ACC Phase III and Integrated Care

1302 Collaborative

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Accreditation & Credit Designation Statements

Joint Accreditation Statement

In support of improving patient care, this activity has been planned and implemented by the University of Colorado and the American Society of Addiction Medicine. The American Society of Addiction Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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Nurses

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The planners, faculty and have no relevant financial relationships.

Agenda

1. ACC Overview
2. ACC Phase III and Integrated Care

Accountable Care Collaborative

Accountable Care Collaborative (ACC)

- Delivers cost-effective, quality health care services to Health First Colorado members to improve the health of Coloradans.
- Coordinates regional physical and behavioral health care services to ensure member access to appropriate care.
- New contracts between the RAEs and HCPF (Phase III) will begin July 1, 2025.

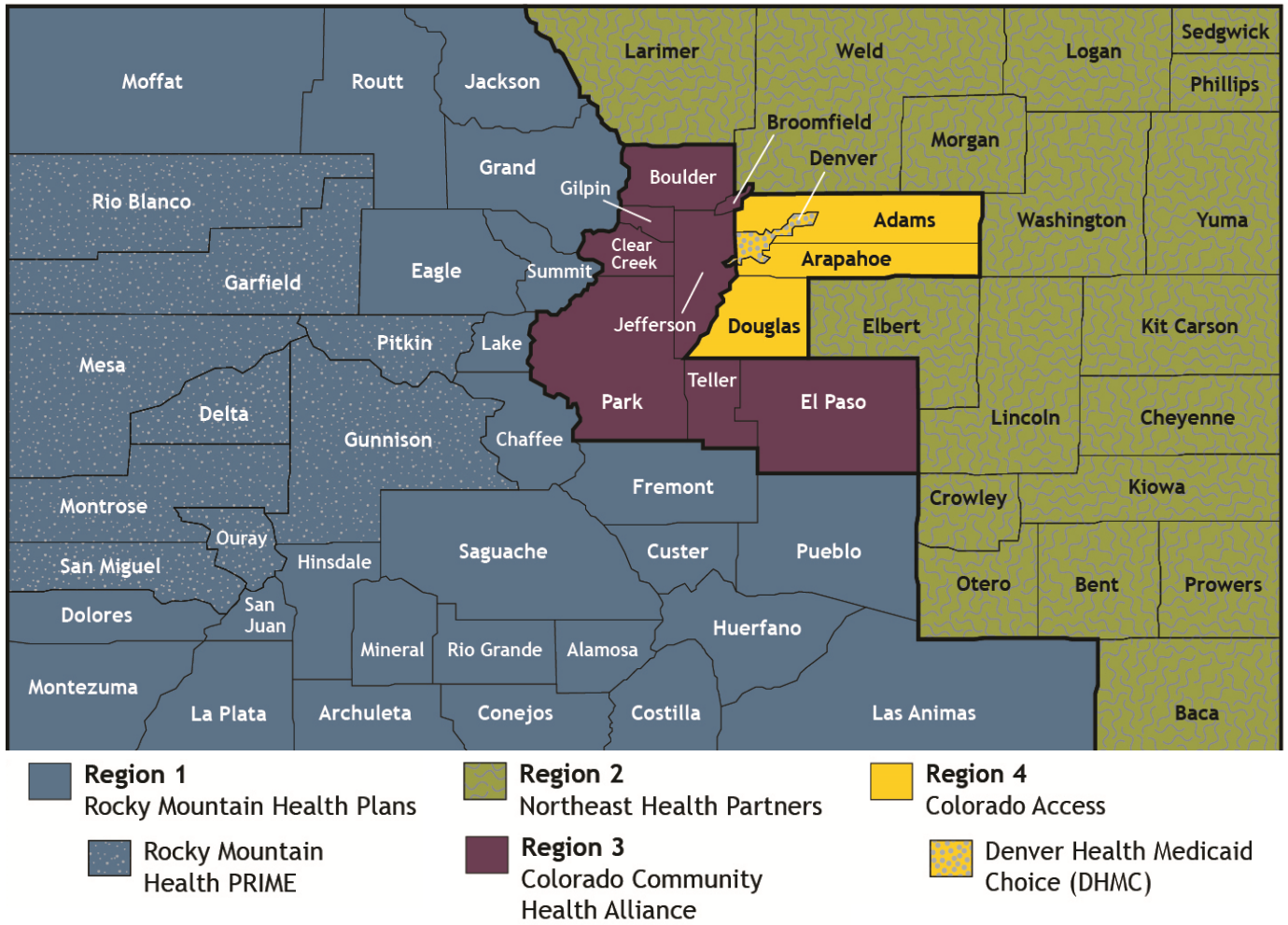
Goals for ACC Phase III

1. Improve quality care for members.
2. Close health disparities and promote health equity for members.
3. Improve care access for members.
4. Improve the member and provider experience.
5. Manage costs to protect member coverage, benefits, and provider reimbursements.

Role of the Regional Accountable Entity (RAE)

- Build a network of care providers.
  - Contract with Primary Care Medical Providers (PCMPs).
  - Contract with behavioral health providers and administer the capitated behavioral health benefit.
- Provide care coordination, care programs and case management.
  - Some RAEs do this themselves, while others contract this out.
