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The Colorado Medicaid Accountable Care Collaborative Program

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Why Does the ACC matter?



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- ACC is the framework for the Demonstration project.
- Accountability measures overlap.
- Delivery system is the same.
- Medicaid Primary Care providers are operating under the ACC framework.
- Issues likely to be very similar.

What is the Accountable Care Collaborative Program: Overview



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- Hybrid model, includes elements of Accountable Care Organizations and Primary Care Case Management.
- Goals: Improve quality, increase access and reduce costs in Medicaid.
- Establish medical home for enrollees.
- Intent: Enroll all Medicaid participants within a few years. More than 350,000 in today.

Notable Features



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- Process: State Plan Amendment
- System: two tiered – Regional Care Collaborative Organization (RCCO) and Primary Care Medical Provider (PCMP)
- Passive enrollment with opt out (for now)

Notable Features



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- Payment structure:
 - Fee for service
 - Participating RCCOs and primary care providers get base payment plus incentives if meet targets
 - Option for shared savings.
 - Goal to enroll the majority of Medicaid participants within a few years.

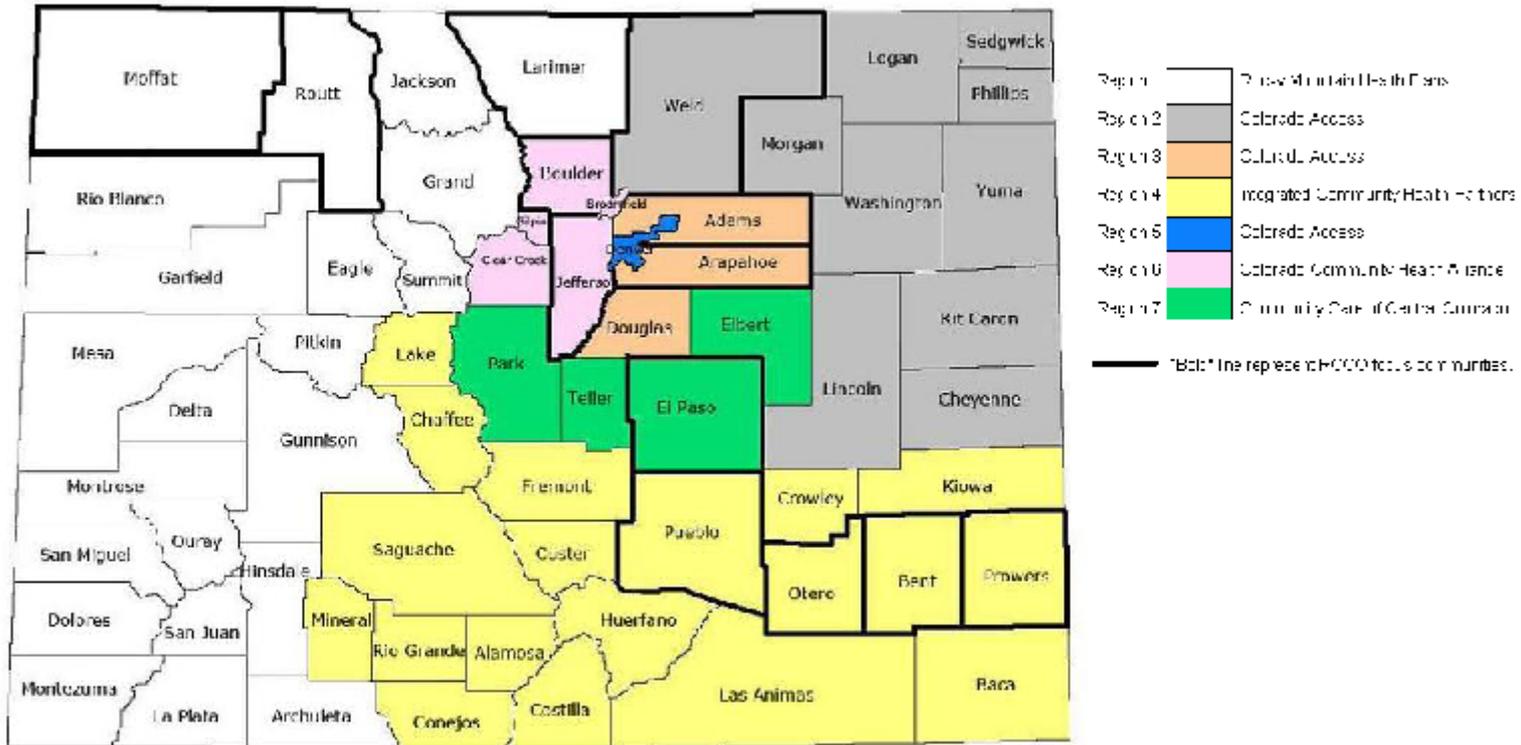
Regional Care Collaborative Organizations (RCCOs)



