

# Colorado's Accountable Care Collaborative

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# Presentation Agenda

- Accountable Care Collaborative History, Goals and Objectives
- Regional Accountable Entities
- Member Enrollment and Engagement
- Coordination of Services
- Pay for Increased Value

# Accountable Care Collaborative (ACC)

## Phase II

# History, Goals and Objectives

# Managed Care in Colorado Medicaid

## Accountable Care Collaborative

- Administered by RCCOs
- Managed FFS for Physical Health
- Medical Home
- Cost savings
- Iterative

## Accountable Care Collaborative Phase II

- Administered by RAEs
- Joint administration of physical and behavioral health
- Refine focus on cost and outcomes

## Community Behavioral Health Services Program

- Administered by BHOs
- Capitated Mental Health and SUD Services
- Cost Savings

1995

2011

2018

# 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.

## Goals

- To improve member health & reduce costs

## Objectives

- 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

# Regional Accountable Entity

# Join Physical & Behavioral Health

## *Regional Accountable Entity*

Physical  
health care

Per member/  
per month

Behavioral  
health care

Behavioral health  
capitation



# Regions

## Accountable Care Collaborative



- Region 1 - Rocky Mountain Health Plans
- Rocky Mountain Health Prime
- Region 2 - Northeast Health Partners
- Region 3 - Colorado Access
- Region 4 - Health Colorado, Inc.
- Region 5 - Colorado Access
- Denver Health Medicaid Choice (DHMC)
- Region 6 - Colorado Community Health Alliance
- Region 7 - Colorado Community Health Alliance

# 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

# Role of RAEs

- Promote members' physical and behavioral health
- Contract with a regional network of Primary Care Medical Providers (PCMPs) to serve as medical home
- Administer capitated behavioral health benefit
- Support providers in coordinating care across disparate providers
- Provide administrative, financial, data and technology, and practice transformation assistance

# Capitated Behavioral Health Benefit

## State Plan/Medical Services

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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

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Substance Use Disorder Assessment

Alcohol/Drug Screen Counseling

Medication Assisted Treatment

Social Ambulatory Detoxification

Inpatient Withdrawal Management  
(1115 Waiver)

Residential Withdrawal  
Management and Treatment (1115  
Waiver)

## Community-based/Alternative Services

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Prevention/Early Intervention

Clubhouses/Drop-in Centers

Vocational Services

Intensive Case Management

Assertive Community Treatment

Residential (Mental Health)

Respite Care

# Member Enrollment and Engagement

# Promote Member Engagement: Mandatory Enrollment

All full-benefit Health First Colorado Members enrolled, except PACE

Enrollment effective on the same day eligibility is received

Member RAE assignment based on the member's PCMP practice site location

# Coordination of Services

# Strengthen Coordination of Services: Provider Support

Administrative

Financial

Data Systems  
& Technology

Practice  
Transformation



# PCMP Financial Support

RAEs negotiate funding arrangements with PCMPs to:

- Expand primary care capacity
- Advance the medical home model in the region
- Expand delivery of evidence-based models of care
- Promote innovation at the provider level to
- Achieve the goals and performance metrics of the ACC