- Assist with practice transformation (e.g., support PCMP offices integrating behavioral health services into their clinics).
- Respond to local community needs to best support Health First Colorado (Colorado's Medicaid program) members.

ACC Phase III RAEs



- These regions align with Behavioral Health Administrative Service Organizations (BHASOs)
- New regions/RAEs begin July 1, 2025

Key Features in ACC Phase III

- Care transitions.
- Three-tier model in alignment with Behavioral Health Administration (BHA).
- Collaboration throughout system to reduce gaps in care.
- Monitoring and oversight.

Provider Support and Practice Transformation

- Improved data sharing throughout Health Neighborhood.
- Support for practices to improve technology solutions like connection to HIEs, use of eConsult or Prescriber Tool, etc.
- Support for participation in value-based payments, implementation of integrated care, etc.

ACC Phase III Integrated Care Goals

1. Physical and behavioral health accountable under one entity.

2. Move towards more coordinated and integrated care to improve health outcomes.

3. Increase access to integrated behavioral health care.

4. Provide a framework for sustainability by:
   - Creating a payment methodology that supports program flexibility through fee-for-service and value-based pathways.
   - Aligning payment methodology with commercial payers and Medicare.

How RAEs Support Integrated Care in ACC Phase III

Colorado Integrated Care Over a Decade

2015

State Innovation Model (SIM) $65 million initiative impacted integrated care (IC) throughout CO.

2018

Medicaid begins 6 STBH visit benefit.

Medicare opens the CoCM code set (MA/Commercial payers gradually follow).

