

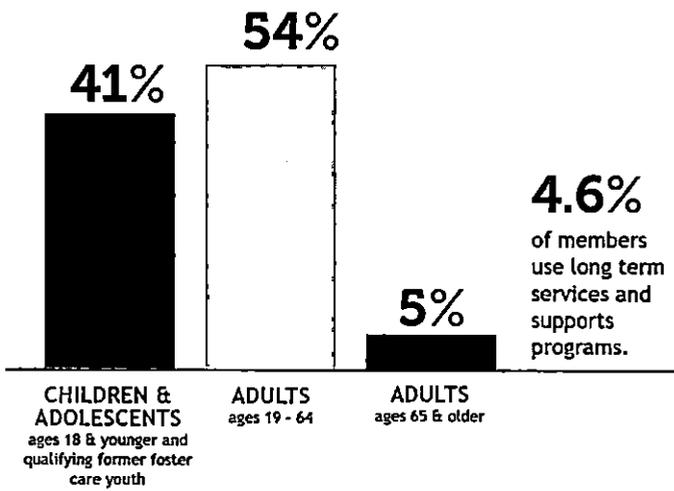
Accountable Care Collaborative (ACC)

An Introduction

Our Mission

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

HCPF: WHO WE SERVE VIA MEDICAID



4.6%
of members
use long term
services and
supports
programs.

2019 Federal Poverty Levels by Family Size*

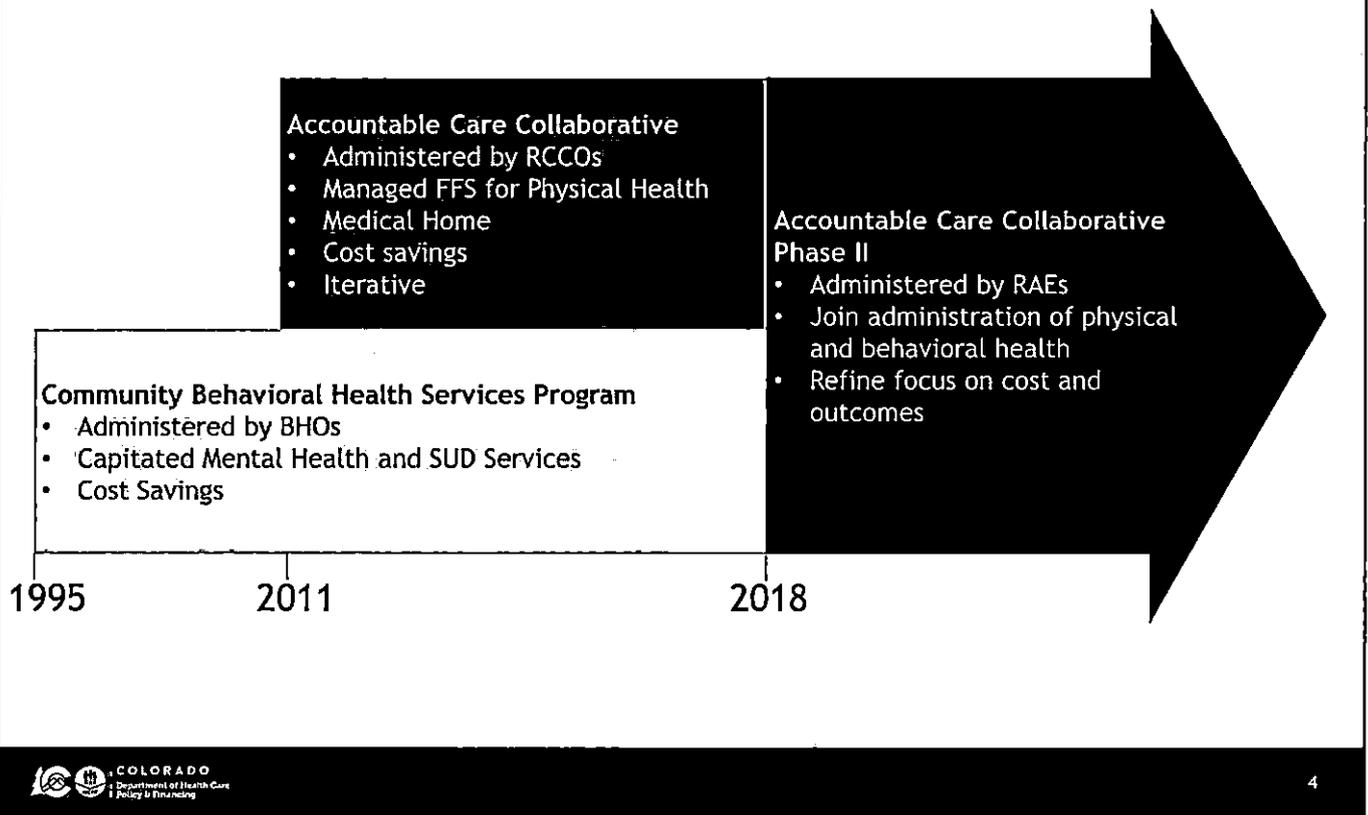
FAMILY OF 1	FAMILY OF 4
\$16,620	\$34,248

