

# Managed Care in Colorado

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

## Overview of Current Managed Care Programs

In July 2011, almost all Medicaid beneficiaries in Colorado were enrolled in some form of managed care. Colorado has used both MCO and PCCM managed care delivery models for over three decades. Its longest currently running program, the **Managed Care Organization (MCO)** program, began in 1983, and now covers acute, primary, and specialty services to Medicaid beneficiaries in Denver County and surrounding areas. In 1995, the state implemented the **Medicaid Community Mental Health Services program**, a mental health prepaid plan, to manage behavioral health services and is mandatory for most Medicaid beneficiaries in the state. For many years, the state has also offered a primary care case management (PCCM) program called the **Primary Care Physician Program (PCPP)** available to most non-institutionalized Medicaid beneficiaries statewide. An enhanced version of the PCPP provides two levels of enhanced case management services to certain individuals with complex needs. The state also introduced a **Program for All Inclusive Care for the Elderly (PACE)** program in 2003 to expand the range of services, including Medicare and Medicaid services, available to elderly (age 55+) beneficiaries with disabilities in certain regions who meet the nursing home level of care requirement. Colorado is one of only two states in the country in which enrollment in managed care is voluntary statewide.

In 2011, the state introduced its latest managed care arrangement, the **Accountable Care Collaborative (ACC)** program, which is a PCCM program that utilizes a network of Regional Care Collaborative Organizations (**RCCOs**) to coordinate acute, primary, and specialty care, pharmacy, and select behavioral health services to most Medicaid beneficiaries in the state. The state was recently selected by CMS to participate in the Comprehensive Primary Care (CPC) Initiative, which the state will implement through its existing ACC Program, to strengthen primary care delivery.

## Participating Plans, Plan Selection, and Rate Setting

The state contracts with two local, nonprofit plans (Denver Health Medicaid Choice, a risk-based managed care organization, and one limited benefit prepaid health plan, Rocky Mountain HMO) to provide services for its MCO program, and the availability of each plan varies by region. The state also contracts with five Behavioral Health Organizations (Access Behavioral Care, Behavioral HealthCare, Inc., Colorado Health Partnerships, Foothills Behavioral Health Partners, and Northeast Behavioral Health Partnership) to provide mental health services in defined geographic areas. The state sets rates through a combination of negotiation and an administrative process using actuarial analyses.

## Quality and Performance Incentives

Like most other states, Colorado requires plans to report data on HEDIS, CAHPS and other quality and access measures. To reward plans in the MCO program for performance on quality measures, the state uses gain sharing methods through the calculation of utilization differentials. The state has also recently implemented performance incentive payments for primary care providers and RCCOs that meet targets on certain indicators, such as reductions in hospital readmissions or emergency department use. The state's quality report cards compare the performance of MCOs and PCCMs on several performance measures.

**Table: Managed Care Program Features, as of August 2014**

Program Name	Denver Health Managed Care Program	Medicaid Community Mental Health Services Program	Program for the All-Inclusive Care for the Elderly (PACE)	Primary Care Physician Program	Accountable Care Collaborative (ACC) Program	Rocky Mountain Health Maintenance Organization (PIHP)	Rocky Mountain Health Maintenance Organization (MCO)
<b>Program Type</b>	MCO	MH PIHP	PACE	PCCM Provider/ ePCCM	PCCM	Physical Health PIHP	MCO
<b>Program Start Date</b>	May 1983	July 1995	April 2003	June 2003	March 2009*	September 2014	July 2014
<b>Statutory Authorities</b>	1915(a)	1915(b)	PACE	1932(a)	1932(a)	1915(a)	1932(a)
<b>Geographic Reach of Program</b>	Denver County and Surrounding Areas	Statewide	Select Regions	Statewide	Statewide	Statewide	Mesa County and Select Regions
<b>Populations Enrolled</b> ( <i>Exceptions may apply for certain individuals in each group</i> )							
<i>Aged</i>	X	X	X	X	X	X	X
<i>Disabled Children &amp; Adults</i>	X	X	X (age 55+)	X	X	X	X
<i>Children</i>	X	X		X	X	X	X
<i>Low-Income Adults</i>	X	X		X	X	X	X
<i>Medicare-Medicaid Eligibles ("duals")</i>	X (excludes partial duals)	X (excludes partial duals)	X (age 55+)	X	X	X	X
<i>Foster Care Children</i>	X	X		X	X	X	X
<i>American Indians/ Alaska Natives</i>	X	X		X	X	X	X
<b>Mandatory or Voluntary enrollment?</b>	Voluntary	Mandatory	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary
<b>Medicaid Services Covered in Capitation</b> ( <i>Specialized services other than those listed may be covered. Services not marked with an X are excluded or "carved out" of the benefit package.</i> )							
<i>Inpatient hospital</i>	X		X				X
<i>Primary Care and Outpatient Services</i>	X	X	X	X	X	X	X
<i>Pharmacy</i>	X		X				X
<i>Institutional LTC</i>			X				
<i>Personal Care/HCBS</i>	X	X	X				
<i>Inpatient Behavioral Health Services</i>		X	X				

Program Name	Denver Health Managed Care Program	Medicaid Community Mental Health Services Program	Program for the All-Inclusive Care for the Elderly (PACE)	Primary Care Physician Program	Accountable Care Collaborative (ACC) Program	Rocky Mountain Health Maintenance Organization (PIHP)	Rocky Mountain Health Maintenance Organization (MCO)
<i>Outpatient Behavioral Health Services</i>		X	X				
<i>Dental</i>			X				
<i>Transportation</i>			X				
<b>Participating Plans or Organizations</b>	**Participating plans and organizations are as follows:						
<b>Uses HEDIS Measures or Similar</b>	X	X	NA	X	X	X	X
<b>Uses CAHPS Measures or Similar</b>	X	X	NA	X	X	X	X
<b>State requires MCOs to submit HEDIS or CAHPS data to NCQA</b>	Yes	NA	NA	NA	NA	NA	NA
<b>State Requires MCO Accreditation</b>		NA	NA	NA	NA	NA	NA
<b>External Quality Review Organization</b>	Health Services Advisory Group, Inc. (HSAG)						
<b>State Publicly Releases Quality Reports</b>	Yes						

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.  
Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.  
National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).  
Primary care and Outpatient services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).  
External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.  
\*The 2011 National Summary of State Medicaid Managed Care Programs reports that the Regional Care Collaborative Organizations and Accountable Care Collaborative program began in March 2011, which was the that the program was implemented, according to the state. However, according to the approved State Plan Amendment, these programs were approved in July 2009.

\*\*Participating plans and organizations are as follows:

- Managed Care Program: Denver Health and Hospital Authority; Rocky Mountain Health Plan Authority
- Medicaid Community Mental Health Services Program: Access Behavioral Care; Behavioral Healthcare, Inc.; Colorado Health Partner-ships; Foothills Behavioral Health Partners; Northeast Behavioral Health Partnership

- Program for the All-Inclusive Care for the Elderly (PACE): Total Long Term Care; VOANS PACE, Inc (Senior Community Care of Colorado); Rocky Mountain PACE
- Primary Care Physician Program: Primary Care Physicians – participating providers
- Regional Care Collaborative Organizations: Rocky Mountain Health Plan Accountable Care Collaborative; Colorado Access Regional Accountable Care Collaborative (in 3 regions); Integrated Community Health Partners; Colorado Community Health Alliance; Community Care – participating providers
- Accountable Care Collaborative (ACC) Program: Accountable Care Collaborative Program – participating providers