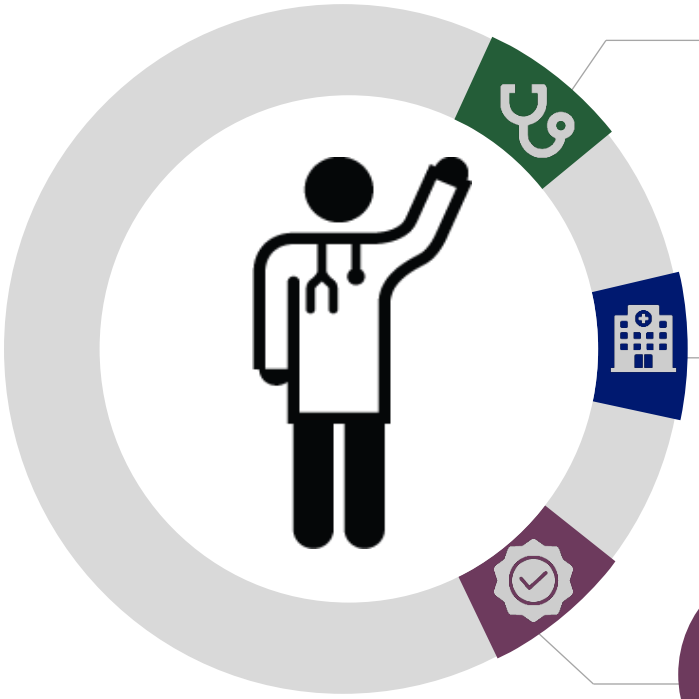
2022

HB22-1302 provided $29 million in grants (seed funding) to establish and expand IC.

2025

Medicaid IC payment evolution to provide greater IC sustainability.

Single Comprehensive Payment Structure



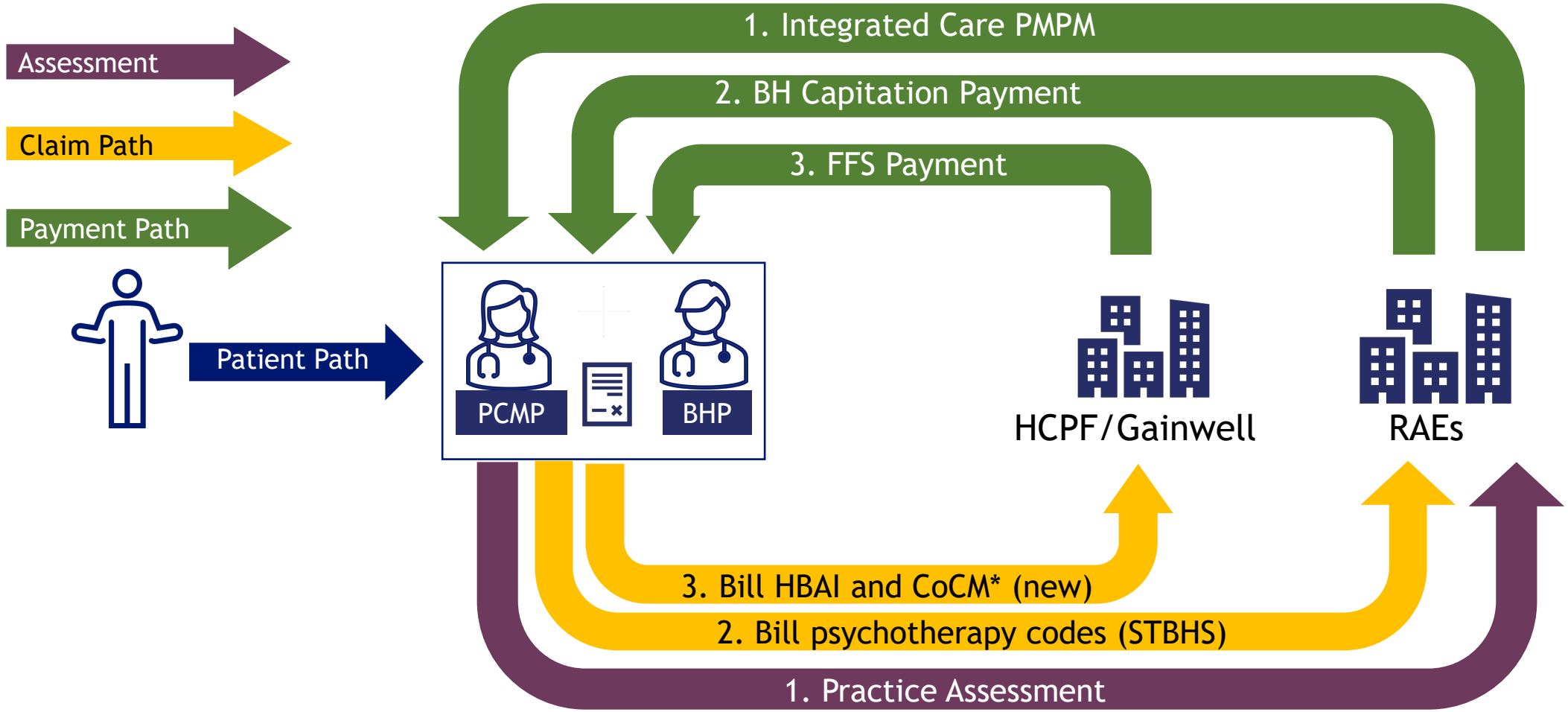
1 Payments from HCPF
- Primary Care Services Payment
- CoCM and HBAI codes* (new)

