

REGIONAL ACCOUNTABLE ENTITIES

**KEY INFORMATION &
SBHC CONSIDERATIONS**

Objectives

Understand the role and responsibilities of the Regional Accountable Entities (RAEs)

- Identify RAE performance indicators and measures that align with our SBHC efforts
- Identify at least one lesson learned from this training
- Identify at least one area of collaboration between your RAE and your SBHC

Refresher on (Regional Accountable Entities) RAEs

Two goals

- Improve member health and reduce costs

Objectives

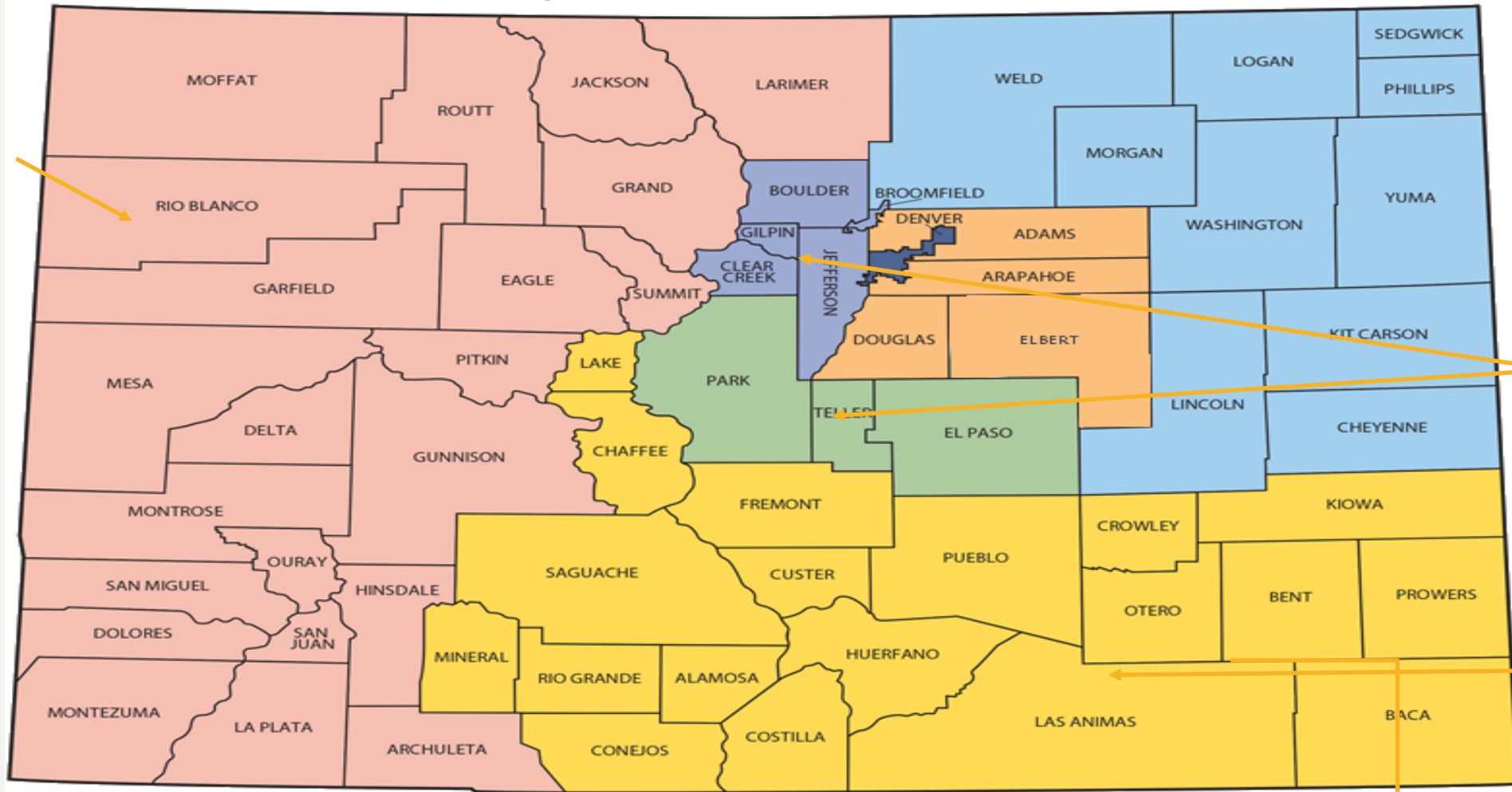
- Join physical and behavioral health under one accountable entity
- Strengthen coordination of services by advancing Team-based Care and Health Neighborhoods
- Promote Member choice and engagement
- Pay providers for the increased value they deliver
- Ensure greater accountability and transparency

