



The Colorado
Health Foundation™

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Jan. 10, 2017

Colorado Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

RE: Accountable Care Collaborative Phase II Draft Request for Proposals (RFP) Comments

The Colorado Health Foundation commends the Colorado Department of Health Care Policy and Financing for the process it has undertaken to develop and select vendors for the second iteration of the Accountable Care Collaborative. This process has been transparent and easy to engage in.

In all, the Colorado Health Foundation views the proposal contained within the draft RFP as a positive step to ensure Colorado Medicaid clients receive timely, effective, culturally competent and integrated health care.

The Colorado Health Foundation applauds the Department for a number of specific provisions included within the draft RFP:

- Incorporating the All Kids Covered recommendation to focus on children and youth in foster care in addition to those at risk of out-of-home placement.
- Focusing on special populations requiring additional attention, including “children involved with the child welfare system, individuals transitioning out of institutions and correctional facilities, and children at risk for out-of-home placement.”
- Including the All Kids Covered recommendation that the RFP include criteria that supports respecting clients’ language and cultural preferences. We respectfully request that all references to cultural preference, competence or humility be replaced with “responsiveness,” because responsiveness implies an action on the part of providers and others in the health care system.
- We also are grateful for the requirements regarding translation and interpretation services that ensure members receive services and information in their language of choice.
- Requiring the Regional Accountable Entity (RAE) contract with providers who represent diverse racial and ethnic communities.
- Adding criteria to include after-hours care and develop individual care plans for people with complex needs.
- Including the community section that identifies the many non-health care needs a client may have and recognizes the importance of RAE engagement in non-health care services.
- Removing a limit of six behavioral visits from the behavioral health carve-out.
- Including robust measures for monitoring well-being, especially maternal depression screenings, dental visits and developmental screenings.
- Focusing on youth taking psychotropic medications.





However, the policies and provisions contained within this draft RFP leave room for improvement. The Colorado Health Foundation encourages the Department to take a more proactive approach to ensuring Health First Colorado members have access to comprehensive behavioral health care services. During our recent statewide listening tour, we consistently heard from Coloradans that access to adequate behavioral health care services that met their needs in a culturally appropriate manner is one of the biggest barriers to improved health. Behavioral health cannot be an afterthought. The Department should communicate that these services are just as important as any other service and should put in place policies and procedures to ensure this becomes a reality for Health First Colorado members.

Specifically, the Colorado Health Foundation is disappointed in the Department's decision not to ensure comparable funding mechanisms for physical and behavioral health services. We believe it will remain difficult to truly integrate care while funding mechanisms are separate and distinct. We encourage the Department and the ACC team to continually look for new opportunities to make progress on furthering integration of care and payment systems, and ensuring parity between physical and behavioral health services through aligned payment methodologies.

Along these same lines, the Colorado Health Foundation encourages the Department to take steps to ensure access to behavioral health services by incorporating the following suggestions:

- Remove Early and Periodic Screening, Diagnostic and Treatment intervention and prevention services from the behavioral health capitation model and have it offered on a Fee-for-Service basis within the State Plan.
- Have entry into the Statewide Behavioral Health Network governed by an independent third party (i.e., the state, a governor-appointed committee, a third-party vendor) to ensure an adequate and appropriate behavioral health network is available to all Medicaid clients.

We know that substance use disorders, generally, and opiate addiction, specifically, are increasingly pressing issues in much of the state, preventing Coloradans from healthy lives. We encourage the Department to state a more explicit focus and strategy on this issue to ensure Health First Colorado clients have access to preventative, primary and specialized substance abuse services.

Finally, the Colorado Health Foundation encourages the Department to continue to employ more innovative payment methodologies that reward value versus volume, such as those explored through Rocky Mountain Health Plans Prime and other successful payment reform pilots explored through the Accountable Care Collaborative (ACC) Payment Reform Initiative. We also encourage the Department to ensure that funding is directed to addressing Medicaid clients' social determinants of health. We propose the following:

- Increase the total percentage of payments tied to value-based outcomes ensuring the Department's and RAE's incentives are aligned with patient health outcomes and population health improvement.



- Ensure RFP language clearly allows the RAE to invest in the non-medical/social services in the community, as these non-medical services play a critical role in the health of children and families on Medicaid.
- Strengthen the Alternative Payment Methodology criteria to maximize the impact of that payment change.
- Add the health and behavior codes as a fee-for-service benefit. The addition of six behavioral health visits out of primary care does not replace the need for health and behavior codes to address behavioral health aspects of acute and chronic medical conditions.
- Give the State Program Improvement Advisory Committee control over the Flexible Funding pool to ensure it is allocated in a way that corresponds with community priorities. This requires each regional Program Improvement Advisory Committee (PIAC) to provide frequent communication and guidance to the State PIAC.

Again, the Colorado Health Foundation applauds the Department on a thorough and transparent process that includes a number of provisions which will undoubtedly improve Coloradans' health, while also encouraging the Department and its staff to continue exploring and pursuing innovative approaches to improve the health of Health First Colorado clients.

We appreciate your time and consideration. If you have any follow-up questions about these comments or the Colorado Health Foundation, please do not hesitate to contact Dustin Moyer, policy officer at the Colorado Health Foundation, at dmoyer@coloradohealth.org or 303-953-3600.

Sincerely,

A handwritten signature in cursive script that reads "Kyle Legleiter".

Kyle Legleiter
Senior Director of Policy
The Colorado Health Foundation