

## Colorado Managed Care Program Features, as of 2016

Features	Accountable Care Collaborative: Rocky Mountain Health Plans Prime (ACC: RMHP Prime)	Program of All-inclusive Care for the Elderly (PACE)	Colorado Medicaid Community Behavioral Health Services Program
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Garfield, Gunnison, Mesa, Montrose, Pitkin and Rio Blanco Counties	Statewide	Statewide
Federal operating authority	1932(a)	PACE	1915(b)
Program start date	09/01/2014	10/01/1991	07/01/1995
Waiver expiration date (if applicable)			06/30/2017
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary		Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary		Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Voluntary	Mandatory
Populations enrolled: Partial Duals		Voluntary	
Populations enrolled: Children with Special Health Care Needs			Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Mandatory
Populations enrolled: Enrollment choice period	Other	N/A	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	HealthColorado - MAXIMUS	HealthColorado-MAXIMUS	HealthColorado - MAXIMUS

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<b>Populations enrolled: Notes on enrollment choice period</b>	Clients are passively enrolled with 30 days to opt-out prior to enrollment and 90 days to opt-out after the effective date. Each year, clients are given notice 60 days prior to their birth month that they can disenroll.	There is no enrollment period; existing Medicaid members that meet the level of care may apply for PACE at any time. Members are enrolled the first of the month	
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Partial hospitalization		X	X
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X		
Benefits covered: Rural health clinics and FQHCs	X		
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X	
Benefits covered: EPSDT	X		X
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)		X	
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing		X	
Benefits covered: ICF-IDD			

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Benefits covered: Nursing facility services		X	
Benefits covered: Hospice care		X	
Benefits covered: Non-Emergency Medical Transportation		X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Durable Medical Equipment	PACE is an all-inclusive program. Some of the other available services include optometry, podiatry, rehabilitative services, adult day health center services, transportation to/from	
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group, Inc.		Health Services Advisory Group, Inc.
Performance incentives: Payment bonuses/differentials to reward plans	X		
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			

## Colorado Managed Care Program Features, as of 2016

Features	Accountable Care Collaborative: Rocky Mountain Health Plans Prime (ACC: RMHP Prime)	Program of All-inclusive Care for the Elderly (PACE)	Colorado Medicaid Community Behavioral Health Services Program
Participating plans and regions served: Plans in Program	Accountable Care Collaborative: Rocky Mountain Health Plans Prime (ACC: RMHP Prime)	Rocky Mountain Health Care Services (PACE); Total Longterm Care - Pueblo DBA InnovAge Greater Colorado PACE; Total Longterm Care-InnovAge Greater Colorado PACE; Volunteers of America (VOANS) PACE DBA Senior Community Care; Total Longterm Care - InnovAge Loveland	Colorado Health Partnerships; Behavioral Healthcare Inc.; Foothills Behavioral Health Partners; Access Behavioral Care - Denver; Access Behavioral Care - Northeast
Notes: Program notes	Accountable Care Collaborative: Rocky Mountain Health Plans Prime tests two main payment methodologies designed to prioritize value-based care over volume-based care. First, the Department's payment to RMHP is tied to quality through a medical loss ratio (MLR). RMHP's MLR is adjusted down for every quality target they meet or surpass. Second, RMHP establishes a global budget with both primary care providers and community mental health centers and provides an opportunity for shared savings if quality targets are met. This shared savings structure incentivizes primary care and behavioral health providers to collaborate in new and innovative ways that improve health care delivery. RMHP also offers Health Plan Performance incentives by paying providers for value/quality outcomes using shared-risk or shared-savings method.		The Colorado Medicaid Community Behavioral Health Services Program contracts with BHOs to arrange for, or provide, medically necessary mental health services to clients in five service areas. In each area, the program is managed by a different behavioral health organization BHO. Medicaid members are assigned to a BHO based on where they live.