2 Payments from RAEs (criteria and rates vary)
- Medical Home Payments (includes integrated care PMPM)
- BH Capitation (includes psychotherapy services)
- Access Stabilization Payments*

3 Pay for performance from RAEs
- Quality Payments
- Shared Savings Payments

*As of April 2025, pending legislative approval.

Integrated Care Payment Pathways



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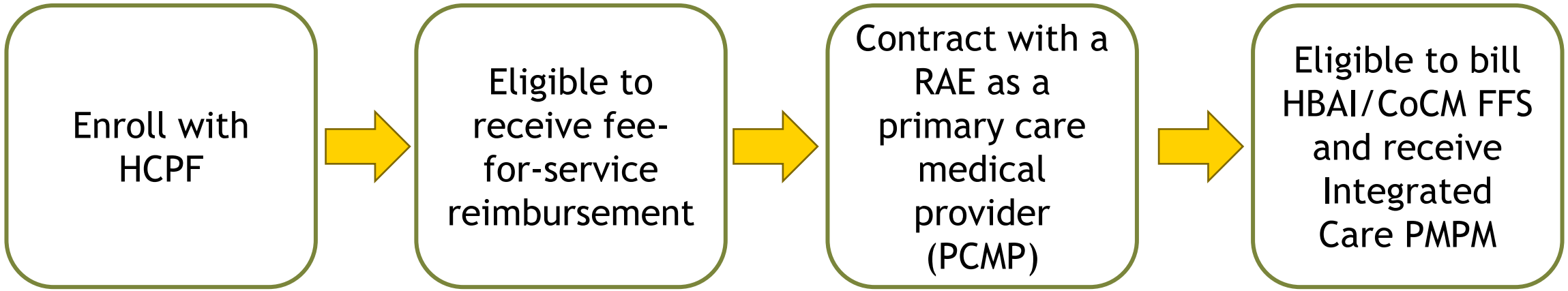
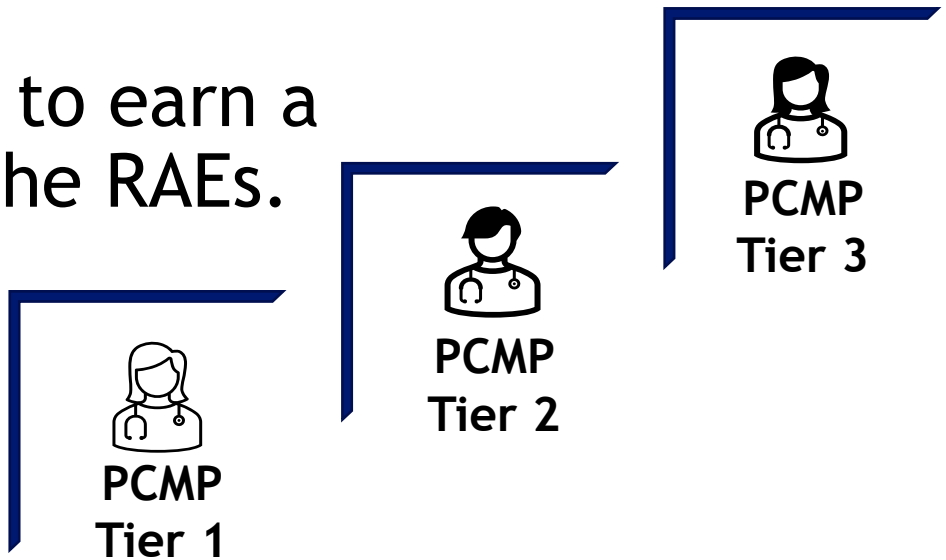
Must Be a PCMP



