Two: Onboarding



Health Team

Integrated

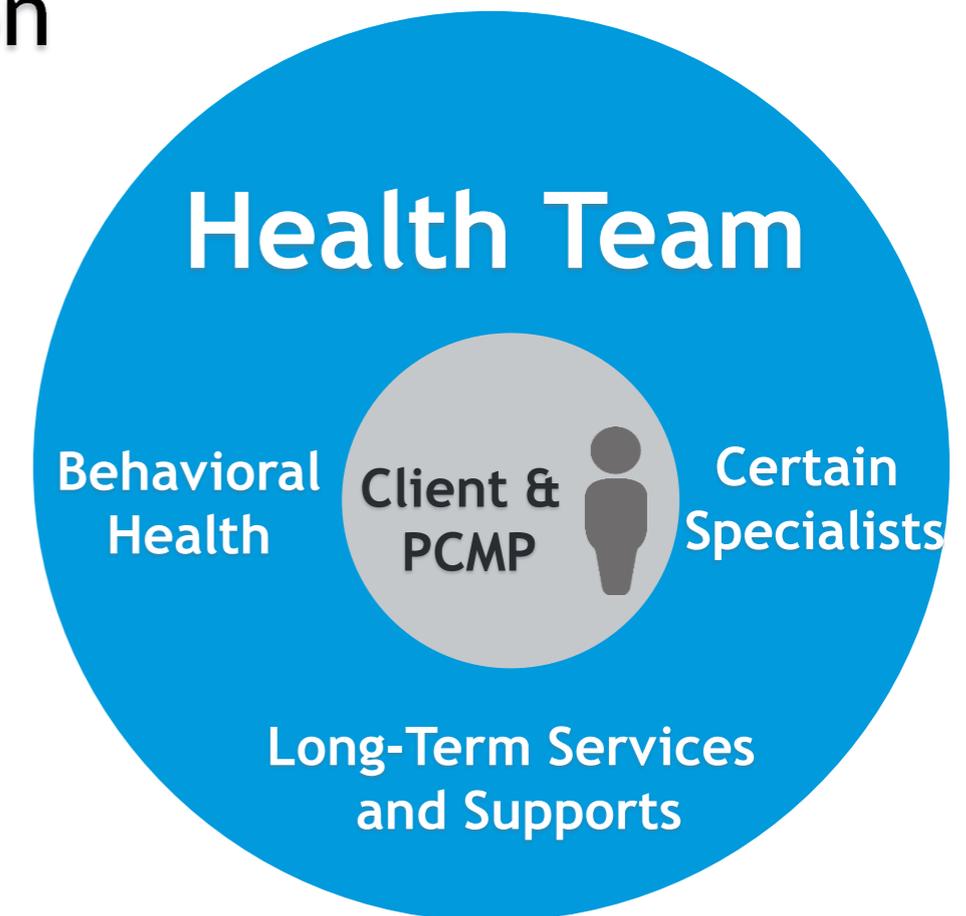
- Integrated physical and behavioral health

