

# *Accountable Care Collaborative Phase II*

Request for Proposals Overview

November & December 2016



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# *Our Mission*

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



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# *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



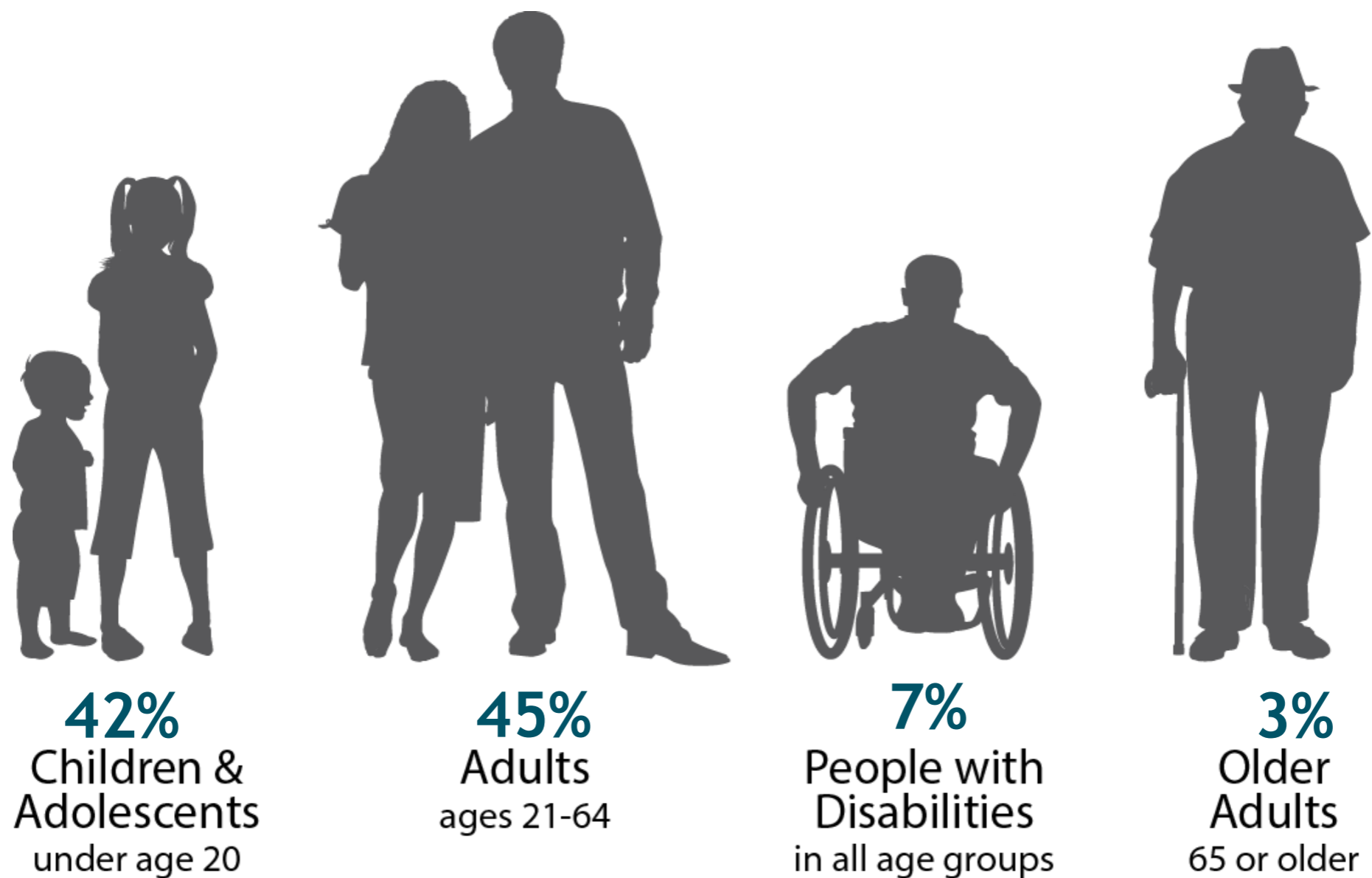
# *Current Accountable Care Collaborative*



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# Health First Colorado Members



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

## Improve Health Outcomes

- Emergency room visits are decreasing
- Hospital readmissions are dropping
- Prenatal care has increased
- High cost imaging has decreased

## Better Coordinated Care

- More Coloradans are connected to a medical home
- Greater coordination of care

## Smarter Use of Resources

- Providers are being paid for quality outcomes

# *Current Behavioral Health Program*



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# *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



