



COLORADO

Department of Health Care
Policy & Financing

Transition and Phase-Out Plan for the Accountable Care Collaborative Medicare-Medicaid Program

Introduction

In 2014, the Department of Health Care Policy and Financing (Department) began a Federal Demonstration program, the Accountable Care Collaborative: Medicare-Medicaid Program (ACC: MMP), for members who have Medicare and Medicaid. The goal of this Demonstration is to make it easier for members who are enrolled in both Medicare and Health First Colorado (Colorado's Medicaid program) to get the services they need and to help their health care providers work better together.

The term of the Demonstration ends on December 31, 2017. The Department will be transitioning those enrolled into the broader Accountable Care Collaborative (ACC) delivery system and working with stakeholders and providers to identify and incorporate lessons learned and best practices from the Demonstration into the ACC.

As required by the Memorandum of Understanding and the Final Demonstration Agreement with the Centers for Medicare & Medicaid Services (CMS), the Department created a draft phase-out plan and conducted a thirty-day public comment period prior to submission to CMS. The proposed phase-out plan outlined below includes suggestions and contributions from stakeholders.

Continuity of Care and Enrollment for Members

ACC: MMP enrollees will remain enrolled with the Regional Care Collaborative Organization (RCCO) serving their region and will be able to keep their current primary care medical provider. As such, the Department anticipates few disruptions for members as they are transitioned to the larger ACC delivery system. Members' Medicare and Health First Colorado benefits will not change: they can keep their current providers and they will still have access to coordination and support services from the Regional Care Collaborative Organization (RCCO) serving their region. Beginning in January 2018, RCCOs will no longer be required to perform enhanced coordination requirements established by the ACC: MMP, specifically administration of the Service Coordination Plan. RCCOs will continue to provide coordination and support services to all ACC enrollees, including Medicare-Medicaid Enrollees, through the transition into ACC Phase II in July, 2018. The Department will continue to work with the RCCOs to ensure coordination requirements for persons enrolled in Medicare and Medicaid address the unique needs of the population and the member's preferences,

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needs, and desires. The Department will review these requirements as part of monthly meetings held with all of the RCCOs.

Members will have the support not only of the RCCOs and the PCMPs, but also from the Health First Colorado Enrollment Broker who can help members opt-out of the ACC or change their PCMP if they would like.

Communications

UPDATE 9/13/17: As part of Colorado's phase-out plan for the Medicare-Medicaid Demonstration, the Department convened the first 'transition work group' August 1st, composed of stakeholders and beneficiaries to discuss critical phase-out operations.

The Department discussed beneficiary notification with the work group participants, including two members, who strongly discouraged any direct member mail outreach. Members argued that because nothing is changing for enrollees and existing services and supports will remain, at best, a notification letter will unnecessarily confuse members. The work group proposed only posting relevant beneficiary phase-out information on the Department's website.

The Department sought CMS approval and guidance on the member notification proposal related to applicable requirements in the Final Demonstration Agreement and State Plan Amendments CO-17-0001 and CO-16-0015. CMS approved the proposal and the phase-out plan was corrected accordingly.

Ongoing Member Assistance

Members will continue to have access to all existing services and supports beyond December 31, 2017. Medicaid customer service and 1-800-Medicare will be available for traditional health plan support.

Additionally, the Medicaid Managed Care Ombudsman, who serves all individuals enrolled in managed care programs, including the ACC, will provide support for grievances and appeals when appropriate. Tertiary resources such as the Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), the State Health Insurance and Assistance Program (SHIP), KEPRO (Medicare's Beneficiary and Family Centered Care Quality Improvement Organization), and related Medicaid vendors such as Single Entry Points (SEPs), Community Centered Boards (CCBs), and Long-Term Supports and Service providers (LTSS) will be informed of the transition and provided with materials to assist with questions.

The Department supports the continuation of the Medicare-Medicaid Ombudsman established by a federal grant through the Department of Human Services. The

Medicare expertise gained by the ombudsman fills a critical void for those who encounter the unique challenges of navigating Medicare and Medicaid.

Information about these supports will be included on any notices distributed in November. The Department will also work with the RCCOs and stakeholders to support member knowledge of these resources.

Training of Member Supports

The Demonstration served to expand the Medicare knowledge base and reinforced the importance of Medicare expertise for those serving Medicare-Medicaid Enrollees. The Department remains committed to supporting providers who serve Medicare-Medicaid enrollees, and will work with CMS and vendors to ensure the continuation of Medicare training and expertise established by the ACC: MMP.

Customer Service Scripts

The Department will develop customer service scripts and conduct training for all appropriate customer service entities such as Medicaid customer service, the MMP Ombudsman, Medicaid's enrollment broker, and 1-800-Medicare. The scripts and training will occur per the timeline included in the work plan table below.

Public Information Strategy

The Department has developed a comprehensive communications strategy, focusing on four main audiences: (1) RCCOs, (2) members and their families, (3) stakeholders, providers, advocates, and legislature, and (4) all other vendors. Specific messages and methods of communication are being developed to engage each audience and deliver the appropriate content. Phase 2 of the table below describes the communication tasks to be completed.

Stakeholder Engagement

The Department remains committed to partnering with stakeholders and members as we integrate key innovations identified by the ACC: MMP within our larger delivery system, and transition to ACC Phase II in July 2018. Regularly scheduled, monthly stakeholder meetings will continue through to the end of the 2017, and likely beyond. The Department will work with stakeholders to integrate and transform unique MMP meetings, workgroups, and committees in to the larger ACC stakeholder structures, while aiming to ensure continued focus on persons eligible for Medicare and Medicaid. The Department will continue to provide direct communication with beneficiaries through the Department lead on this transition, Van Wilson. He may be reached through email at van.wilson@hcpf.state.co.us. Updated communication will continue to be provided on the Department's MMP website: <https://www.colorado.gov/hcpf/mmp>.