1. Integrated Care PMPM

- Three-tier assessment to incentivize progress along the continuum of advanced primary care.
- Set of questions that identify if practices provide highly integrated behavioral health care.
- Highly integrated practices are eligible to earn a supportive value-based payment from the RAEs.
  - Payment is RAE specific.



Integrated Care PMPM Criteria

Question 1	Question 2	Question 3	Highly Integrated Care
Does the practice have an established relationship with an integrated behavioral health provider available onsite OR via telehealth to patients on site who is readily available to provide brief interventions for patients with behavioral health conditions or those requiring support for behavior change?	Does the practice have an identified interdisciplinary team of champions for advancing Integrated Behavioral Health programming and continuous quality of care?	Does the practice implement a protocol for effective information integration between a patient's physical and behavioral health information that allows timely, collaborative care?	If provider answers "Yes" to all questions, they will receive an extra PMPM payment through the Integrated Care Benefit.

2. Psychotherapy Codes

- HCPF is transitioning the Six Short-Term Behavioral Health (STBH) Benefit **from FFS to the Behavioral Health Capitation.**
- The following services must be billed to the member's RAE effective July 1, 2025:
  - Individual psychotherapy
  - Family psychotherapy
- Providers must be enrolled with Medicaid and contracted with a RAE as a behavioral health provider to bill for these services.

3. HBAI and CoCM Codes

- PCMPs can bill Health Behavior Assessment and Intervention (HBAI) and Collaborative Care Model (CoCM) codes starting July 1, 2025*.
- HBAI and CoCM codes can provide increased access to behavioral health care in a primary care setting by:
  - Allowing shorter assessment and interventions
  - Making efficient use of scarce psychiatric resources
  - Promoting equitable outcomes by expanding access for underserved populations, including those in rural areas
- Providers must be enrolled with Medicaid and contracted with a RAE as a PCMP.
- Providers submit these claims to HCPF/Gainwell for FFS reimbursement.