*Some earning more may still qualify

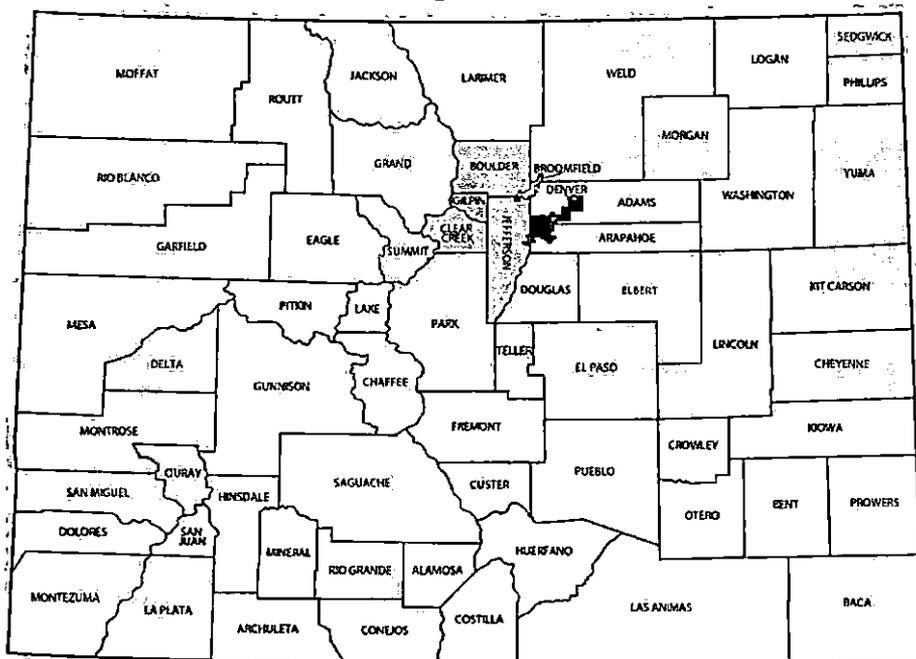
Nearly 1.26 million Coloradans
(about 22.1% of the population)



Managed Care in Colorado Medicaid



Regions



- Region 1 Rocky Mountain Health Plans
- Region 2 Northeast Health Partners
- Region 3 Colorado Access
- Region 4 Health Colorado, Inc.
- Region 5 Colorado Access
- Region 6 Colorado Community Health Alliance
- Region 7 Colorado Community Health Alliance

Accountable Care Collaborative

Improve Health and Reduce Costs

Medical Home

Ensure Medicaid members have a focal point of care.

Behavioral Health

Comprehensive community-based system of mental health and substance use disorder services.

Regional Coordination

Medicaid members have complex needs and are served by multiple systems. Regional umbrella organizations help to coordinate across systems.

Data

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

Accountable Care Collaborative

Goals

- To improve member health & reduce costs

Objectives

1. Join physical and behavioral health under one accountable entity
2. Strengthen coordination of services
3. Promote member choice and engagement
4. Pay providers for the increased value
5. Ensure greater accountability and transparency