Resources:

<https://www.rmhp.org/i-am-a-provider/questions-faqs/hfc-overview>

Seven Regional Accountable Entities (RAEs)

Molly Siegel



- Region 1 **Rocky Mountain Health Plans**
- Region 2 **Northeast Health Partners**
- Region 3 **Colorado Access**
- Region 4 **Health Colorado, Inc.**

- Region 5 **Colorado Access**
- Region 6 **Colorado Community Health Alliance**
- Region 7 **Colorado Community Health Alliance**

Andrea Kedley

Cindy Lopez

Julia Duffer

Regional Accountable Entities (RAEs)

Key information

- Responsible for the health and cost outcomes for members in their region
- Develops a network of primary care medical providers (PCMPs) and contracted, statewide network of behavioral health providers
- Administers the capitated behavioral health benefit
- All Health Colorado/Medicaid members will be enrolled in the ACC (except PACE)

SBHC considerations

- RAE may be a new entity
- A medical sponsor with multiple SBHCs may have multiple RAEs
- Certain flexibilities

Resources

- RAE contact information, proposal and executed contract is available at <https://www.colorado.gov/pacific/hcpf/accphase2#> under “Regional Accountable Entities Contact Information, Proposals and Contracts”

Some include their population health management plan for pediatrics and adult care

STRUCTURAL COMPONENTS



RAES



CONTRACTING



PAYMENT



ATTRIBUTION



INTEGRATION



HEALTH
NEIGHBORHOOD



PERFORMANCE
MEASURES



DATA





Contracting

Key information

- Primary care medical providers (PCMPs) contract directly with RAE and enroll with Medicaid to receive fee-for-service
- PCMPs contract with RAE based on their brick and mortar location (unique billing ID)
- Behavioral health providers can contract with multiple RAEs to support a statewide network
- RAEs have some flexibility to determine which behavioral health providers they credential in their network

SBHC considerations

- Practices with multiple location contract with all RAEs in which practice is located
- SBHC staffing model for behavioral health: medical sponsor staff; contracted providers (i.e. community mental health center) or both

Resources

- <https://www.colorado.gov/pacific/hcpf/primary-care-payment-reform-3>
- <https://www.colorado.gov/pacific/sites/default/files/12.01.17%20Alternative%20Payment%20Model%20Survival%20Guide.pdf>
- <https://www.colorado.gov/pacific/hcpf/primary-care-payment-reform-3#>





Payment

Key information

Primary medical care:

- RAEs receive \$15.50 each month for each member, \$4 is withheld to pay for improvement on (KPI) and/or reaching additional goals
- RAEs must distribute at least 33% of their PMPM (per member per month) payment to Primary Care Medical Providers (PCMP)s
- PCMPs are paid fee-for-service and PMPM through Health Care Policy and Financing (HCPF) (vendor)
- Member assignment to a PCMP does not affect fee-for-service payments
- Each RAE has their own way to administer PMPM and KPI Incentive programs
- HCPF developed Primary Care Alternative Payment Model (APM) for FQHCs and non-FQHCs

Behavioral health care:

- RAEs receive the cap and have their own arrangements with BH Providers
- Behavioral health services will continue to be paid through the capitated behavioral health benefit services covered under the capitated behavioral health benefit paid by RAEs

