



ACC Program Data for PIAC – August 2016

Enrollment¹

The following tables show enrollment numbers for the most recent months that data are available:

- **ACC Enrollment:** total count of clients enrolled in the ACC for this month, including the ACC: RMHP Prime program and the ACC: Access KP program.
- **Percent Attributed:** percentage of ACC enrolled clients who are attributed to a PCMP. ACC: RMHP Prime and ACC: Access KP enrollees are not included in the % attributed calculation.

ACC TOTAL Enrollment				
RCCO	June ACC Enrollment	June % Attributed ²	July ACC Enrollment	July % Attributed ³
RCCO 1: RMHP	134,565	74.5%	131,941	75.3%
<i>ACC: RMHP Prime</i>	<i>35,685</i>	<i>N/A</i>	<i>34,358</i>	<i>N/A</i>
RCCO 2: CO Access	77,024	81.9%	75,479	82.5%
RCCO 3: CO Access	260,279	75.2%	229,648	73.6%
<i>ACC: Access KP⁴</i>	<i>N/A</i>	<i>N/A</i>	<i>22,997</i>	<i>N/A</i>
RCCO 4: ICHP	114,039	84.2%	112,312	84.5%
RCCO 5: CO Access	107,862	76.0%	104,163	77.7%
RCCO 6: CCHA	131,468	74.7%	127,234	76.0%
RCCO 7: CCCC	164,267	78.5%	161,339	79.1%
Total	1,025,189	77.2%	999,471	77.6%

ACC Child Enrollment ⁵				
RCCO	June Child Enrollment	June Child % Attributed	July Child Enrollment	July Child % Attributed
RCCO 1: RMHP	76,047	81.1%	75,630	81.6%
RCCO 2: CO Access	42,467	86.5%	42,125	86.7%
RCCO 3: CO Access	141,557	85.0%	128,452	84.0%
RCCO 4: ICHP	49,877	89.0%	49,678	89.2%

¹ Numbers are a snapshot in time based off the first day of each month, using 3M methodology. They do not take into account any retroactivity. These numbers vary from the Joint Budget Committee caseload reports, which are based off the last day of each month.

² ACC: RMHP Prime and ACC: Access KP enrollees are not included in the percent attributed calculations because they are part of managed care programs to which attribution does not apply.

³ ACC: RMHP Prime and ACC: Access KP enrollees are not included in the percent attributed calculations because they are part of managed care programs to which attribution does not apply.

⁴ ACC: Access KP enrollment began July 1, 2016.

⁵ Does not include ACC: RMHP Prime or ACC: Access KP.



RCCO 5: CO Access	43,770	89.2%	43,577	89.9%
RCCO 6: CCHA	58,307	84.3%	57,707	85.0%
RCCO 7: CCCC	76,655	86.3%	76,551	86.5%
Total	488,680	85.4%	473,720	85.5%

ACC Expansion Enrollment ⁶				
RCCO	June Expansion Enrollment	June Expansion % Attributed	July Expansion Enrollment	July Expansion % Attributed
RCCO 1: RMHP	40,802	61.9%	38,741	62.7%
RCCO 2: CO Access	21,247	71.6%	20,075	72.5%
RCCO 3: CO Access	80,084	60.4%	66,514	56.8%
RCCO 4: ICHP	38,650	75.0%	37,372	75.4%
RCCO 5: CO Access	47,247	63.8%	43,767	65.7%
RCCO 6: CCHA	51,962	63.3%	48,290	65.0%
RCCO 7: CCCC	59,367	67.3%	56,837	68.0%
Total	339,359	65.1%	311,596	65.3%

ACC: MMP Enrollment ⁷				
RCCO	June MMP Enrollment	June MMP % Attributed	July MMP Enrollment	July MMP % Attributed
RCCO 1: RMHP	3,542	67.0%	3,473	69.1%
RCCO 2: CO Access	2,731	78.5%	2,697	79.4%
RCCO 3: CO Access	4,501	63.1%	4,330	64.8%
RCCO 4: ICHP	6,069	85.8%	5,956	86.5%
RCCO 5: CO Access	2,695	64.8%	2,644	65.5%
RCCO 6: CCHA	3,217	70.3%	3,124	71.5%
RCCO 7: CCCC	2,826	76.6%	2,740	78.2%
Total	25,581	73.3%	24,964	74.5%

⁶ Does not include ACC: RMHP Prime or ACC: Access KP.

⁷ May 2015 was the last month of phased-in enrollment into the MMP program. Moving forward, newly eligible Medicaid-Medicare clients are being enrolled as they become eligible.