Coordinated

- Care Coordination

Efficient

- Team-based care
- Non-traditional health workers

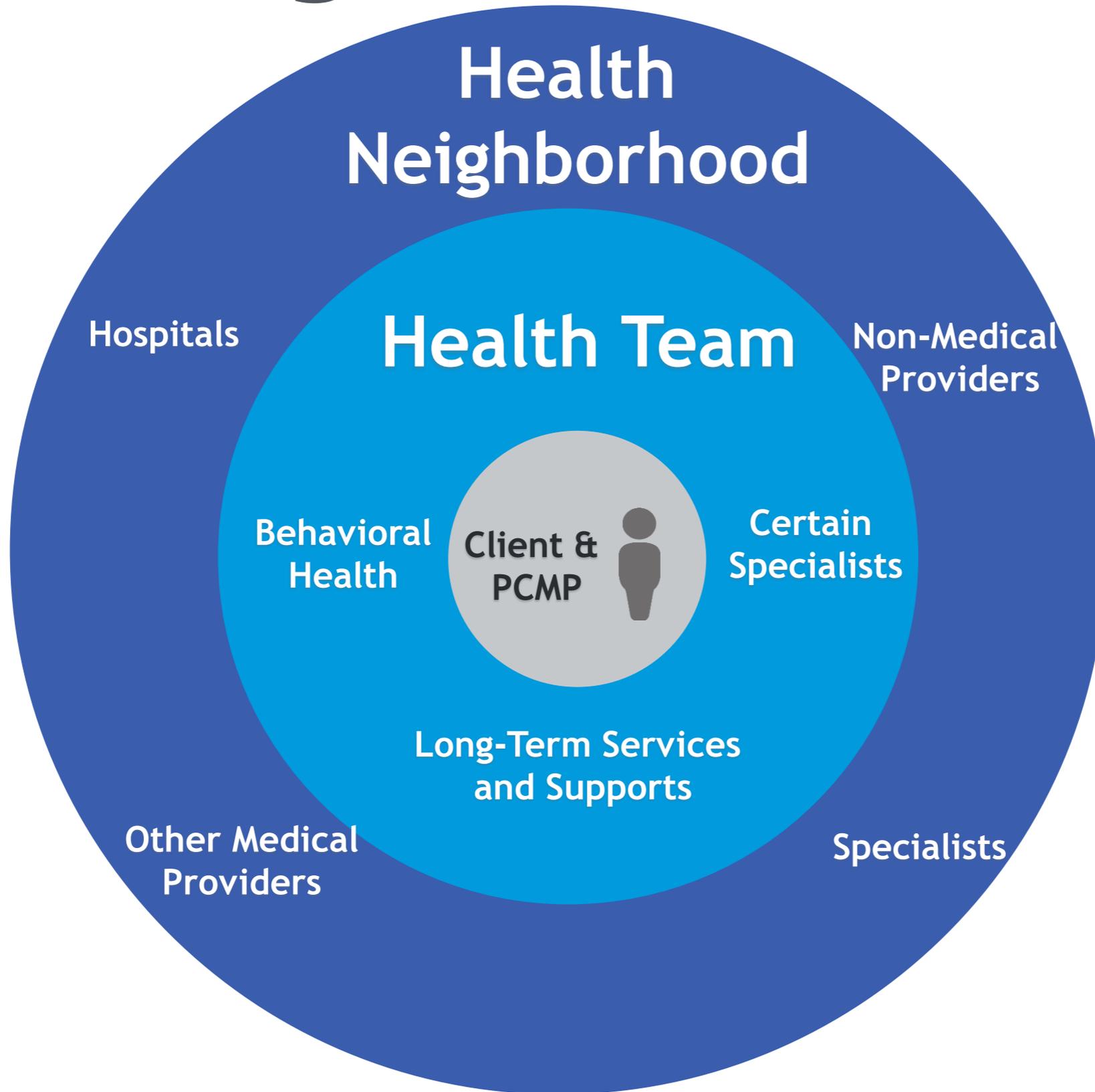


Benefits to the Health Team

- Data
- Practice Support
- Care Coordination support
- Some financial opportunities



Health Neighborhood



Program Infrastructure

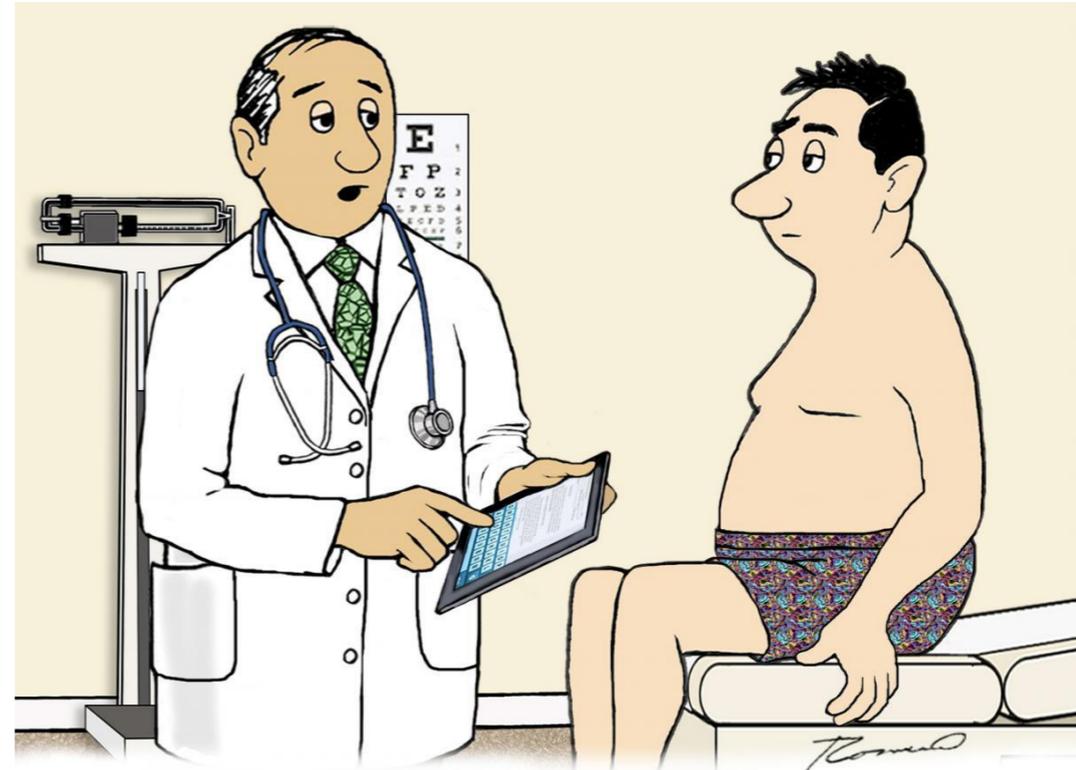
- There will need to be infrastructure investments at every level of accountability.
- These fall into three domains:
 1. Payment
 2. Health Information Technology
 3. Sound Administration

Payment

- The state will pay directly for all clinical services
- RAE Payment
 - Pay for performance: shared savings, key performance indicators, competitive pool
 - RAE makes value-based payments to Health Team providers
- Leverage new functionality for hospital payments
- Exploring aligned alternative payment methodologies for FQHCs and CMHCs
- Value based payment formula
- Outpatient professional capitation

Health Information Technology

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



"According to your HIPAA release form I can't share anything with you."

Sound Administration

- Program oversight
 - Transparency
 - Accountability
- Program maximization
 - Continuous learning and improvement
 - Identification and distribution of best practices
 - Technical assistance

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

Thank You

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