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# *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



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# *Accountable Care Collaborative Phase II*



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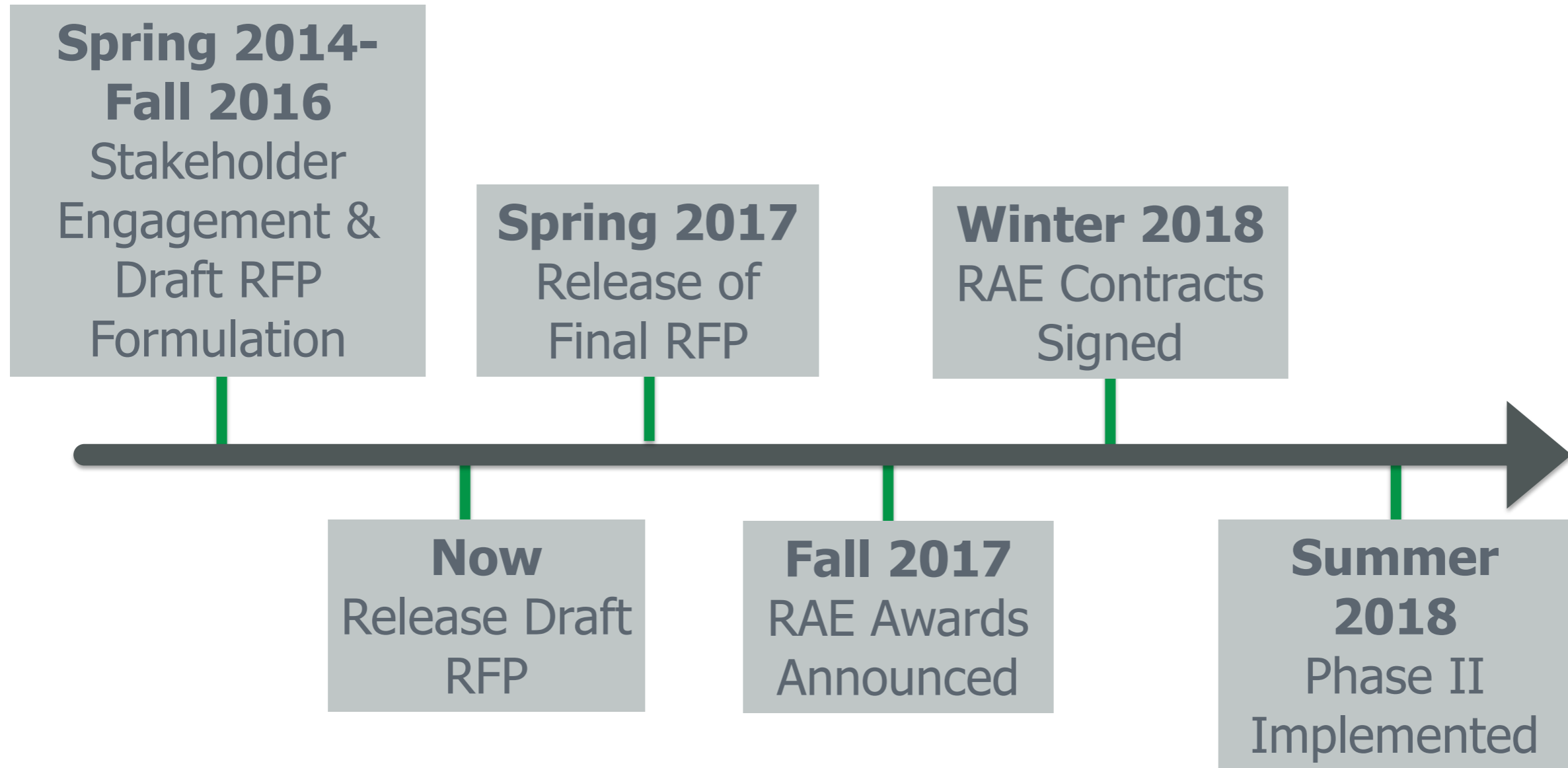
# Goals & Objectives

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





# *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*



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# *Key Concepts*

Regional  
Accountable  
Entity

Member  
Experience

Provider  
Support

Administration

# *Regional Accountable Entity*



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# *Regional Accountable Entity*