Accountable Care Collaborative

Regional Accountable Entity

**Physical
health care**

Per member/
per month

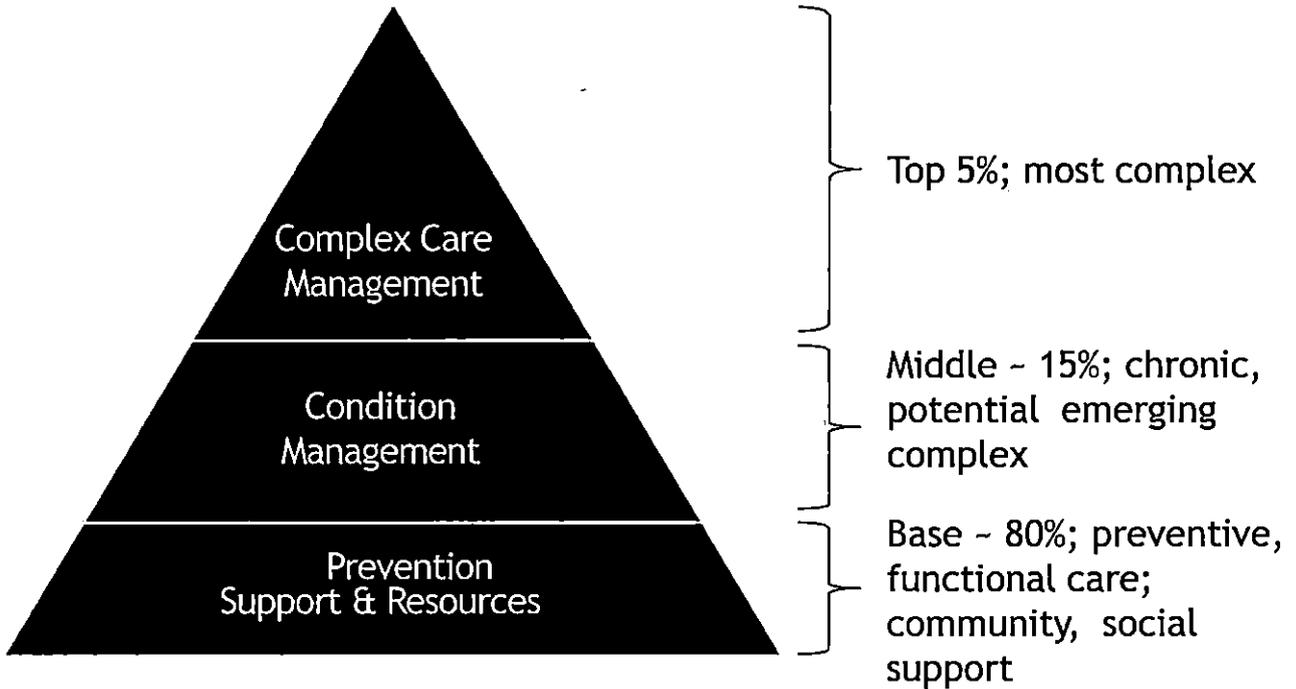
**Behavioral
health care**

Behavioral health
capitation

Refining ACC Focus

- Department focus on member health improvement
- Governor's health care affordability objectives
- Medicaid Cost Control goals

Statewide Approach to Addressing Member Health



Cost Trend and Outcome Metrics

- Cost Trend Dashboard
- Clinical Risk Stratification Dashboard
- Performance Pool Outcome Metrics
- Deliverables
- Payment

Role of RAEs: Primary Care Network Management

- Contract with a network of Primary Care Medical Providers (PCMPs) to serve as medical home
 - PCMPs expected to meet certain requirements
- Pay administrative payments to PCMPs to serve as medical home (e.g. care coordination)
- Support providers in coordinating care across disparate providers
- Provide administrative, financial, data and technology, and practice transformation assistance

Role of RAEs: Behavioral Health Network Management

- Contract with statewide network of behavioral health providers
 - Credential providers to ensure quality
 - Negotiate reimbursement rates
- Utilization management of covered behavioral health services
- Reimburse behavioral health providers for all services covered under the capitated behavioral health benefit

Capitated Behavioral Health Benefit

Members must meet the following criteria

- Have a covered mental health or substance use disorder diagnosis
- Service is medically necessary
- Require a covered service

Capitated Behavioral Health Benefit

State Plan/Medical Services

Behavioral Health Assessment
 School-Based Mental Health Services
 Psychotherapy
 Physician Services
 Pharmacological Management
 Outpatient Day Treatment
 Outpatient Hospital
 Psychosocial Rehabilitation
 Crisis Services
 Emergency Services
 Inpatient Psychiatric Hospital

State Plan/Medical Services— SUD Specific

Substance Use Disorder Assessment
 Alcohol/Drug Screen Counseling
 Medication Assisted Treatment
 Social Ambulatory Detoxification

Community-based/Alternative Services

Prevention/Early Intervention
 Clubhouses/Drop-in Centers
 Vocational Services
 Intensive Case Management
 Assertive Community Treatment
 Residential (Mental Health)
 Respite Care