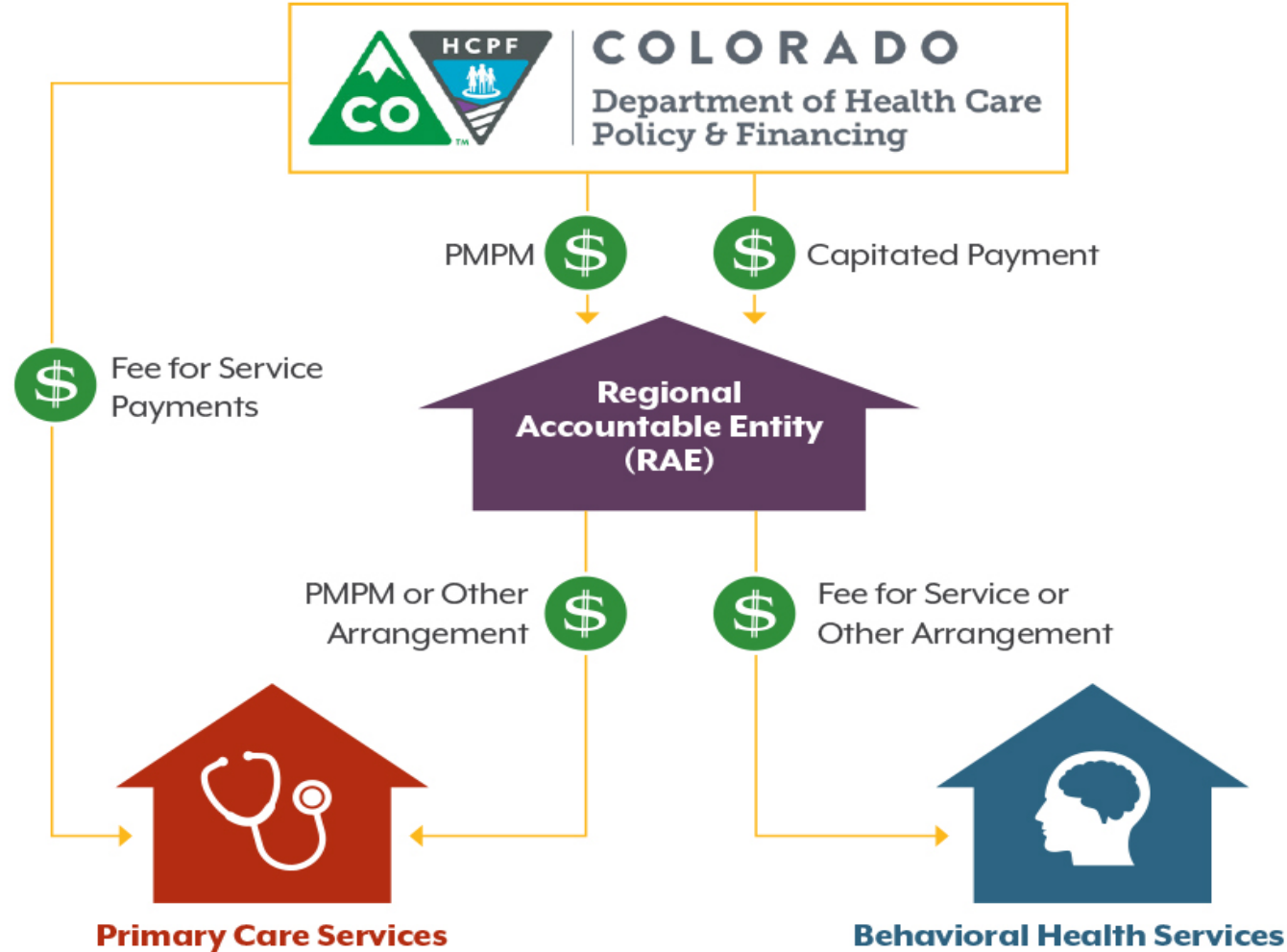
SBHC considerations

- Different payment structures between FQHCs and non-FQHCs
- SBHC capacity to participate in Primary Care APM

Resources

- <https://www.colorado.gov/pacific/hcpf/provider-training>

Figure 3. How Payment Works in ACC Phase Two.



**New
in Phase
Two**

RAEs are now responsible for both PMPM payments (or alternate arrangements) to primary care providers and payments to behavioral health providers.

In Phase One, HCPF and the BHOs handled those payments.

Source: CHI



Attribution

Key information

- Geographic location of member's assigned PCMP site determine member's assignment to a RAE
- Members are assigned to a PCMP in one of the following ways:
 - Demonstrated claims history with a PCMP over the past 18 months [claims history uses evaluation and management codes first and for those under 21 there is a list of 10 preventive codes that are prioritized]
 - Family member's claims history with a PCMP if the member has no utilization history
 - Closest appropriate PCMP within the member's region if member has no utilization history
- Every member will be run through the attribution methodology
- Members chose PCMP by calling Health First Colorado Enrollment
- Reattribution will be done every six months using the above process
- Special populations that do not fall under this attribution process include foster children, Rocky Mountain Health Plan Prime MCO, and Denver Health Medicaid Choice

