The Colorado Medicaid Accountable Care Collaborative Program

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Colorado Center on Law and Policy
789 Sherman St., Suite 300, Denver, CO 80203
303-573-5669
Why Does the ACC matter?

- 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

• 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

• 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

• 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)

• 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

• 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
• 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 (SDAC) (TREO)

- RCCOs provide data and data analysis
- TREO mines data from MMIS system
- TREO analyzes data to measure results and guide performance improvement efforts
Enrollment Broker

• 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

- **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

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

Addition for coming year: Well Child Visits
Incentive Payments

• 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

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

### 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_
Shared Savings: Begins July 1

• 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.
• ACC Program Improvement Advisory Committee
• Subcommittees:
  – Payment Reform
  – Provider and Community Relations
  – Quality Health Improvement
• Full Benefit Medicare-Medicaid Enrollees
PIAC By-Laws

• 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

- 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

- HB12-1281 - Selection of Pilots by July 1
- (Not Department’s’s intent to include Demonstration population)
- Gain-Sharing
- Shared Savings
Sub-Committee: Provider and Community Relations

• 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

- 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

- 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

• 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

## Accountable Care Collaborative Expenditure and Assumed Savings

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

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

HCPF Handout to PIAC, April 17, 2013
ACC Start Up Issues

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

- 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)
• 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

Elisabeth Arenales, Esq.
Health Care Program Director
Colorado Center on Law and Policy

[Email link]
(303) 573-5669 x 302