

Colorado Managed Care Program Features, as of 2013

Features	Accountable Care Collaborative	Colorado Medicaid Community Behavioral Health Services Program	Managed Care Program	Primary Care Physician Program	Program of All-Inclusive Care for the Elderly (PACE)
Program type	PCCM	BHO (PIHP and/or PAHP)	Comprehensive MCO	Other PHP Plans	PACE
Statewide or region-specific?	Statewide	Statewide	Statewide	Statewide	Statewide
Federal operating authority	1115 demonstration, 1932(a)	1915(b) waiver	1915(a)	1932(a)	PACE
Program start date	5/1/2011	7/1/1995	5/1/1983	6/30/2003	4/1/2003
Waiver expiration date (if applicable)	1/1/2014	6/30/2015			
If the program ended in 2013, indicate the end date					
Populations enrolled					
Low-income Adults	Voluntary	Mandatory	Voluntary	Voluntary	
Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Voluntary	Voluntary	Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Voluntary	Mandatory	Voluntary	Voluntary	
Individuals receiving Limited Benefits	Voluntary	Mandatory	Voluntary	Voluntary	
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	Mandatory				
Full Duals	Voluntary	Mandatory	Voluntary	Voluntary	Voluntary
Partial Duals	Voluntary			Voluntary	Voluntary
Children with Special Health Care Needs	Voluntary	Mandatory	Voluntary	Voluntary	
Native American/Alaskan Natives	Voluntary	Mandatory	Exempt	Voluntary	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Mandatory	Voluntary	Voluntary	Exempt
Enrollment choice period	N/A	Pre-assigned	60 days		N/A
Enrollment broker name (if applicable)	Maximus - HealthColorado	Maximus - HealthColorado	Maximus - HealthColorado	Maximus - HealthColorado	Maximus - HealthColorado

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Notes on enrollment choice period	Any new Colorado Medicaid client will be passively enrolled into the ACC, with the exception of: clients who live in Denver City and County and clients who are members of certain, pre-defined eligibility categories. Every client who is passively enrolled in the ACC will receive notice at least 30 days before their enrollment begins and may contact the Enrollment Broker to opt out of the program during that time. Additionally, clients will have 60 days from their first day of enrollment to opt out of the program, without cause. After that time, clients may opt-out during their annual open enrollment period, without cause; or may petition to be removed from the program with cause.	BHO clients are automatically enrolled into a plan based on geography. There is not an open enrollment period or an option to opt out.	Clients have 90 days to opt out of the plan after the initial enrollment. The open enrollment period is 60 days prior to the clients birth month.	Clients have 90 days to opt out of the plan after the initial enrollment. The open enrollment period is 60 days prior to the clients birth month.	
Benefits covered					
Inpatient hospital physical health	X		X	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X	X	X	X
Outpatient hospital physical health	X		X	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X	X	X	X
Partial hospitalization	X	X	X	X	X
Physician	X		X	X	X
Nurse practitioner	X		X	X	X
Rural health clinics and FQHCs	X		X		
Clinic services	X	X	X	X	

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Lab and x-ray	X		X	X	X
Prescription drugs and prosthetic devices	X		X	X	X
EPSDT	X	X	X	X	
Case management	X	X	X	X	X
Health home	X		X		X
Family planning	X		X	X	
Dental services (medical/surgical)	X		X		X
Dental (preventative or corrective)	X				X
Home health agency services	X		X		
Personal care (state plan option)	X		X		X
HCBS waiver services	X		X		
Private duty nursing	X		X		
ICF-IDD	X		X		
Nursing facility services	X			X	X
Hospice care	X				X
Non-Emergency Medical Transportation	X		X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Durable Medical Equipment (DME)		DME	DME	Optometry, podiatry, rehabilitative services, adult day health center services, transportation, respite care, caregiver education, meals and nutritional services in the PACE center, social activities in the PACE center, DME and supplies
Quality assurance and improvement					
HEDIS data required?	Yes	Yes	Yes	No	No
CAHPS data required?	Yes	No	Yes	Yes	No
Accreditation required?	No	Yes	No	No	No
Accrediting organization	EQRO - Health Services Advisory Group, Inc	EQRO			

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EQRO contractor name (if applicable)		Health Services Advisory Group, Inc.	Health Services Advisory Group, Inc.		
Performance incentives?	Yes	Yes	Yes	No	No
Payment bonuses/differentials to reward MCOs	X	X	X		
Preferential auto-enrollment to reward MCOs					
Public reports comparing MCO performance on key metrics	X				
Withholds tied to performance metrics			X		
Participating plans and regions served					
Plans in Program	Multiple primary care providers	Behavioral Healthcare Inc.; Colorado Health Partnerships; Foothills Behavioral Health Partners; Northeast Behavioral Health Partnership; Access Behavioral Care	Denver Health Medicaid Choice; Rocky Mountain Health Plan	Multiple primary care providers	Total Long Term Care DBA InnovAge Greater Colorado PACE; Total Longterm Care - Pueblo DBA InnovAge Greater Colorado PACE; Rocky Mountain Health Care Services PACE; Volunteers of America (VOANS) PACE DBA Senior Community Care

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Program notes	<p>This program operates under 1932(a) authority. But, one population, adults without dependent children (AwDC), was mandatorily enrolled in the ACC under the authority of an 1115 Demonstration. Program is a PCCM that closely resembles an ACO organization and pays benefits on a FFS basis and also pays a pmpm for medical home, case management and care coordination. The program consists of seven regional ACO-like organizations. These organizations are called Regional Care Collaborative Organizations (RCCO) and they 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.</p>	<p>The Colorado Medicaid Community Behavioral Health Services Program is a statewide managed care program that provides comprehensive behavioral health services to all Coloradans with Medicaid. The state is divided into 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. BHOs arrange for/or provide for medically necessary mental health services to clients in their service areas.</p>	<p>Denver Health & Hospital Authority (DHHA) is a staff-model HMO. DHHA's Medicaid program, Denver Health Medicaid Choice (DHMC) is a full-risk capitation contract. In addition to DHHA's main medical campus (i.e. hospital, pharmacy, clinic, etc.) they operate eight (8) community health centers and 15 school-based clinics in underserved neighborhoods throughout the Denver metropolitan area. Rocky Mountain Health Plan (RMHP) is a 1915(a), non-risk Prepaid Inpatient Health Plan (PHIP). RMHP's Medicaid plan is an Administrative Services Organization (ASO) model, meaning that RMHP receives and adjudicates claims from its providers, re-prices the claims to the Medicaid Fee Schedule, and then submits them to Colorado Medicaid for payment. Claims are then paid to RMHP by the state on a fee-for-service basis. There is a performance incentive written into the contract, which is based on performance in reducing unnecessary utilization of services and meeting clinical quality indicators.</p>		