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- Colorado divided into seven Regional Care Collaborative Organizations (RCCOs).
- RCCOs
 - Responsible for care coordination/practice support
 - Develop provider networks/contract with Primary Care Medical Providers (PCMP)
 - Facilitate referral process
 - Provide network and care coordination data to the Department and/or SDAC

**Colorado's Accountable Care Collaborative
Regional Care Collaborative Organization Map**



Source HCPF: <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251599759791>

RCCOs



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- Provide tools for PCMP – examples:
 - Clinical care guidelines and best practices
 - Chronic Care templates
 - Client management and education tools
 - Listing of available resources to guide providers and Members to community based resources
 - Specialized assessment, tools, consultation and training for members with substance abuse diagnoses.
- RCCOs can delegate care management to PCMP

RCCOs



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- Special assistance in transitions for those with behavioral health needs or DD
 - Call provider to inform them of referral
 - Assist Member in making appointments.
 - Assist Member in getting to appointments.

State Data Analytics Contractor



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- State Data Analytics Contractor (SDAC) (TREQ)
 - RCCOs provide data and data analysis
 - TREQ mines data from MMIS system
 - TREQ analyzes data to measure results and guide performance improvement efforts

Enrollment Broker



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- Health Colorado (Maximus): enrolls, counsels, assists with PCMP selection.
- Client must call broker if unassigned, to change their PCMP, or to opt out of the program.

Compensation



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- **NOW:** Expansion Phase: Base payment:
- \$11-12 PMPM for RCCOs and \$3 PMPM for PCMPs in the expansion phase (average, each RCCO determines PMPM).
- Note: PMPM in Demonstration will be higher.
 - PCMPs are still reimbursed for services through FFS payment system

Performance Targets



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Measurement Area	Performance Target
Emergency Room Visits per 1,000 full time enrollees (FTEs)	Level 1 Target: Utilization below baseline but less than 5% improvement. Level 2 Target: Baseline utilization minus 5.0% or more
Hospital Re-Admissions per 1,000 FTEs	Level 1 Target: Utilization equal to or below baseline but less than 5.0% improvement Level 2 Target: Baseline utilization minus 5.0% or more
Outpatient Service Utilization per 1,000 FTEs MRI, CT scans and X-Ray tests per 1,000 FTEs	Level 1 Target: Utilization equal to or below baseline but shows less than 5.0% improvement Level 2 Target: Baseline utilization minus 5.0% or more

Addition for coming year: Well Child Visits



Incentive Payments



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- Providers earn back percentage of a dollar for each metric, depending on performance, up to \$1 PMPM.
- Payment based on RCCO performance, not individual provider.

RCCO & PCMP INCENTIVE PERFORMANCE CALCULATIONS

July-August-September 2012

REGION #	RCCO NAME	Enrolled Member Months By RCCO	Earned Incentive Payment by Metric (Equal Weight)			Combined Earned Incentive Payment PMPM	Payment Amount
			30 Day Readmits	ER Visits	High Cost Imaging		
1	ROCKY MOUNTAIN HEALTH PLAN	44,443	\$0.33	\$0.00	\$0.33	\$0.66	\$29,332.38
2	COLORADO ACCESS	34,600	\$0.00	\$0.00	\$0.33	\$0.33	\$11,418.00
3	COLORADO ACCESS	114,503	\$0.33	\$0.22	\$0.33	\$0.88	\$100,762.64
4	INTEGRATED COMMUNITY HEALTH PARTNER	76,312	\$0.33	\$0.00	\$0.33	\$0.66	\$50,365.92
5	COLORADO ACCESS	31,657	\$0.00	\$0.33	\$0.33	\$0.66	\$20,893.62
6	COLORADO COMMUNITY HEALTH ALLIANCE	58,239	\$0.33	\$0.22	\$0.33	\$0.88	\$51,250.32
7	COMMUNITY HEALTH PARTNERSHIP	63,618	\$0.33	\$0.00	\$0.33	\$0.66	\$41,987.88
	Total of All RCCOs	423,372					\$ 306,010.76
	Total of all RCCOs and PCMPs	846,744					\$ 511,551.00

PAYMENT AMOUNT KEY

\$0.00 = No improvement

\$0.22 = Level 1: Less than 5% improvement

\$0.33 = Level 2: Greater than 5% improvement

HCPF Handout to PIAC, 4/17/2013

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Shared Savings: Begins July 1



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- 50% of savings goes to the state.
- 30% of the other 50% will go to the RCCOs and 70% of the 50% will go to the providers.
- Of the 70% that goes to the PCMPs, 10% will go into a quality pool based on two measures, well-child visits and ED reductions.
- 90% of the pool will be distributed based on attribution. For very small providers this will not be a large sum of money.

