Colorado Managed Care Program Features, as of 2017 (1 of 2)

Features	Program of All-Inclusive Care for the Elderly	Colorado Medicaid Community Behavioral Health Services Program	Denver Health Medicaid Choice
Program type	Program of All-inclusive Care for the Elderly (PACE)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Denver, Arapahoe, Adams and Jefferson Counties
Federal operating authority	PACE	1915(b)	1915(a)
Program start date	10/01/1991	07/01/1995	01/01/1997
Waiver expiration date (if applicable)		06/30/2019	
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Voluntary
Populations enrolled: Low-income adults covered 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)			
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

Features	Program of All-Inclusive Care for the Elderly	Colorado Medicaid Community Behavioral Health Services Program	Denver Health Medicaid Choice
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Voluntary
Populations enrolled: Enrollment choice period	N/A	Pre-assigned	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus Health Services, Inc.		Maximus Health Services, Inc.
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.		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.
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	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	

Features	Program of All-Inclusive Care for the Elderly	Colorado Medicaid Community Behavioral Health Services Program	Denver Health Medicaid Choice
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			
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.)	Optometry, podiatry, rehabilitative services, adult day health center services, transportation		Durable Medical Equipment
Quality assurance and improvement: HEDIS data required?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes
Quality assurance and improvement: Accreditation required?	No	No	No

Features	Program of All-Inclusive Care for the Elderly	Colorado Medicaid Community Behavioral Health Services Program	Denver Health Medicaid Choice
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		X	
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: 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; TRU Community Care	Colorado Health Partnerships; Behavioral Healthcare Inc.; Foothills Behavioral Health Partners; Access Behavioral Care - Denver; Access Behavioral Care - Northeast	Denver Health Medicaid Choice (PIHP)
Notes: Program notes		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.	Denver Health & Hospital Authority (DHHA) is a staff-model MCO. 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.

Colorado Managed Care Program Features, as of 2017 (2 of 2)

Features	Accountable Care Collaborative: Access KP	Accountable Care Collaborative: Rocky Mountain Health Plans Prime	Accountable Care Collaborative
Program type	Comprehensive MCO	Comprehensive MCO	Primary Care Case Management Entity (PCCM Entity)
Statewide or region-specific?	Adams, Arapahoe, and Douglas Counties	Garfield, Gunnison, Mesa, Montrose, Pitkin, and Rio Blanco Counties	Statewide
Federal operating authority	1932(a)	1932(a)	1932(a)
Program start date	07/01/2016	09/01/2014	05/11/2011
Waiver expiration date (if applicable)			
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary	Voluntary	Voluntary
Populations enrolled: Low-income adults covered 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
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Voluntary
Populations enrolled: Full Duals		Voluntary	Voluntary
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Voluntary		Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary

Features	Accountable Care Collaborative: Access KP	Accountable Care Collaborative: Rocky Mountain Health Plans Prime	Accountable Care Collaborative
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus Health Services, Inc.	Maximus Health Services, Inc.	Maximus Health Services, Inc.
Populations enrolled: Notes on enrollment choice period	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.	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.
Benefits covered: Inpatient hospital physical health		X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Outpatient hospital physical health		X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)			
Benefits covered: Partial hospitalization			
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	
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs and prosthetic devices		X	
Benefits covered: EPSDT	X	X	

Features	Accountable Care Collaborative: Access KP	Accountable Care Collaborative: Rocky Mountain Health Plans Prime	Accountable Care Collaborative
Benefits covered: Case management			X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)			
Benefits covered: Dental (preventative or corrective)			
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			
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	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes

Features	Accountable Care Collaborative: Access KP	Accountable Care Collaborative: Rocky Mountain Health Plans Prime	Accountable Care Collaborative
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.
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			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Colorado Access Kaiser Permanente	Accountable Care Collaborative: Rocky Mountain Health Plans Prime (ACC: RMHP)	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

Features	Accountable Care Collaborative: Access KP	Accountable Care Collaborative: Rocky Mountain Health Plans Prime	Accountable Care Collaborative
Notes: Program notes	Accountable Care Collaborative: 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. The Department did a passive enrollment into the program (mandatory); however, for continuing enrollment, clients have to actively select the program (voluntary). The program officially ended on June 30, 2017.	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.	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, 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.