OeHI
Office of eHealth Innovation

eHealth Commission Meeting

HYBRID CONFERENCE

March 12, 2025

March Agenda

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Title	Start	Duration
Call to Order • Roll Call and Introductions • Approval of Meeting Minutes (January and February) • March Agenda and Objectives *Kaakpema "KP" Yelpaala, Chair*	12:00	5 mins
Announcements ● Welcoming Remarks ● OeHI Updates-eHealth Commission Updates ● Decision Items & Action Items *Dianne Primavera, Lt. Governor and Director of the Office of Saving People Money on Health Care* *Stephanie Pugliese, Director, Office of eHealth Innovation (OeHI)* *All Commissioners and Advisors*	12:05	5 mins
Accountable Care Collaborative (ACC) Program Updates *Colorado Department of Healthcare Policy and Financing (HCPF)*	12:10	1 hour
Public Comment Period	1:10	5 mins
Closing Items • Closing Remarks • Open Discussion • Recap Action Items • Adjourn Public Meeting *Kaakpema "KP" Yelpaala, Chair*	1:15	5 mins

Announcements

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OeHI and eHealth Commission Updates

ACC Phase III Updates

eHealth Commission
March 12, 2025

Presented by:
David Ducharme, ACC Division Director

Agenda

1. ACC Background and Phase III Updates
2. Phase III Data Strategy

Accountable Care Collaborative

Accountable Care Collaborative (ACC)

- Delivers cost-effective, quality health care services to Health First Colorado members to improve the health of Coloradans.

- Coordinates regional physical and behavioral health care services to ensure member access to appropriate care.

Role of the Regional Accountable Entity (RAE)

- Build a network of care providers
  - Contract with Primary Care Medical Providers (PCMPs)
  - Contract with behavioral health providers and administer the capitated behavioral health benefit
- Provide care coordination, care programs, and case management
  - Some RAEs do this themselves, while others contract this out
- Assist with practice transformation (e.g., support PCMP offices integrating behavioral health services into their clinics)
- Respond to local community needs to best support Health First Colorado members

What is ACC Phase III?

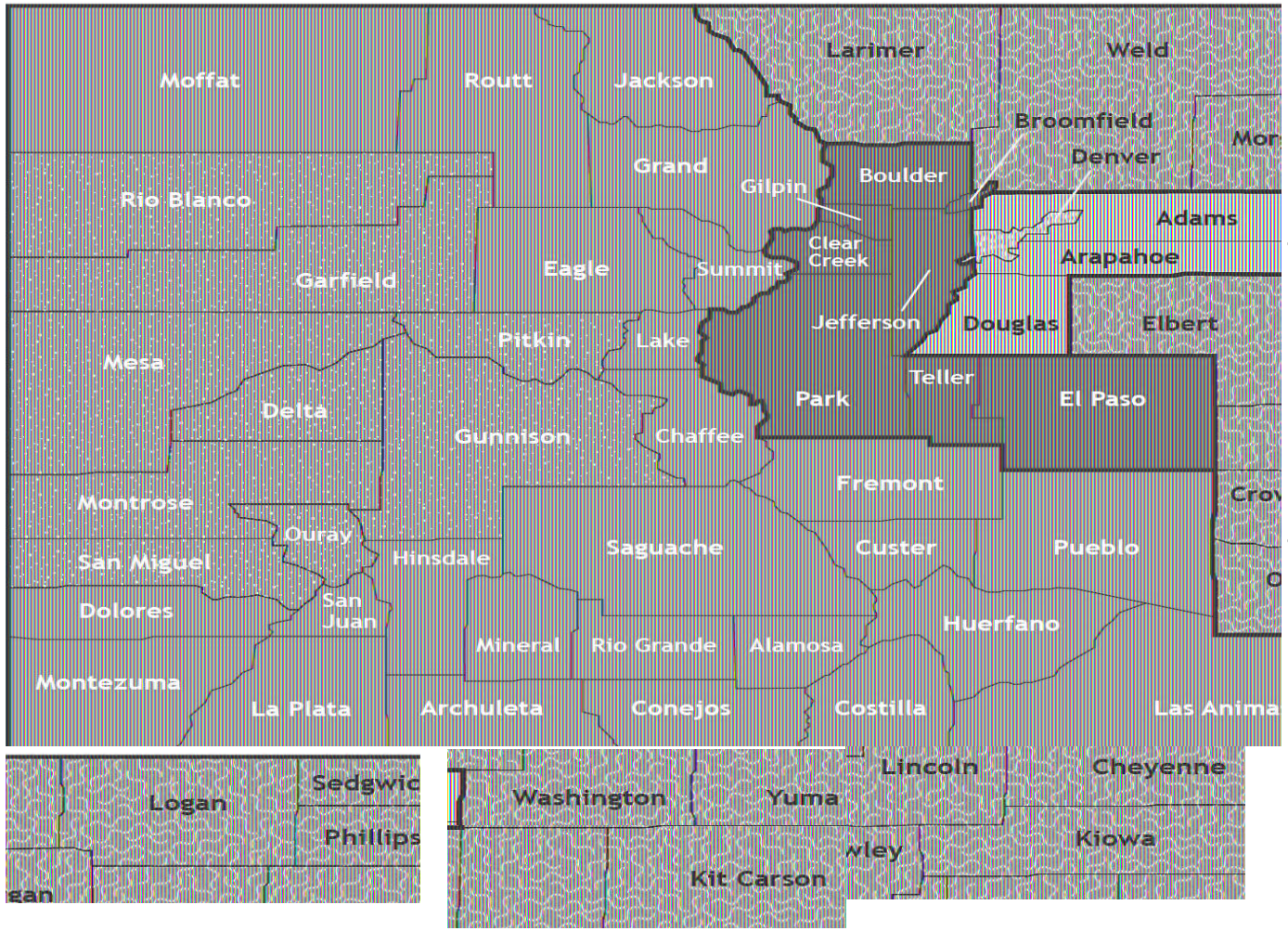
- We are currently in Phase II: July 2018 to June 2025
  - Current contracts between the RAEs and HCPF expire at the end of Phase II on June 30, 2025