PIAC



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- ACC Program Improvement Advisory Committee
- Subcommittees:
 - Payment Reform
 - Provider and Community Relations
 - Quality Health Improvement
- Full Benefit Medicare-Medicaid Enrollees

PIAC By-Laws



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- On an annual basis, identify areas of potential improvement that will be the focus of the next four quarterly meetings.
- After ACC is established, PIAC will provide recommendations to the Department around areas of potential improvements.
- Provide guidance and make written recommendations to help improve health outcomes, access, cost, and Member and provider experience in the ACC Program (the Program).
- Committee members and participants will consider client well-being, applicable state and federal regulations, and fiscal responsibility in all recommendations.

PIAC Participants



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- Client advocates
- Primary Care Medical Providers
- Other provider groups
- Clients and families
- Dave Myers, MCPN - PIAC Chair
- Aubrey Hill, CCMU - PIAC Vice-Chair

Sub-Committee: Payment Reform



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- HB12-1281 - Selection of Pilots by July 1
- (Not Department's intent to include Demonstration population)
- Gain-Sharing
- Shared Savings

Sub-Committee: Provider and Community Relations



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- Linking ACC Members to PCMPs—changing methodology-what to do about clients who are permanently unattributed
- Provide feedback on the clinical referral or medical neighborhood protocol that is being developed by the RCCOs
- Identify strategies to increase ACC Network of Primary Care Medical Providers
- Identify strategies to engage hospitals and specialists prior to implementation of broader payment reform

Sub-Committee: Quality and Health Improvement



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- Develop a plan for KPIs to begin July 1
- Develop a multi-year plan for measures and KPIs.
- Identify methods for measuring Client Program Experience

Stakeholder Engagement



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- Statewide Advisory Committee- PIAC
- Each RCCO must have a Performance Improvement Advisory Committee and a Local Advisory Council that includes at least:
 - Members and members families, advocacy groups, behavioral health community, providers, and other stakeholders.
 - HCPF ACC site has links to each RCCO.
<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251595179163>



What's in it for consumers



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- Paying attention to patient needs and coordinating care can improve accessibility, experience and outcomes.
- Example: Clinica Campesina
 - Case manager for high ED users
 - Help at home as people leave the hospital
 - Goals: improve outcomes, reduces unnecessary ED visits which will reduce unnecessary and expensive testing

ACC Projected Savings



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Accountable Care Collaborative Expenditure and Assumed Savings

Service Category		FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Program Administration (Exhibit I, PIHP)	SDAC	\$650,000	\$2,700,000	\$3,000,000	\$3,000,000	\$3,000,000
	RCCO	\$182,819	\$12,303,473	\$27,394,590	\$42,538,328	\$57,683,800
	PCMP	\$54,592	\$2,904,360	\$6,965,212	\$11,471,175	\$15,590,265
	Total Administration	\$887,411	\$17,907,833	\$37,359,802	\$57,009,503	\$76,274,065
Program Savings (Exhibit F, Acute)	Total		(\$20,616,544)	(\$43,703,121)	(\$67,456,466)	(\$90,472,343)
	Incremental(1)			(\$23,086,577)	(\$23,753,345)	(\$23,015,877)
Net ACC Program Fiscal Impact				(\$6,343,319)	(\$10,446,963)	(\$14,198,278)

(1) The incremental value shown is equal to the annualization values in Exhibit F, Acute Care.

ACC Start Up Issues



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- Attribution
- Coordination between
RCCOs/providers/state/enrollment
broker/SDAC/client
- Data and reporting
- Startup costs
- Timing
- Meeting expectations

Recent ACC Member Feedback



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- Concerns regarding Non-Emergent Medical Transportation (NEMT)
- Limited benefits knowledge
- Concern regarding lack of dental coverage
- Passive enrollment confusion
- Insufficient access to care (PCMPs and specialists)

Issues for Demonstration



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- What is our relationship to PIAC?
- How do we participate actively in PIAC subcommittees?
- Should Medicare/Medicaid Enrollees join RCCO local advisory committees?
- What lessons can we learn from PIAC and PIAC from Demonstration Advisory Committee?

Contact information



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