The Department has worked with stakeholders to establish a transition workgroup, which will meet at least monthly through the end of 2017 and likely beyond. The workgroup will regularly evaluate risks to beneficiaries and identify critical transitions operations. The workgroup will also address aspects of program sustainability to ensure initiatives begun in the Demonstration continue in to ACC Phase II. These include, but are not limited to Long-Term Supports and Services coordination, Behavioral Health integration, beneficiary rights and protections, ongoing stakeholder participation and representation, provider engagement, and expansion of best practices. Phase 4 of the table below describes ongoing stakeholder engagement tasks and meetings.

Colorado Medicare-Medicaid Demonstration Phase-Out Work Plan			
	Task Name	Start	Finish
1	Phase 1: Planning		
1.1	Create Draft Phase-Out Work Plan	5/31/2017	6/14/2017
1.1.2	Draft Phase-Out Work Plan for Public Comment & Tribal notification	6/15/2017	6/23/2017
1.1.3	Draft of Work Plan and Notification of Phase out posted for public comment, Tribal Notification posted	6/25/2017	7/25/2017
1.1.4	Review of public comments	6/25/2017	7/30/2017
1.1.5	Submit Formal Notification to CMS: includes Draft Phase-Out Plan and Notification Letter	7/24/2017	7/31/2017
1.2	Create Communication Plan	5/31/2017	7/31/2017
2	Phase 2: Communications and Training		
2.1	Continuity of Care & Enrollment Functions		
2.1.1	Phase-Out Communication to RCCOs & Contractors/Vendors	6/13/2017	12/31/2017
2.1.1.1	Engage RCCOs in Transition planning (focused on continuity of care)	8/1/2017	12/31/2017
2.1.1.2	Coordinate MMP Operations Workgroup to provide announcement and gather feedback	7/6/2017	12/31/2017
2.1.1.2.1	Initiate Guidance Document/FAQs for RCCOs	6/15/2017	8/30/2017
2.1.1.2.2	Finalize Guidance Document/FAQs for RCCOs	8/30/2017	10/30/2017
2.1.2	Enrollment Process Discussion & Analysis		
2.1.2.1	Phase out discussion and planning with Data Analytics Vendor	6/26/2017	10/31/2017
2.1.2.2	Discussions and planning with internal teams	6/27/2017	10/31/2017
2.2	Beneficiary Communications		
2.2.1	Initiate Phase-Out Communication with Beneficiaries and Stakeholder groups		
2.2.1.1	Coordinate MMP Subcommittee meetings to provide announcement and gather feedback	7/6/2017	12/31/2017
2.2.1.2	Draft of Work Plan and Notification of Phase out posted for public comment	6/25/2017	7/25/2017
2.2.1.3	Member Notification materials posted to Department Website	11/15/2017	11/30/2017
2.2.2	Beneficiary Support training		
2.2.2.1	Develop beneficiary support training materials	8/15/2017	10/31/2017

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	Task Name	Start	Finish
2.2.2.1.1	Conduct beneficiary support trainings (Ombudsman, HCPF customer service, Enrollment Broker customer service, SHIP)	11/1/2017	12/15/2017
2.2.2.2	Develop customer service scripts	8/15/2017	10/31/2017
2.2.2.2.1	Create with input from partner groups (HCPF customer service teams, 1-800-Medicare customer service staff, Ombudsman, Enrollment Broker customer service, SHIP)	11/1/2017	12/15/2017
2.2.2.2.2	Final Draft of all scripts delivered to partner groups	11/1/2017	12/31/2017
3	Phase 3: Operational Phase-Out		
3.1	Misc. Operations		
3.1.1	Submit revised MMP SPA for public comment	10/1/2017	11/15/2017
3.1.2	Submit revised redlined SPA to CMS	11/1/2017	1/31/2018
3.1.3	Update HCPF Web program resources	12/1/2017	12/31/2017
4	Stakeholder Engagement		
4.1	MMP Operations meetings		
	Friday, July 07, 2017		
	Thursday, August 03, 2017		
	Thursday, September 07, 2017		
	Thursday, October 05, 2017		
	Thursday, November 02, 2017		
	Thursday, December 07, 2017		
4.2	MMP Subcommittee Stakeholder meetings		
	Friday, July 07, 2017		
	Thursday, September 07, 2017		
	Thursday, November 02, 2017		

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	Task Name	Start	Finish
4.3	Program Improvement Advisory Committee		
	Wednesday June 21 2017: Program Transition Announced to larger ACC advisory group	6/21/2017	6/21/2017
	Wednesday, August 16, 2017		
	Wednesday, October 18, 2017		
	Wednesday, December 20, 2017		
4.4	Beneficiary Rights & Protections Alliance Committee		
	Thursday, June 15, 2017		
	Thursday, August 17, 2017		
	Thursday, September 21, 2017		
	Thursday, October 19, 2017		
	Thursday, November 16, 2017		
	Thursday, December 21, 2017		
4.5	Stakeholder Transition workgroup	08/01/2017. Monthly TBD	TBD
	End Demonstration Year 3	1/1/2017	12/31/2017
	Report Final Year 3 Metrics	3/1/2018	12/31/2018