Physical  
Health Care

Behavioral  
Health Care

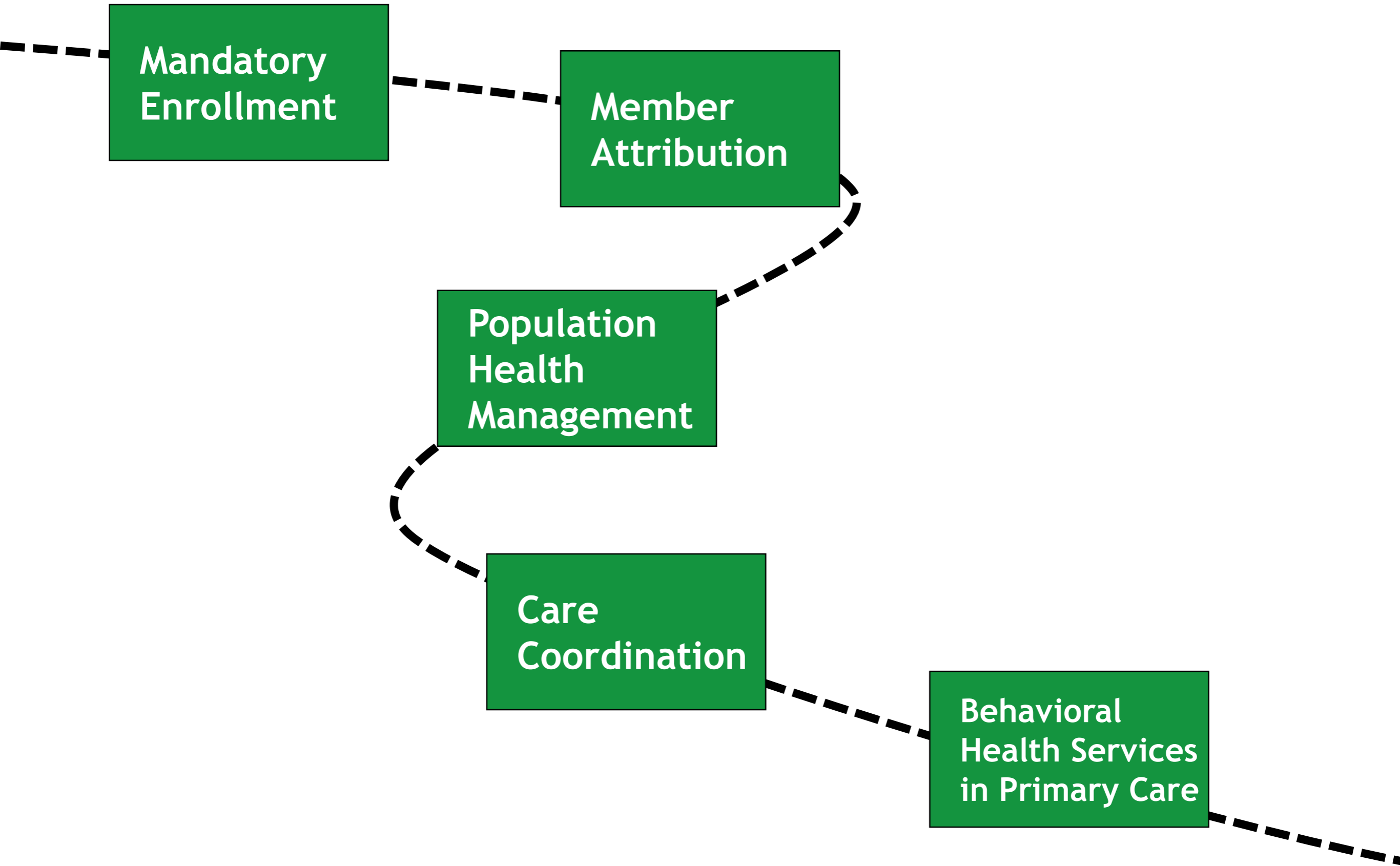


# *Member Experience*



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# *Mandatory Enrollment*

Full-benefit Health First Colorado Members will be enrolled\*

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



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# *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



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# *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*



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# *Provider Support*

Administrative

Data Systems  
& Technology

Practice  
Transformation

Financial



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# *Administration*



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# *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*



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# *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 it 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/ACCPPhase2](https://Colorado.gov/HCPF/ACCPPhase2) for a complete list.



# *Key Questions & Input Needed*



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# 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?*



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# *More Information*

Check out our ACC Phase II site for the latest information and sign up for our newsletter at

**[Colorado.gov/HCPF/ACCPPhase2](https://colorado.gov/HCPF/ACCPPhase2)**



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*Thank You!*



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