# Accountable Care Collaborative v 2.0

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# *Our Mission*

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

# Community Behavioral Health Services Program

- The community behavioral health services program is a statewide program that provides comprehensive mental health and substance use disorder services to all Colorado Medicaid members through five Behavioral Health Organizations (BHOs).
- The BHOs are managed care which means they:
  - Manage their own provider networks
  - Operate their own authorization processes
  - Appear in court for client appeals
  - Pay providers directly
  - Perform audits and quality functions

# *Substance Use Disorder*

- Alcohol and/or drug assessment
- Detoxification services (includes: physical assessment of detoxification progression including vital signs monitoring; safety assessment; provision of daily living needs including hydration, nutrition, cleanliness and toiletry for clients; Level of motivation assessment for treatment evaluation)
- Individual, group and family therapy
- Targeted case management
- Drug screening and monitoring
- Peer advocate services
- Medication Assisted Treatment

# The Accountable Care Collaborative

- The ACC is the primary delivery system for Medicaid in Colorado and it interfaces with many other programs operated by the state and federal government.

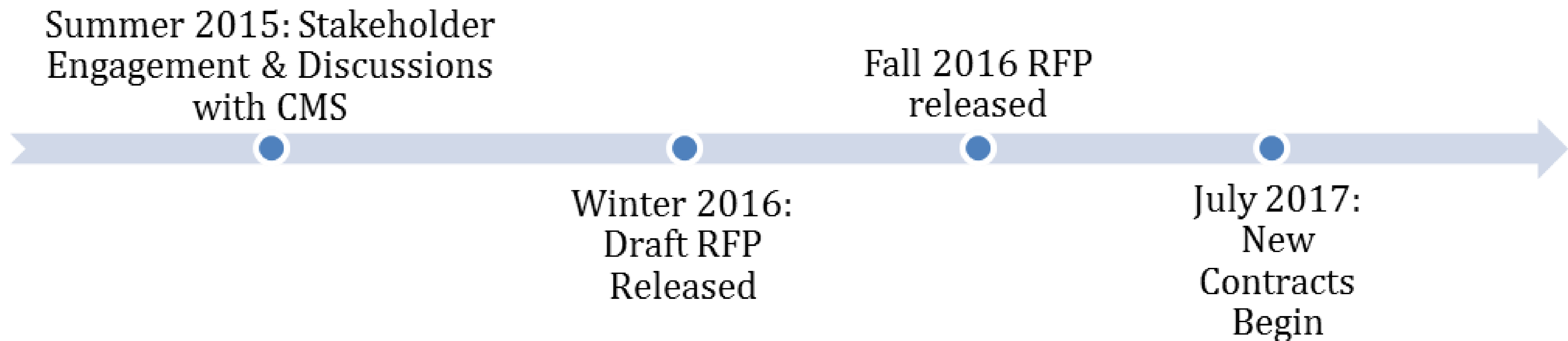
- June 2015 ACC Client Count: Over 900,000
- June 2015 Medicaid Client Count: Over 1.2 Million

- Implemented in 2011 in response to an unsuccessful experience with capitated Managed Care and 85% in an unmanaged Fee-For-Service (FFS) system

# ACC Results

- FY 2012-2013: $6 million net reduction in total cost of care
- FY 2013-14: $30 million net reduction in cost (after all program expenses)
- Lower rates of exacerbated chronic health conditions such as hypertension (5%) and diabetes (9%) relative to clients not enrolled in the ACC Program
- 22% reduction in hospital admissions among ACC members with COPD who have been enrolled in the program < 6 months, compared to those not enrolled
- Reductions in high-cost imaging and hospital readmissions

# ACC v 2.0 - Timeline



# *Stakeholder Feedback: What's working in the BHOs?*

The BHOs have been successful in using **evidence-based programs**

Many CMHCs and CHCs are **partnering**, **co-locating**, and exploring other **moves towards integration**

The BHOs have **strong relationships** with many community partners and have established **comprehensive networks** to address the needs of many clients

The BHOs have been successful in **containing costs**

The **carve-out** has been successful at protecting payment for behavioral health services

# *Stakeholder Feedback: What's not working in the BHOs?*

45% of respondents expressed concern about **provider shortages** (for specific populations; slow credentialing process)

43% of respondents expressed concern about **payment** (encounters; reimbursement too low)

36% of respondents expressed concern about **BHOs being a silo**.

33% of respondents expressed concern about **benefits** and the **BHO program** more generally.

# *Stakeholder Feedback: What's working in the ACC?*

The ACC Program is **local**, **flexible**, and **community-based**; these are important strengths.

The Program's **focus on primary care** has been successful and RCCOs have exceled in this domain.

Similarly, **data-sharing** and **incentive payments** have been successful in advancing the program. The strong **Triple Aim focus** has also been a success.

# *Stakeholder Feedback: What's not working in the ACC?*

59%* of respondents mentioned **Payment** (Incentives change frequently and low dollar amounts)

51% mentioned **Data Sharing** and **Data Availability** (data needs to be real time and actionable)

41% said **differences between the RCCOs** are problematic

*Percentages represent the number of respondents that mentioned a topic among the respondents that answered a particular question

# *Stakeholder Feedback: What should be the next steps in behavioral health integration?*

- **RCCOs and BHOs should be combined**.