- New contracts between the RAEs and HCPF (Phase III) will begin July 1, 2025

Goals for ACC Phase III

1. Improve quality care for members.
2. Close health disparities and promote health equity for members.
3. Improve care access for members.
4. Improve the member and provider experience.
5. Manage costs to protect member coverage, benefits, and provider reimbursements.

ACC Phase III New Regions



- These regions align with Behavioral Health Administrative Service Organizations (BHASOs)
- New regions/RAEs begin July 1, 2025

ACC Phase III RAE Requirements

- Improve RAEs' communication with members
- Member incentives for key activities (maternity)

- Quality metric alignment with CMS/NCQA measures
- Community-based health equity plan

- Connect members to health-related social needs supports like housing/food assistance

- Standardized care coordination model
- Clearer requirements for transitions of care and collaboration with other agencies

ACC Phase III RAE Requirements

Payment Structure Reform

- Align with HCPF alternative payment models
- 3-tier PCMP payment model aligned with the Division of Insurance Multi-Payer Primary Care Collaborative

Children and Youth

- Standardized screening, assessment and High Fidelity Wraparound
- Implement Intensive Behavioral Health Services

Behavioral Health Transformation

- Increased accountability and performance standards for utilization management
- Alignment with BHA

Technology and Data Sharing

- RAEs will support practices in implementing data and technology innovations like eConsult and SHIE

Phase III Data Strategy

Importance of Data in ACC Phase III

Goal: Design and implement a cross-department, data-informed management processes to improve oversight, affordability and transparency.

What Data does the ACC Use?

- RAEs use a variety of data to meet contract requirements (claims, enrollment, etc.).
- RAEs are required to receive and process several data feeds (ADT data, Nurse Advice Line, Inpatient Hospital Transitions, etc.)
- RAEs also submit various data to us:
  - Qualitative narrative describing how they've met contract requirements.
  - Care coordination data.
  - Other quantitative data in file formats to support further analysis.

What Systems does the ACC Use?

interChange
- Standard health plan files created and sent to RAEs
- Encounter data reporting

Data Warehouse
- Access member claims and other reports/raw data
- e.g., vaccine records, DOC reports, etc.

PPQM
- RAE and PCMP performance on HEDIS and CMS measures
- RAEs can also design their own queries to support population health management work

HIEs
- Connect to HIEs and use ADT data
- Transitions of Care is a key focus for Phase III and will be supported by ADT data

Co-SHIE
- RAEs required to connect, and support providers in connecting, once available
- Screening, referral and population health analytics

Other Systems
- eConsult
- Prescriber Tool
- Cost and Quality referral indicators
- Care and Case Management Tool

How will RAEs Support the ACC with Health Technology?