SBHC considerations

- Movement of patients through new methodology – who is my medical home?
- Access to accurate attribution lists

Resources

- Attribution of Members to Primary Care Medical Providers Fact Sheet and Frequently Asked Questions at <https://www.colorado.gov/pacific/hcpf/accountable-care-collaborative-phase-ii-provider-and-stakeholder-resource-center#Attribution>



Integration

Key information

- Increases access to short-term behavioral health (mental health and substance use disorder) services in the primary care setting
- Short-term behavioral health services provided by a licensed behavioral health clinician working as part of a member's PCMP
- PCMP reimbursed fee-for-service (FFS) for up to six visits per state fiscal year
- Visits do not require a diagnosis covered by the Capitated Behavioral Health Benefit
- PCMPs submit claims for FFS reimbursement of these services
- Providers enrolled in Colorado interChange as a BH billing provider type cannot claim FFS reimbursement for these procedure codes if the diagnosis is on the list of diagnoses covered by the capitated behavioral health benefit

SBHC considerations

- RAE determines if visits beyond the six are reimbursable under the Capitated Behavioral Health Benefit
- SBHC behavioral health staffing model
- Different billing procedures for certain medical sponsors (FQHC, RHC, and IHS)

Resources

- See behavioral health services resources at <https://www.colorado.gov/pacific/hcpf/accountable-care-collaborative-phase-ii-provider-and-stakeholder-resource-center#Attribution>

Diagnosis codes that qualify include:

- Diagnostic evaluation without medical services (90791)
- Psychotherapy – 30 minutes (90832)
Psychotherapy – 45 minutes (90834)
Psychotherapy – 60 minutes (90837)
Family psychotherapy without patient (90846)
- Family psychotherapy with patient (90847)





Health Neighborhood

Key information

- RAEs must engage other providers in the “health neighborhood”, such as hospitals, specialists, oral health providers and public health agencies
- This may include promoting e-consults with specialists, data sharing, health workers, and telehealth
- RAEs are encouraged to identify health disparities and work with schools, school districts and community organizations
- RAEs must develop a population health management plan to improve the health of all members

SBHC considerations

- SBHC existing partnerships (i.e. school/district)
- Alignment with SBHC needs and gaps



Performance Measurement

Key information

- Financial incentives for RAEs and PCMPs determined by 8 key performance indicators. Pediatric indicators:
 - Behavioral Health Engagement: Percent of members that access BH services
 - Well Visits: Percent of members who receive a well visit during the 12-month evaluation period
 - Prenatal Engagement: Percent of deliveries where a woman received a prenatal care in pregnancy
 - Dental Visit: Percent of members who received professional dental services
 - Health Neighborhood: reflect connections/referrals between specialty care and PCP
- RAEs also receive incentives on behavioral health program measures, including (not all listed below):
 - Follow-up after a Positive Depression Screen: Percent of members engaged in mental health service within 30 days of screening positive for depression
- Primary care providers participating in the Alternative Payment Model can get additional payment for progress toward benchmarks on measures they choose

SBHC considerations

- Data accuracy and timelines
- SBHC services aligned with RAE indicators
- SBHC program clinical quality measure alignment with ACC incentives

Resources

- See Performance Measurement including Key Performance Indicators & Behavioral Health Incentive Program at <https://www.colorado.gov/pacific/hcpf/accountable-care-collaborative-phase-ii-provider-and-stakeholder-resource-center>

**SBHCs and the Accountable Care Collaborative 2.0:
Collaborating with Regional Accountable Entities (RAEs)
WORKSHEET**

| Component | Notes | SBHC Opportunities | SBHC Challenges | Questions |
|--------------------|--------------|---------------------------|------------------------|------------------|
| Contracting | | | | |
| Payment | | | | |
| Attribution | | | | |

REGIONAL ACCOUNTABLE ENTITIES (RAES) CONTACTS

Region 1: Molly Siegel | Rocky Mountain Health Plans | Molly.Siegel@rmhp.org

Region 4: Cindy Lopez | San Luis Valley Behavioral Health Group | Cindyl@slvbhg.org

Julia Duffer | Health Colorado, Julia@healthcolorado.health

Regions 6 & 7: Andrea Kedley | Colorado Community Health Alliance | Andrea.Kedley@cchacares.com