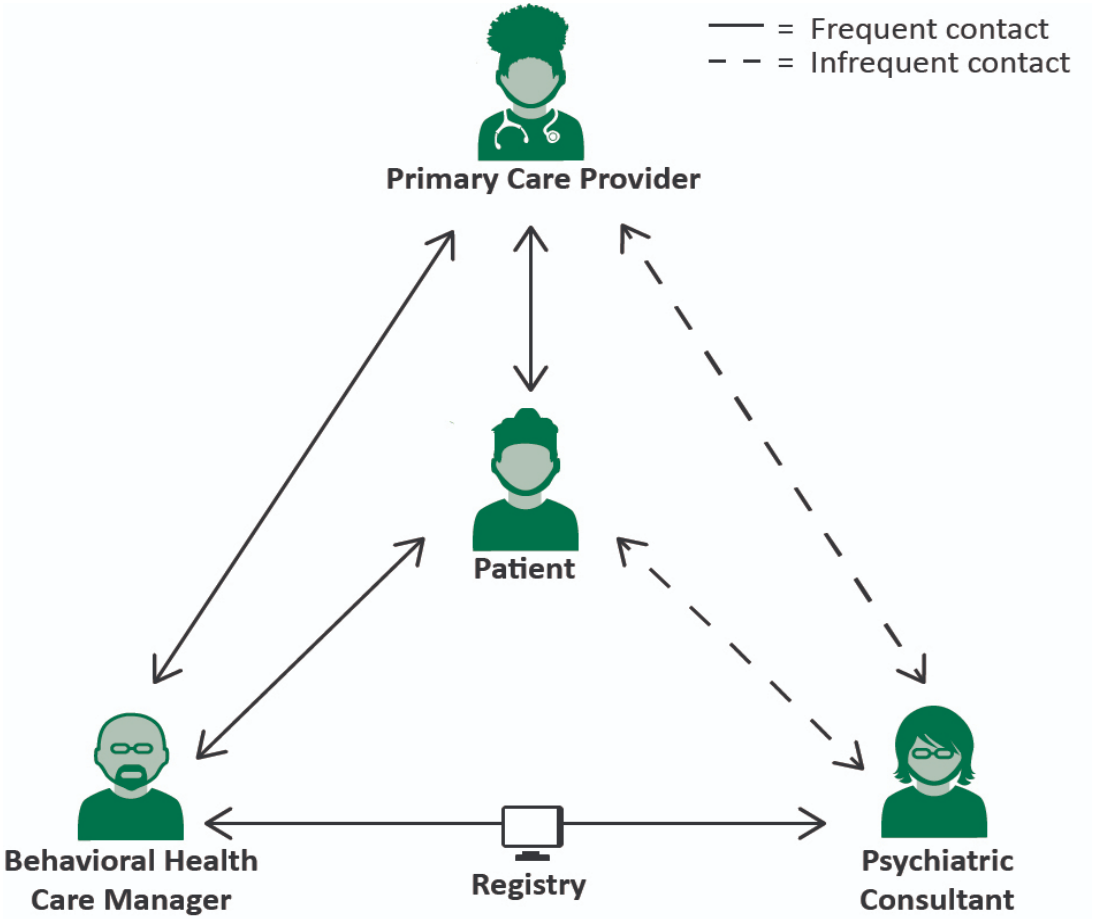
*As of April 2025, pending legislative approval.

Health Behavior Assessment and Intervention (HBAI)

- Focus on brief assessment and interventions to address biopsychosocial needs in a primary care setting
- Led by behavioral health provider in collaboration with a medical provider
- In-person and/or telehealth
- Do no require a BH diagnosis (e.g., chronic pain, diabetes)
- Do not require a psychiatrist consultant
- Well-suited for warm hand-offs/in tandem with PCP visits
- HBAI codes are billed to HCPF not the RAE
  - Includes: 96156, 96158, 96164, 96165, 96167, 96168, 96170, 96171

Collaborative Care Model (CoCM)

- Team-based approach to providing medical and behavioral health care in a primary care setting.
  - Includes: 99484, 99492, 99493, 99494, G0323, G2214
- Requires behavioral health care manager and consulting psychiatrist.
  - In-person and/or telehealth.



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Behavioral Health Care Manager (BHMC)

- LAC (licensed addiction counselor)
- LPC (licensed professional counselor)
- LCSW (licensed clinical social worker)
- LMFT (licensed marriage and family therapist)
- PsyD (Psychologist)
- Behavioral Health RN

Minimum Requirements for Billing CoCM Codes

- Availability of a psychiatric consultant who collaborates with the primary care clinician or care team on medication management;
- Availability of a care manager actively responsible for identifying and coordinating behavioral health needs for patients; and
- A maintained care registry for patients with behavioral health needs that is utilized to monitor symptoms and identify and address gaps in care. The registry must be reviewed and signed off on by the psychiatric consultant.
- The behavioral health care manager and the psychiatric consultant review the patient's treatment plan and status weekly.

The Path Forward

- The ACC is an iterative program.
  - ACC Phase III is supporting the next step towards sustainability from the 1302 grant program.
  - We will continue to evaluate and improve our approach to integrated care

Coming Soon

- Policy documentation/other resources for providers, education sessions coming soon:
  - Integrated care webpage
  - Behavioral Health newsletter (select “Health First Colorado Behavioral Health Updates”)
  - ACC Phase III webpage

Questions?