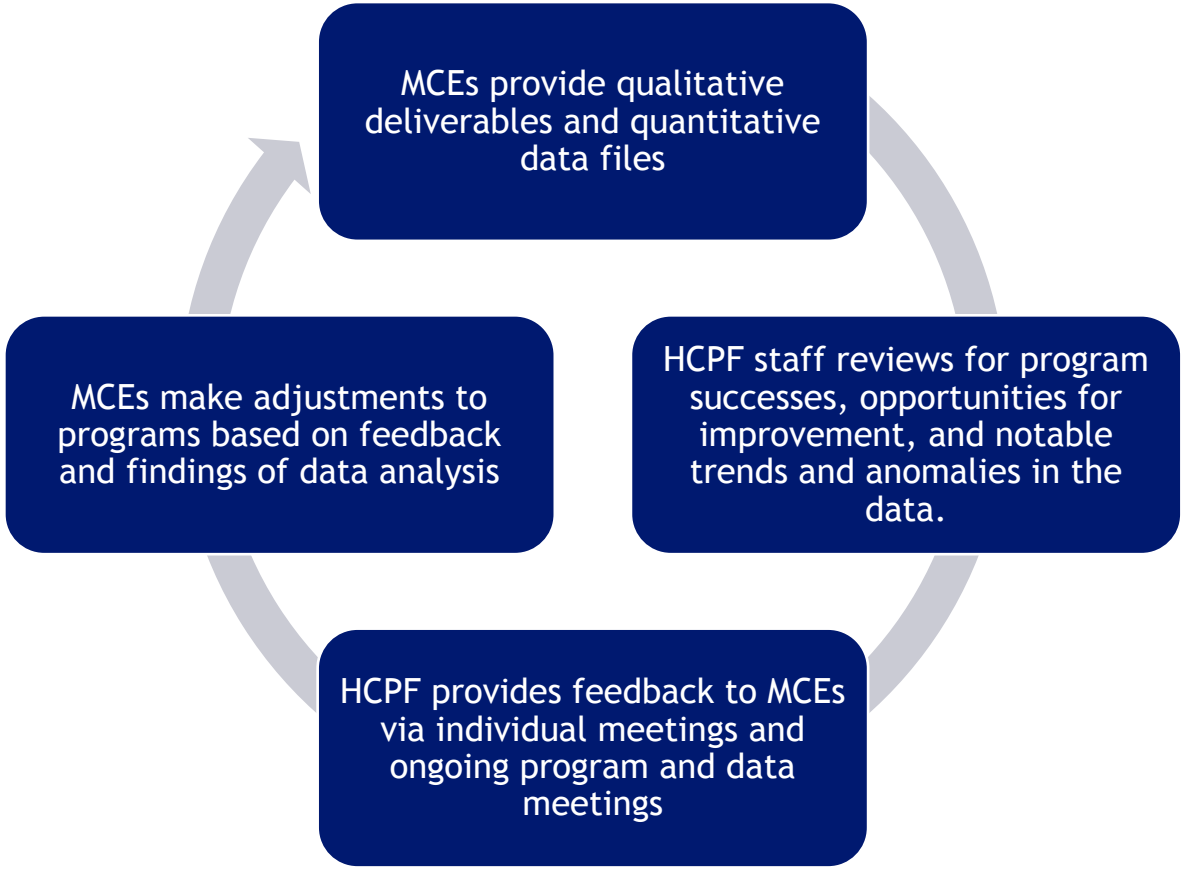
Supporting Providers

- Support connecting providers to HIEs
- Care coordination platforms
- Rural provider infrastructure support

RAE Requirements

- RAE risk stratification tool
- Analytic tool sets to identify impactable populations – e.g., members with conditions requiring interventions
- Care Coordination tool

Monitoring Process



Dashboard Development

- Historically, contract management completed using policy/narrative reporting from the RAEs.
- For Phase III, we're getting more intentional about data we are collecting to create a more quantitative process.
- With the data we will have, we are developing Tableau dashboards for more real-time monitoring of program performance.

Quality Measurement

- We are aligning quality metrics with national standards (HEDIS, CMS Core measures).
  - Creates more consistency for RAEs/providers who often track the same measures for other health plans.
  - Allows us to compare our performance with other states.
- A key change for ACC Phase III is that we will be calculating performance directly for approx. 2/3 of primary care medical providers (PCMPs).
  - Developing an analytic tool and provider portal through PPQM to calculate RAE and PCMP quality metrics, which will inform quality incentive payments.

Phase III Evaluation Plan

Three Evaluation Focus Areas with Two Scopes of Work for Each

Behavioral Health Benefit

Scope 1: At what points along the continuum of services are strengths and gaps in access to care most impacting member health?

Scope 2: How are specific member groups experiencing the continuum and what improvements can be made?

Primary Care

Scope 1: How do members understand the role of their PCMP and how do they utilize their PCMP?

Scope 2: What is the impact of MCE support to primary care providers?

Care Coordination

Scope 1: What is care coordination's impact on access to care and member experience?

Scope 2: What is care coordination's impact on cost and quality outcomes?

How It Will Work:

- The evaluation will be a deep dive into three focus areas.
- Research questions (3-5 per scope) will be developed that collectively touch on all five goals of the ACC.
- Mixed methods approaches to answer the questions.
- Products will be mixed-methods reports that provide insight into how the program is working and the experience of members and providers.

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Public Comment Period

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Closing Remarks