



## MEMORANDUM

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**MEETING TYPE:** Board of County Commissioners

**MEETING DATE:** 08/22/2023

**ITEM NAME:** Letter of Support

**SUBMITTED BY:** Sheila Hudson-Macchietto

**SUMMARY:** Change in districts for our Reasonable Accountability Entity (RAE)\_

**RECOMMENDATION:** Please support by signing the attached letter.

**BACKGROUND:** I have attached a letter that is being distributed by the South Eastern and San Luis Valley Directors Association to HCP&F and Behavioral Health regarding their most recent idea to change our Reasonable Accountability Entity (RAE) region.

I spoke to Health Solutions this morning and I am waiting on a meeting date with them to discuss this with them. I have also sent the letter to Kay Whitley for her feedback.

The split that they show in the letter would be acceptable as it keeps us out of the Metro area and pretty much with the same counties we have always been with. I have also attached our current map but unfortunately I cannot locate the proposed map that was discussed that none of us agreed with.

I need to have this signed and returned to me by August 25th, so if you could sign it on Tuesday that would be fantastic!

**BOARD ACTION TAKEN:**

APPROVED

DENIED

OTHER

**SIGNATURE OF THE CHAIR:** \_\_\_\_\_

**NOTES:**

**HUERFANO COUNTY  
DEPARTMENT OF HUMAN SERVICES  
SHEILA HUDSONMACCHIETTO  
DIRECTOR**



August 22, 2023

Director Kim Bimestefer  
Department of Health Care Policy & Financing  
1570 Grant Street  
Denver, CO 80203

Interim Commissioner Michelle Barnes  
Behavioral Health Administration  
710 South Ash Street  
Denver, CO 8024

RE: Regional Maps for Medicaid and Behavioral Health Administration Program

Director Bimestefer and Commissioner Barnes,

The individuals and organizations signing on to this letter are immensely grateful for the State's commitment to authentic stakeholder engagement on the important programs administered by the Department of Health Care Policy and Financing (HCPF) and the Behavioral Health Administration (BHA). This letter directly responds to ongoing discussions related to the Regional Accountable Entity (RAE) map for HCPF's Accountable Care Collaborative Phase III program, and should be also considered when the time comes for regions to be defined by the BHA for establishing Behavioral Health Administrative Service Organizations (BHASOs).

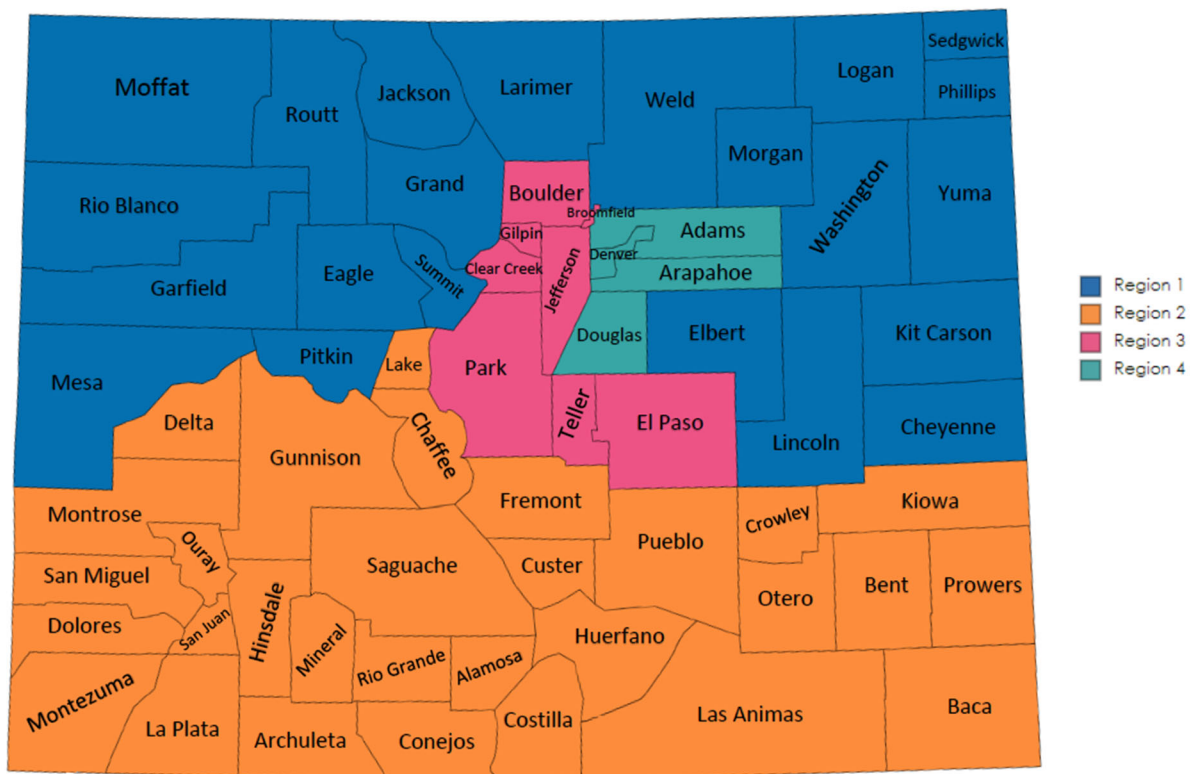
We stakeholders are ardent supporters of Colorado's vision for behavioral health and evolution in the State's Medicaid program. The vision and goals are ambitious, transformative, and needed to give all Coloradans the opportunity for health and wellbeing. The recommendations we put forward have been carefully considered and are in the best interests of all Colorado Medicaid members, local communities, regional stakeholders, taxpayers, and the state overall. Thank you for hearing and thoughtfully incorporating the following feedback into your important planning efforts.

