Colorado Managed Care Program Features, as of 2020 (1 of 2)

Features	Accountable Care Collaborative: Rocky Mountain Health Plans Prime	Accountable Care Collaborative (ACC)	Program of All-inclusive Care for the Elderly (PACE)
Program type	Comprehensive MCO	Primary Care Case Management Entity (PCCM Entity)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Garfield, Gunnison, Mesa, Montrose, Pitkin, and Rio Blanco counties	Statewide	Adams, Arapahoe, Broomfield, Denver, Jefferson, Boulder, Weld (Southwest), Pueblo, El Paso, Delta, and Montrose counties
Federal operating authority	1915(b)	1915(b)	PACE
Program start date	09/01/2014	07/01/2018	10/01/1991
Waiver expiration date (if applicable)	06/30/2023	06/30/2023	
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals	Mandatory	Mandatory	Voluntary
Populations enrolled: Children with Special Health Care Needs		Mandatory	

Features	Accountable Care Collaborative: Rocky Mountain Health Plans Prime	Accountable Care Collaborative (ACC)	Program of All-inclusive Care for the Elderly (PACE)
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Other	Other	N/A
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	Clients are passively enrolled with 90 days to opt-out after enrollment. Each year, clients are given notice 60 days prior to the first day of their birth month that they can disenroll.	Beneficiaries are passively enrolled and can choose their primary care provider at any time.	There is no enrollment period; existing Medicaid members that meet the level of care may apply for PACE at any time. Members are enrolled on 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
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	X		X
Benefits covered: Prosthetic devices			X

Features	Accountable Care Collaborative: Rocky Mountain Health Plans Prime	Accountable Care Collaborative (ACC)	Program of All-inclusive Care for the Elderly (PACE)
Benefits covered: EPSDT	X		
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (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	

Features	Accountable Care Collaborative: Rocky Mountain Health Plans Prime	Accountable Care Collaborative (ACC)	Program of All-inclusive Care for the Elderly (PACE)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Durable medical equipment	Note that all members enrolled in ACC are eligible for all 1932(a) state plan benefits (most of these benefits are state plan benefits and are paid FFS). They also get benefits covered under the 1915(b) waiver. All plans are responsible for providing behavioral health benefits under the 1915(b) waiver.	PACE is an all-inclusive program. Some of the other available services include optometry, podiatry, rehabilitative services, adult day health center services, and transportation.
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes	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.	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	X	X	
Performance incentives: Withholds tied to performance metrics		X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X	

Features	Accountable Care Collaborative: Rocky Mountain Health Plans Prime	Accountable Care Collaborative (ACC)	Program of All-inclusive Care for the Elderly (PACE)
Participating plans: Plans in Program	Accountable Care Collaborative: Rocky Mountain Health Plans Prime	RAE 1: Rocky Mountain Health Plans; RAE 2: Northeast Health Partners; RAE 3: Colorado Access; RAE 4: Health Colorado, Inc.; RAE 5: Colorado Access; RAE 6: Colorado Community Health Alliance; RAE 7: Colorado Community Health Alliance	InnovAge - Loveland (PACE); VOANS (PACE); TRU Community Care (PACE); InnovAge - Thornton (PACE); Total Longterm Care; Rocky Mountain Health Care Services (PACE); InnovAge - Pueblo (PACE); InnovAge - Aurora (PACE); InnovAge - Lakewood (PACE)
Notes: Program notes	Rocky Mountain Health Plans Prime is contracted and operates under RAE 1 (Rocky Mountain Health Plans) of the Accountable Care Collaborative program.	The Accountable Care Collaborative (ACC) program has seven regional plans called Regional Accountable Entities (RAEs). The RAEs operate as both PCCM Entity and PIHP program types. The state pays the RAEs a full-risk capitation payment for behavioral health services under the PIHP authority. The RAEs also get an administrative (not risk-based) per member per month payment for functions performed as a PCCM Entity. Denver Health Medicaid Choice (DHMC) and Rocky Mountain Health Plans Prime (RMHP Prime) both operate under MCO authority and receive a physical health capitation.	

Colorado Managed Care Program Features, as of 2020 (2 of 2)

Features	Denver Health Medicaid Choice
Program type	Comprehensive MCO
Statewide or region-specific?	Denver, Arapahoe, Adams, and Jefferson counties
Federal operating authority	1915(b)
Program start date	01/01/1997
Waiver expiration date (if applicable)	06/30/2023
If the program ended in 2020, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Children with Special Health Care Needs	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary

Features	Denver Health Medicaid Choice
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus Health Services, Inc.
Populations enrolled: Notes on enrollment choice period	Clients are passively enrolled with 90 days to opt-out after enrollment. Each year, clients are given notice 60 days prior to the first day of their birth month that they can disenroll.
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
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	X
Benefits covered: Prosthetic devices	
Benefits covered: EPSDT	X
Benefits covered: Case management	

Features	Denver Health Medicaid Choice
Benefits covered: SSA Section 1945-authorized Health Home	
Benefits covered: Home health services (services in home)	X
Benefits covered: Family planning	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
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	No

Features	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	X
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans: Plans in Program	Denver Health Medicaid Choice (DHMC)
Notes: Program notes	Denver Health Medicaid Choice is contracted with the State for MCO and BH PIHP authority, with a sub-contract to Colorado Access for behavioral health PIHP benefits.