# *Population Health Management*

Responsible for health of all of its members

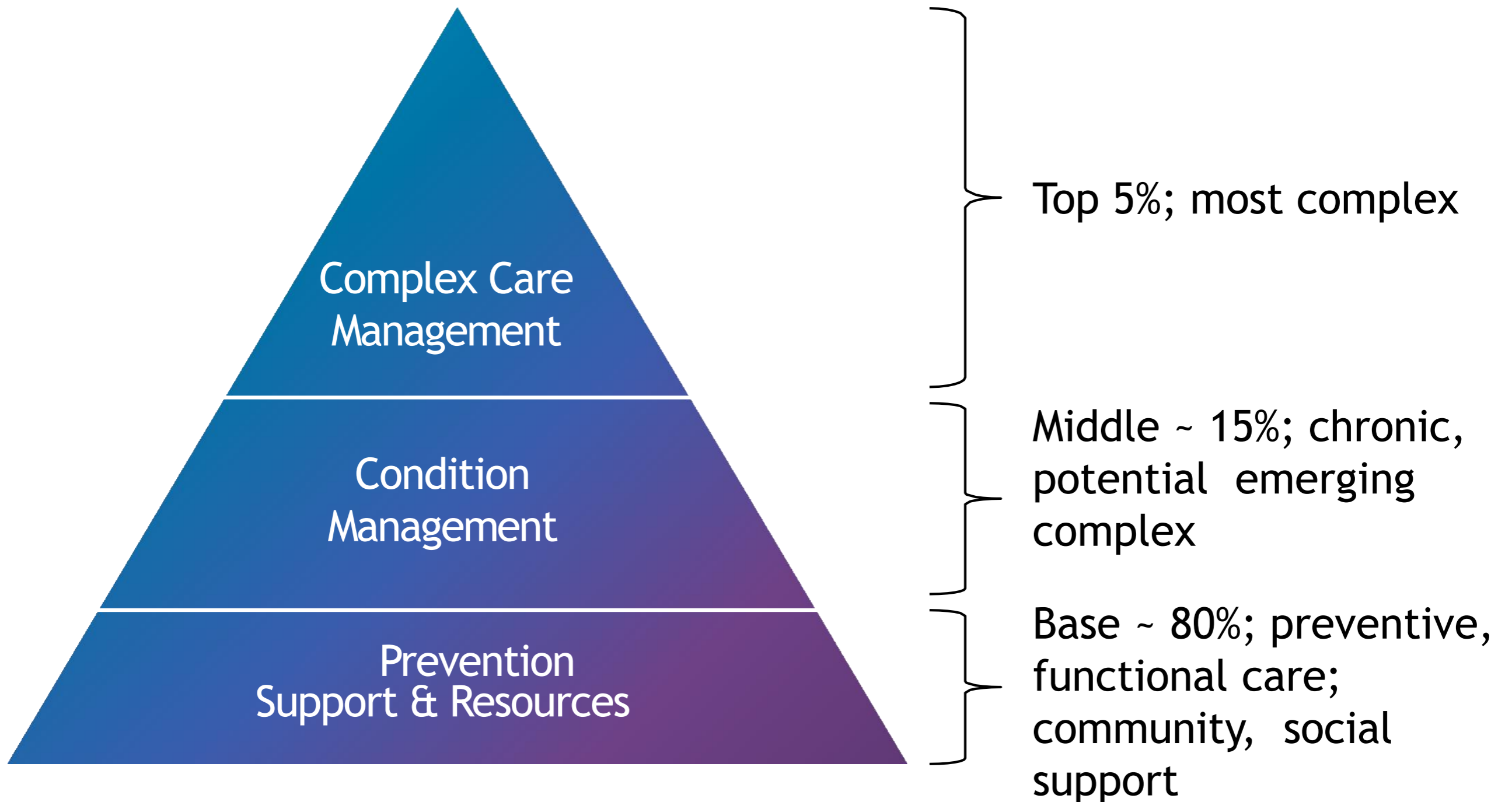
Implement Department's Population Management Framework

Design variety of interventions to support members at different levels of health

Care coordination is one of the interventions that is required

Special focus on members transitioning between health care settings and involved in multiple systems

# Population Management Framework



# Health Neighborhood and Community

Establish, support and strengthen relationships

Identify and implement approaches to address barriers

Improve referral processes to increase access to appropriate services

Reduce unnecessary utilization

# Pay for Increased Value

# Pay for Performance

Key Performance Indicators (KPIs)

The Behavioral Health Incentive Program

Flexible Funding Pool

# Key Performance Indicators

Emergency  
Department  
Visits

Behavioral  
Health  
Engagement

Well Visits

Prenatal  
Engagement

Dental Visits

Health  
Neighborhood\*

Potentially  
Avoidable  
Costs\*

# Flexible Funding Pool

- Undistributed Key Performance Indicators dollars
- Annually identified
- Support state and Department initiatives



# Behavioral Health Incentive Measures

- Engagement in outpatient substance use disorder (SUD) treatment
- Follow-up within 7 days of and inpatient hospital discharge for a mental health condition
- Follow-up within 7 days after an ED visit for a substance use disorder (SUD)
- Follow-up after a positive depression screen
- Behavioral health screening or assessment for foster care children

# MCO Medical Loss Ratio

- Medical Loss Ratio set at 89%
- Establish annual performance metrics
- Based on performance, MCOs can increase their administrative allowance up to 15%

# Thank You!