**We support the proposed goal of reducing the number of Medicaid regions in the state from seven to four.** This reduction will reduce administrative complexity, allow for easier contracting, improve care coordination efforts, and, most importantly, enhance member

experience. A four-region model has the potential to create necessary scale in these State-funded programs, while preserving sufficient local autonomy and regional design in the delivery, management, and oversight of care. To achieve this, however, deciding which counties go to each region becomes extremely important.

**We recommend a four-region map that creates two primarily metropolitan RAE regions and two primarily rural/frontier RAE regions.** The latter two regions would be aligned with historical “north” and “south” areas of Colorado, as shown below.

## Four-Region Proposal For Regional Accountable Entities



This four-region design supports the Key Pillars identified by Governor Polis’ Behavioral Health Task Force to honor local guidance in our behavioral health systems. This alignment will also help strengthen rural and frontier voice in Colorado by grouping counties that have rich histories working together, while honoring the unique needs and resources in Colorado’s metropolitan regions.

This map would attribute roughly 450,000 Medicaid members to Region #3 and 700,000 members to Region #4. The newly proposed northern Colorado Region #1 would account for

approximately 335,000 members and the southern Colorado Region #2 would include 245,000 members. These member numbers are very close (within 10,000) to the most recently proposed four-region map offered by HCPF and provide sufficient scale to achieve all goals for the Accountable Care Collaborative program. Furthermore, these regions better align with member benefit utilization and care patterns, historical care coordination efforts, judicial districts (with limited exceptions), regional partnerships with county departments of human services and public health, Health Statistics Regions, County Planning and Management Regions, economic development regions, and cultural identity overall.

Disrupting existing relationships by forcing counties into new and misaligned regions will negatively impact Medicaid members and be highly challenging for providers and system stakeholders. For example, focusing on southern Colorado, we know through claims data that the southeastern six counties see patients travel along Highway 50 to the southern I-25 corridor more often than utilizing care along the east and northeastern plains. In some counties like Baca and Prowers, members often travel to bordering states for care. This natural flow of patient care has influenced strong care coordination relationships with provider partners along those frequently traveled routes. We should seek to preserve and invest in these relationships.

Southern Colorado counties should not be absorbed into broader, dissimilar regions of the state anchored by metropolitan cities along I-70 or northern I-25 corridors. Instead, creating a southern Colorado region capitalizes on existing care coordination partnerships and will, in turn, improve outcomes for individuals in our counties, who are more likely to be enrolled in Medicaid (31.82% vs. 23.77% State), have lower household incomes (\$42,971 vs. \$56,456 State), and in poverty (18.5% vs. 11.0% State). Southern Colorado residents face numerous health disparities and are disproportionately older (above 65 years), Hispanic or Latino, and experiencing a disability. By establishing a dedicated region for this part of the state, Colorado's leaders will be recognizing and investing in tailored systems of care to meet the high levels of need.

This proposal would strengthen the probability of achieving the HCPF goals for ACC Phase III to improve quality care for members, close health disparities and promote health equity for members, improve care access for members, improve the member and provider service experience, and manage costs to protect member coverage, benefits, and provider reimbursements. The stakeholders below are confident that the map we put forward provides sufficient scale for the selected RAEs to operate efficiently and effectively, and will better align and integrate with the needs of Medicaid members and the countless other Coloradans committed to a healthy, thriving state.

Thank you, again, for hearing and incorporating this important feedback to the critical programs you lead for Colorado.

With gratitude,

Huerfano County Board of County Commissioners

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John Galusha – Board Chair

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Karl Sporleder-Commissioner

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Arica Andreatta – Commissioner

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Sheila Hudson-Macchietto-DHS Director

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# How to Refer to HCl Care Coordination

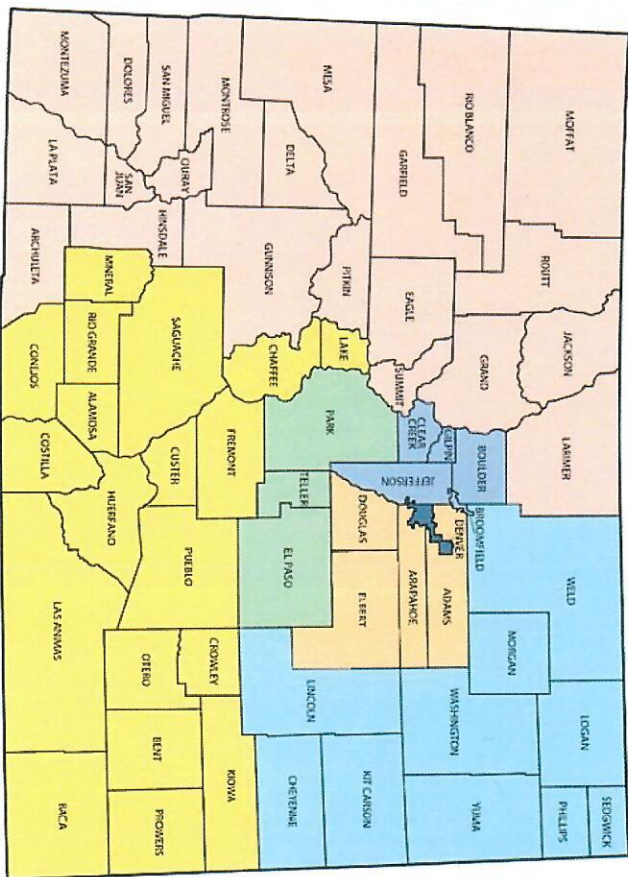
We partner with care coordination



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