Accountable Care Collaborative Phase II

Request for Proposals Overview

November & December 2016
Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
Purpose of Meeting

• Share key program features of the draft request for proposals (RFP)

• Identify operational concerns and areas of the draft RFP that need additional clarification

• Explain how to provide comments on the draft RFP
Guiding Questions

• How well does the draft RFP meet the overall goals of ACC Phase II?

• What operational concerns and potential consequences are there for implementing the requirements in the draft RFP as written?

• What draft RFP requirements need additional clarification?
Today

• Current Accountable Care Collaborative
• Current Behavioral Health
• Accountable Care Collaborative Phase II
• Overview of Key Concepts
• How to Provide Comments
• Key Questions & Input Needed
Current Accountable Care Collaborative
Health First Colorado Members

42% Children & Adolescents under age 20
45% Adults ages 21-64
7% People with Disabilities in all age groups
3% Older Adults 65 or older

FY 2015-16 Health First Colorado Caseload
Accountable Care Collaborative

Better Health and Life Outcomes

Medical Home

Coordinated care means improved health outcomes for everyone enrolled in Health First Colorado. It also means better clarity for and coordination with providers as they interact with the system and wiser use of state resources.

Regional Coordination

Improved health and smarter use of state resources requires regional and local coordination that recognizes the need for medical care, behavioral health care and community supports all working together.

Data

Members, providers and the system receive the data needed to make real-time decisions that improve care, increase coordinated services and improve overall efficiencies.
# Accomplishments

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<tr>
<th>Improve Health Outcomes</th>
<th>Better Coordinated Care</th>
<th>Smarter Use of Resources</th>
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| • Emergency room visits are decreasing  
  • Hospital readmissions are dropping  
  • Prenatal care has increased  
  • High cost imaging has decreased | • More Coloradans are connected to a medical home  
  • Greater coordination of care | • Providers are being paid for quality outcomes |
Current Behavioral Health Program
Behavioral Health

- Behavioral Health Organizations (BHOs) provide or arrange for mental health (MH) and substance use disorder (SUD) services for Health First Colorado members.

- Most members are automatically assigned to 1 of 5 Behavioral Health Organizations (BHO).

- The BHOs are paid a monthly fee, or a capitation to pay for covered MH and SUD services.
Accomplishments

• Achieved cost savings for behavioral health services

• Implemented trauma-informed care practices across the state

• Successfully piloted health care integration projects

• Participated in the implementation of Colorado’s statewide behavioral health crisis response system
Evolving to Meet Needs

Moving toward more coordinated and integrated care that increasingly rewards improved health
Accountable Care Collaborative
Phase II
Goals & Objectives

To improve health and life outcomes for Members

To use state resources wisely

- Join physical and behavioral health under one accountable entity
- Strengthen coordination of services by advancing team-based care and health neighborhoods
- Promote Member choice and engagement
- Pay providers for the increased value they deliver
- Ensure greater accountability and transparency
Procurement Timeline

Spring 2014- Fall 2016
Stakeholder Engagement & Draft RFP Formulation

Spring 2017
Release of Final RFP

Winter 2018
RAE Contracts Signed

Now
Release Draft RFP

Fall 2017
RAE Awards Announced

Summer 2018
Phase II Implemented
Stakeholder Engagement Contributing to Draft RFP

• Focused engagement since spring 2014
  ➢ More than 60 meetings
  ➢ Summer 2014: Strategic Vision meetings in all regions
  ➢ Fall 2014: Request for Information had more than 120 respondents with nearly 4,000 pages of feedback
  ➢ Fall 2015: Concept Paper posted with multiple stakeholder presentations
  ➢ Ongoing engagement of the Accountable Care Collaborative Program Improvement Advisory Committee

• Now we are seeking targeted comments from the community
Overview of Key Concepts
Key Concepts

Regional Accountable Entity

Member Experience

Provider Support

Administration
Regional Accountable Entity
Regional Accountable Entity

Physical Health Care

Behavioral Health Care
Member Experience
Mandatory Enrollment

Full-benefit Health First Colorado Members will be enrolled*

Enrollment will be effective on the same day that eligibility is received
Member Attribution

Attributed based on:

- Member’s previous choice of a primary care provider
- Member’s utilization history
- Appropriate primary care provider located near Member

May select a different primary care provider at any time

RAE enrollment is based on the location of the Member’s attributed primary care provider practice site
Population Health Management

- Responsible for health of all of its members
- Development of Population Health Management Plan
- Design variety of interventions to support members at all life stages and levels of health
- Care coordination is one of the interventions that should be used
- Additional focus placed on members transitioning between health care settings and involved in multiple systems
Behavioral Health Services

• RAE shall administer behavioral health benefit

• Services remain the same as in the current behavioral health benefit

• Retaining the behavioral health capitation, but modifying some aspects to increase access
Provider Support
Provider Support

Administrative

Data Systems & Technology

Practice Transformation

Financial
Administration
Program Monitoring

Pay for Performance

Public Reporting

Data Analytics
Transparency

Program Improvement Advisory Committees (PIAC)

- Provide guidance to improve health, access, cost and experience of both members and providers
- Review performance and key deliverables

Financial Reporting
Payment

Per Member Per Month

Behavioral Health Capitation
Additional Statement of Work Activities

- Wraparound Program
- Pre-Admission Screening and Resident Review (PASRR)
- Brokering of Case Management Agencies
Providing Comments
Considerations & Criteria

- Does it align with the goals of Phase II?
- Does it align with the objectives of Phase II?
- Is there a budget impact, and if so, what is it?
- Does it meet federal regulations?
- Does it meet state regulations?
- Does is align with the implementation timeframe of Phase II?
- Is the implementation feasible at this time?
Opportunities for Comments

- Webinar & phone
- In-person meetings across the state
- Written input

Go to Colorado.gov/HCPF/ACCPhase2 for a complete list.
Key Questions & Input Needed
Questions

• What aspects of program are still unclear after today’s presentation?

• Are there ways that the Department can ensure that the written draft RFP is clearer on those points?

• What program features might be difficult to implement? How can the Department better ensure success?

• Are there unforeseen consequences to the approach outlined in the draft RFP?
Questions or Comments?
More Information

Check out our ACC Phase II site for the latest information and sign up for our newsletter at Colorado.gov/HCPF/ACCPhase2
Thank You!