

Colorado Managed Care Program Features, as of 2015

Features	Program of All-inclusive Care for the Elderly (PACE)	Colorado Medicaid Community Behavioral Health Services Program	Accountable Care Collaborative
Program type	Program of All-inclusive Care for the Elderly (PACE)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Primary Care Case Management (PCCM)
Statewide or region-specific?		Statewide	Statewide
Federal operating authority	PACE	1915(b)	1932(a)
Program start date	10/01/1991	07/01/1995	05/01/2011
Waiver expiration date (if applicable)		06/30/2018	
If the program ended in 2015, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Voluntary
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Voluntary
Populations enrolled: Full Duals	Voluntary	Mandatory	Voluntary
Populations enrolled: Partial Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs		Mandatory	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Voluntary
Populations enrolled: Enrollment choice period	N/A	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)	HealthColorado - MAXIMUS	HealthColorado - MAXIMUS	HealthColorado - MAXIMUS
Populations enrolled: Notes on enrollment choice period	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		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	X
Benefits covered: Health home (SSA 1945)			

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Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Home health agency services	X		
Benefits covered: Personal care (state plan option)	X		X
Benefits covered: HCBS waiver services	X		
Benefits covered: Private duty nursing	X		X
Benefits covered: ICF-IDD			X
Benefits covered: Nursing facility services	X		X
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation	X		X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	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 PACE center and medical appointments, respite care and care giver education, meals and nutritional services in PACE center, social activities at PACE center, home care services and DME and supplies.		
Quality assurance and improvement: HEDIS data required?	No	Yes	No
Quality assurance and improvement: CAHPS data required?	No	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.	EQRO - 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 MCO performance on key metrics			X
Performance incentives? Withholds tied to performance metrics			X
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served: Plans in Program	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	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

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Notes: Program notes	<p>Under the authority of sections 1894 and 1934 of the Social Security Act, PACE organizations provide pre-paid, capitated comprehensive health care services to frail elders. To be eligible, individuals must be 55 years of age or older, be determined by the State administering agency to need a nursing facility level of care, and reside in the service area of a PACE organization. At the time of enrollment, an individual must be able to live in a community setting without jeopardizing his or her health or safety. Enrollment is voluntary and is not restricted to individuals who are Medicare beneficiaries and Medicaid recipients. The PACE organization receives a prospective monthly payment for each Medicaid that is negotiated between the PACE organization and the State administering agency. The Medicaid capitation must be less than the amount that would have paid under the State plan if the individuals were not enrolled in PACE. PACE organizations may charge a premium to individuals who do not have Medicaid eligibility.</p>	<p>The Colorado Medicaid Community Behavioral Health Services Program is a statewide managed care program that provides comprehensive behavioral health services to all Coloradoans 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, medically necessary mental health services to clients in their service area.</p>	<p>This program operates under 1932(a) authority, and is a PCCM model. 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 reduced cost; and 2) the second payment is to the PCMP for providing a medical home level of care. The program has seven ACOs. These organizations are 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.</p>

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Features	Managed Care Program
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1932(a),1915(a)
Program start date	05/01/1983
Waiver expiration date (if applicable)	
If the program ended in 2015, 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
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Voluntary
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary
Populations enrolled: Enrollment choice period	60 days
Populations enrolled: Enrollment broker name (if applicable)	HealthColorado - MAXIMUS
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Outpatient hospital physical health	X

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Features	Managed Care Program
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Partial hospitalization	
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs and prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	
Benefits covered: Health home (SSA 1945)	
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	
Benefits covered: Dental (preventative or corrective)	
Benefits covered: Home health agency services	X
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Durable medical equipment
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	No

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Features	Managed Care Program
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group, Inc.
Performance incentives? Payment bonuses/differentials to reward plans	
Performance incentives? Preferential auto-enrollment to reward plans	
Performance incentives? Public reports comparing MCO performance on key metrics	
Performance incentives? Withholds tied to performance metrics	
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X
Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served: Plans in Program	Denver Health Medicaid Choice (PIHP)

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Features	Managed Care Program
Notes: Program notes	<p>Denver Health & Hospital Authority (DHHA) is a staff-model MCO. DHHA's Medicaid program, Denver Health Medicaid Choice (DHMC) is a full-risk capitation contract. 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. Accountable Care Collaborative: Rocky Mountain Health Plans Prime (ACC: RMHP Prime) is a full-risk capitation contract that operates in six counties on the Western Slope, and began operating in September 1, 2014, through State Plan Amendment 1932(a). This program tests two main payment methodologies designed to prioritize value-based care over volume-based care. 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. RMHP does not cover Non-Emergency Medical Transportation (NEMT), whereas DHMC covers NEMT only if used in connection with a covered medical Service. Although RMHP offers Health Plan Performance incentives by paying providers for value/quality outcomes using shared-risk or shared-savings method, DHMC does not.</p>