## Colorado Managed Care Program Features, as of 2016

Features	Denver Health Medicaid Choice	Accountable Care Collaborative	Accountable Care Collaborative: Access KP
<b>Program type</b>	Comprehensive MCO	Primary Care Case Management Entity (PCCM Entity)	Comprehensive MCO
<b>Statewide or region-specific?</b>	Denver, Arapahoe, Adams and Jefferson Counties	Statewide	Adams, Arapahoe, Douglas Counties
<b>Federal operating authority</b>	1915(a)	1932(a)	1932(a)
<b>Program start date</b>	01/01/1997	05/11/2011	07/01/2016
Waiver expiration date (if applicable)			
If the program ended in 2016, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	Voluntary	Voluntary
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	Voluntary	Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary	Voluntary	Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Voluntary	
Populations enrolled: Full Duals	Voluntary	Voluntary	
Populations enrolled: Partial Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs	Voluntary	Voluntary	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
<b>Populations enrolled: Enrollment choice period</b>	Other	Other	Other
<b>Populations enrolled: Enrollment broker name (if applicable)</b>	HealthColorado - MAXIMUS	HealthColorado - MAXIMUS	HealthColorado - MAXIMUS

## Colorado Managed Care Program Features, as of 2016

Features	Denver Health Medicaid Choice	Accountable Care Collaborative	Accountable Care Collaborative: Access KP
<b>Populations enrolled: Notes on enrollment choice period</b>	Clients are passively enrolled with 30 days to opt-out prior to enrollment and 90 days to opt-out after the effective date. Each year, clients are given notice 60 days prior to their birth month that they can disenroll.	Clients are passively enrolled with 30 days to opt-out prior to enrollment and 90 days to opt-out after the effective date. Each year, clients are given notice 60 days prior to their birth month that they can disenroll.	On July 1, 2016, clients who had Kaiser Permanente as their primary care medical provider were passively enrolled with 30 days to opt-out prior to enrollment and 90 days to opt-out after the effective date. Each year, those clients are given notice 60 days prior to their birth month that they can disenroll. Eligible clients may select this program at any time.
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X	
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management			
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)		X	
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services		X	

## Colorado Managed Care Program Features, as of 2016

Features	Denver Health Medicaid Choice	Accountable Care Collaborative	Accountable Care Collaborative: Access KP
Benefits covered: Private duty nursing		X	
Benefits covered: ICF-IDD		X	
Benefits covered: Nursing facility services		X	
Benefits covered: Hospice care		X	
Benefits covered: Non-Emergency Medical Transportation		X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Durable medical equipment	Note that the RCCOS do not pay for any services; providers continue to bill FFS for all physical health care benefits. The RCCOs are responsible for coordinating services. Additionally, durable medical equipment is covered.	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group, Inc.	EQRO - HealthServices Advisory Group, Inc.	Health Services Advisory Group, Inc.
Performance incentives: Payment bonuses/differentials to reward plans		X	X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics		X	X
Performance incentives: Withholds tied to performance metrics		X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			X

## Colorado Managed Care Program Features, as of 2016

Features	Denver Health Medicaid Choice	Accountable Care Collaborative	Accountable Care Collaborative: Access KP
Participating plans and regions served: Plans in Program	Denver Health Medicaid Choice	RCCO 1: Rocky Mountain Health Plans; RCCO 2: Colorado Access; RCCO 3: Colorado Access; RCCO 4: Integrated Community Health Partnership; RCCO 5: Colorado Access; RCCO 6: Colorado Community Health Alliance; RCCO 7: Community Health Partnerships	Colorado Access Kaiser Permanente
Notes: Program notes	Denver Health & Hospital Authority (DHHA) is a staff-model MCO, which was reported as "Managed Care Program" in MMCDCS 2015. In addition to DHHA's main medical campus (e.g., hospital, pharmacy, clinic), it operates eight community health centers and 15 school-based clinics in underserved neighborhoods throughout the Denver metropolitan area.	Medical services are paid on a fee-for-service basis where two administrative per-member-per-month fee payments are made: 1) the first payment is to the ACO to be accountable for improved health and recuded cost; and 2) the second payment is to the PCMP for providing a medical home level of care. The program has seven ACOs, called Regional Care Collaborative Organizations (RCCOs). RCCOs contract with providers to serve as medical homes for clients and also provide support services that include care coordination, case management, data analytics, practice transformation assistance and community resource referrals.	ACC: Access KP is a new payment reform initiative within Colorado's Accountable Care Collaborative (ACC). The initiative is a limited benefit, capitated primary care model designed to pilot an alternative to the current fee for service payment mechanism. The initiative is a partnership between the State of Colorado Department of Health Care Policy and Financing (HCPF), Colorado Access, and Kaiser Permanente. Initially the Department did a passive enrollment into the program; however, for continuing enrollment, clients have to actively select the program.