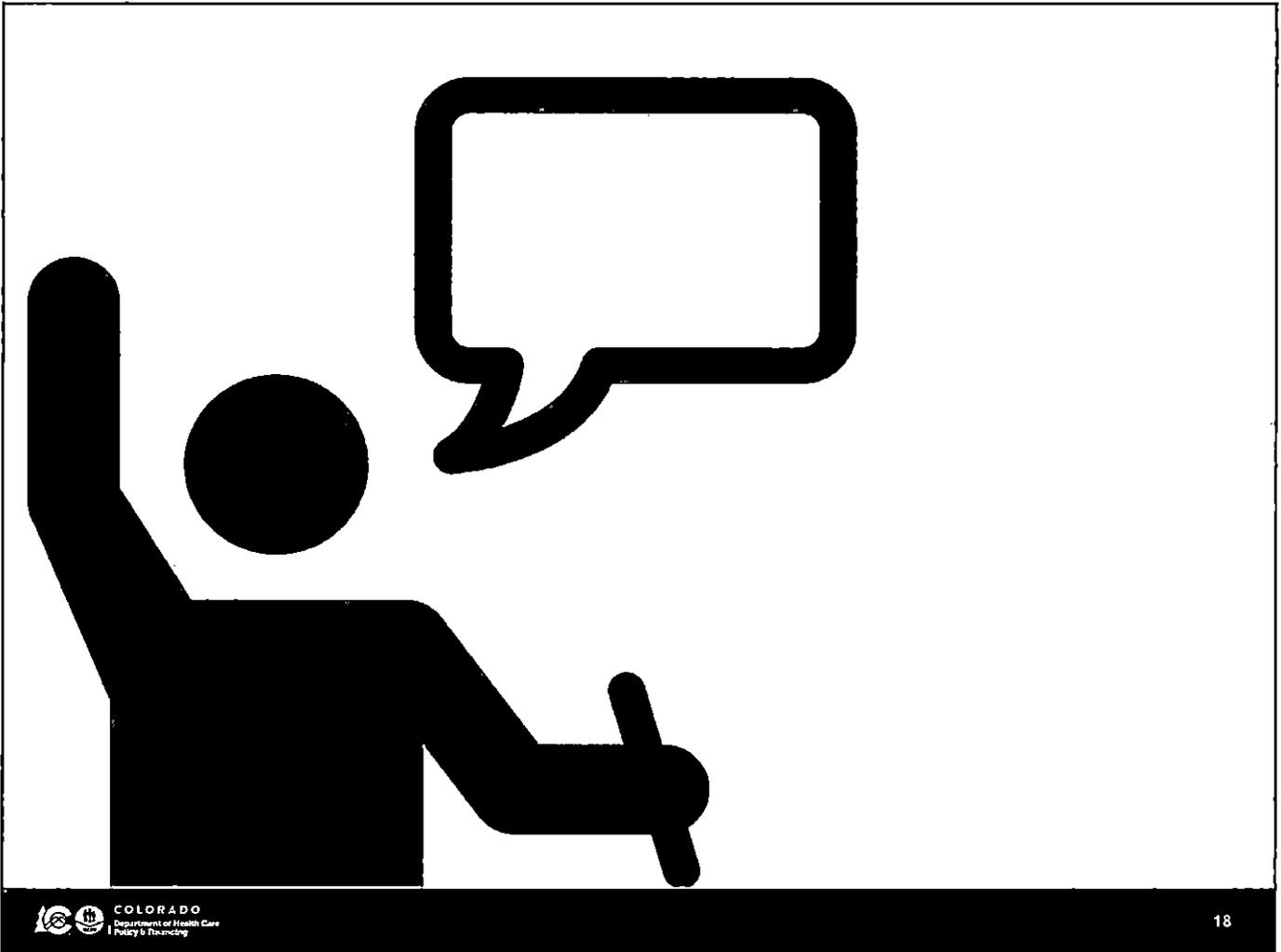
Limited Managed Care Capitation Initiatives

Capitated Physical Health Services

- Rocky Mountain Health Plans Prime operates in 6 counties in Region 1
- Denver Health Medicaid Choice operates in 4 counties

Pay for Performance

- Key Performance Indicators
- The Behavioral Health Incentive Program
- Flexible Funding Pool
- Public Reporting



Thank You!