- Behavioral health **integration is occurring too slowly**, and many respondents said that changes in *payment methodologies*, the *delivery system* and *benefit package* would need to take place first**.**

- Very common response (69% of respondents): **Health and behavior codes should be opened.**

# *Designing the New ACC*

**GOAL:**

***To optimize health for those served by Medicaid through accountability for value and client experience at every level and at every life stage***

**This is the impact we want to see in Colorado.**

# Guiding Principles

1. Health is a "complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity."

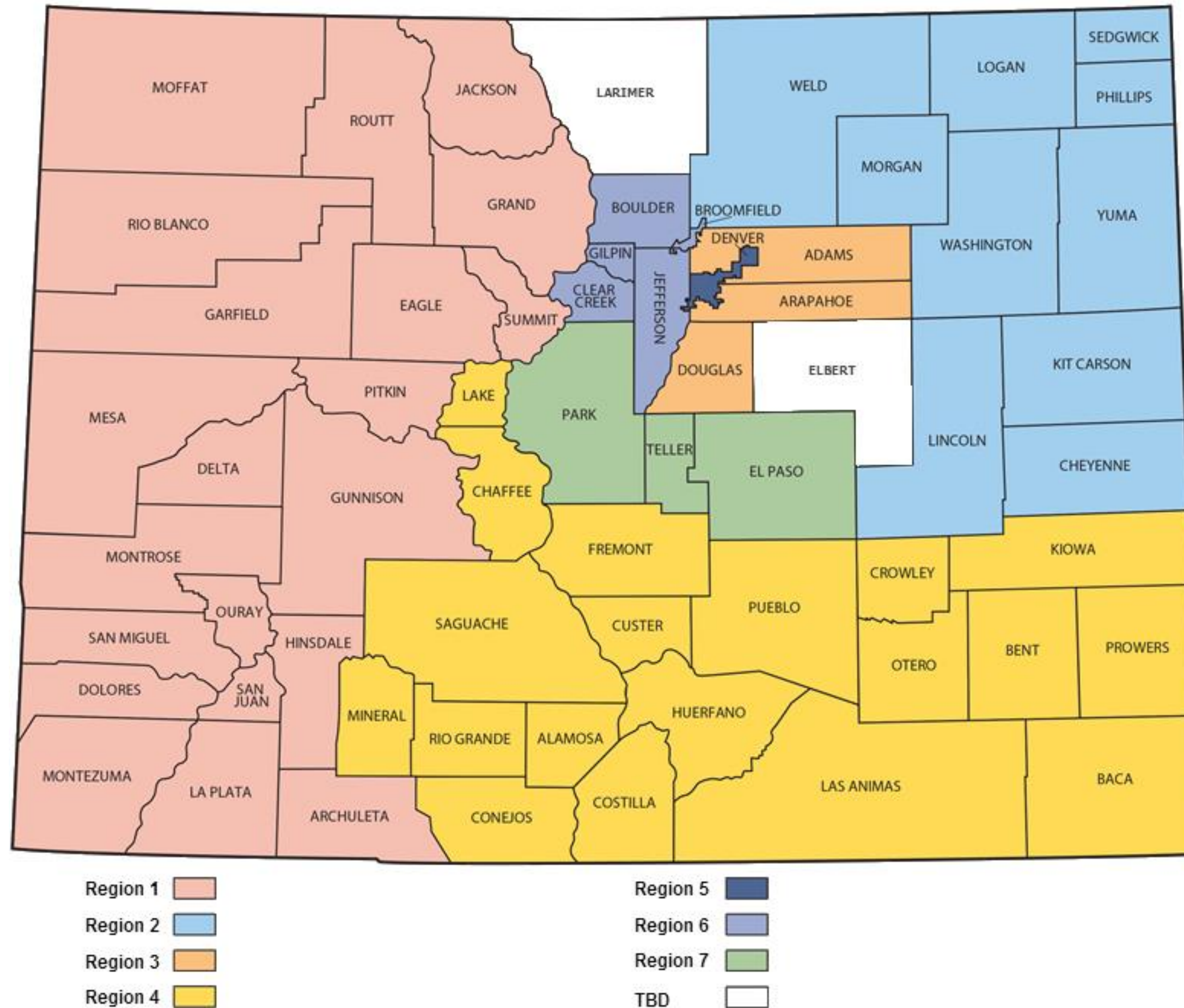
2. Health care is local, we will allow for local flexibility.

3. We will align with other delivery system reform efforts such as SIM and CPC and with other payers.

# *April 21, 2015 ACC Model Details & Policy Decisions*

- One administrative entity for RCCOs and BHOs.
  - We are procuring new entities with new requirements.
- Payment
  - Future regional administrative entities:
    - Physical health will largely remain FFS.
    - Behavioral health will largely remain capitated.

# ACC Model Details & Policy Decisions



# *Help us design the next phase of Medicaid*

- Email RCCORFP@state.co.us to be added to our listserv to receive updates and information about stakeholder meetings.

- Participate in our Program Improvement Advisory Committees or Subcommittees. For more information contact Erin Miller at Erin.Miller@state.co.us or Lila Cummings at Lila.Cummings@state.co.us.

# *Thank You*

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