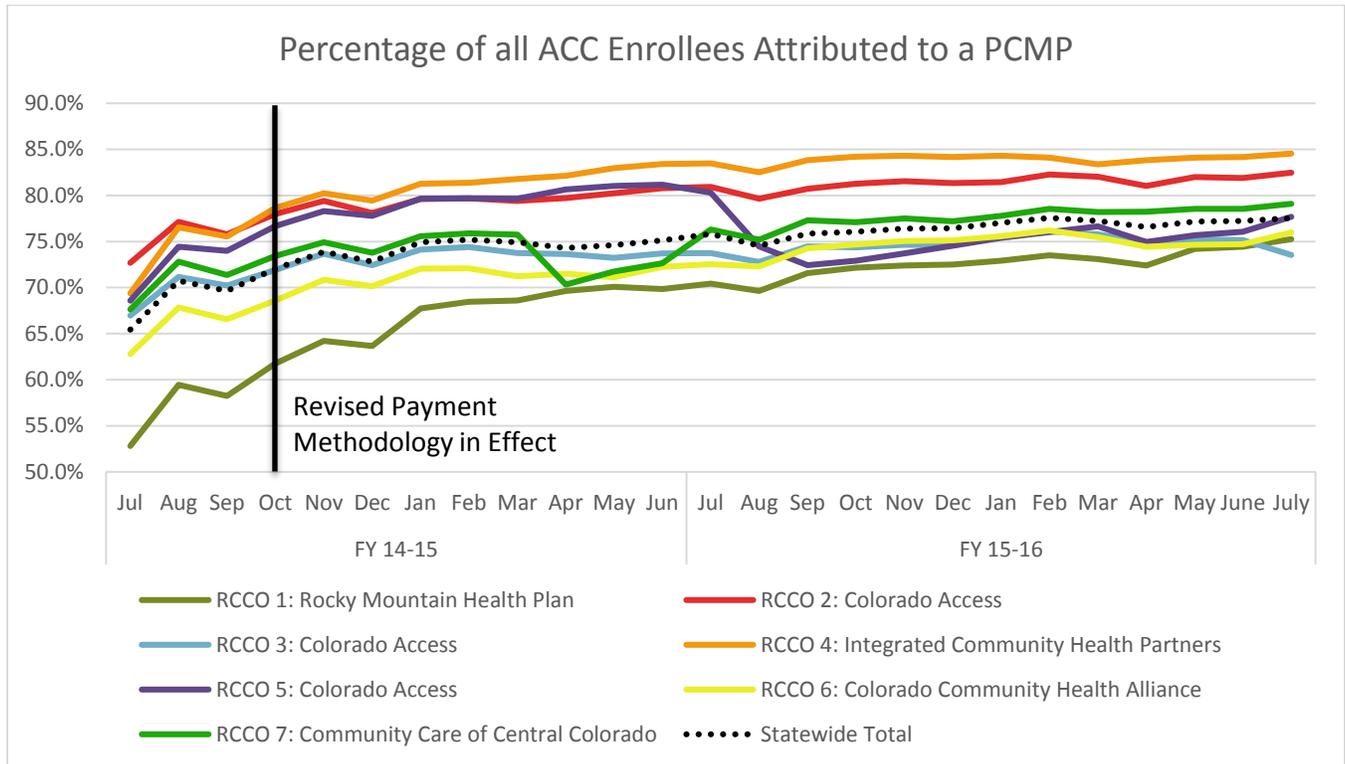
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Attribution

RCCOs earn a reduced per member per month payment for every client that is not attributed to a PCMP for six months or longer. The graph below shows the percent of enrollees in each RCCO who are attributed to a PCMP. The RCCOs signed contract amendments regarding the tiered payment policy in April of FY 13-14 (not shown), and the initiation of the revised methodology is indicated on the graph by a vertical line in October of FY 14-15.



Key Performance Indicators (KPI) (SFY 2015-16 Q2)**Emergency Room (ER) Visits**

This indicator is expressed as the number of Emergency Room visits per thousand members per month (PKPM). Emergency Room Visits are defined as any outpatient emergency department claim that did not have an inpatient stay on the same date of service for the same client ID number. The measure is risk and regionally adjusted. Each RCCO receives a Tier 1 incentive payment for reducing its unnecessary ER use by 1% from its respective benchmark. A Tier 2 payment is received for reducing unnecessary ER use by 5% or more from its benchmark.

- **RCCO 1 met its Tier 1 target**
- **RCCO 3 met its Tier 1 target**
- **RCCO 4 met its Tier 1 target**
- **RCCO 6 met its Tier 1 target**
- **RCCO 7 met its Tier 2 target**

Well-Child Checks (Ages 3-9)

This indicator is expressed as a rate of children ages 3-9 receiving at least one well-child check over the last 12 months. Each RCCO receives a Tier 1 incentive payment for ensuring that 60% of children receive a well-child check. A Tier 2 payment is received for ensuring that 80% of children receive a well-child check.

- **No RCCO met its Tier 1 or Tier 2 targets**

Postpartum Follow-Up Care

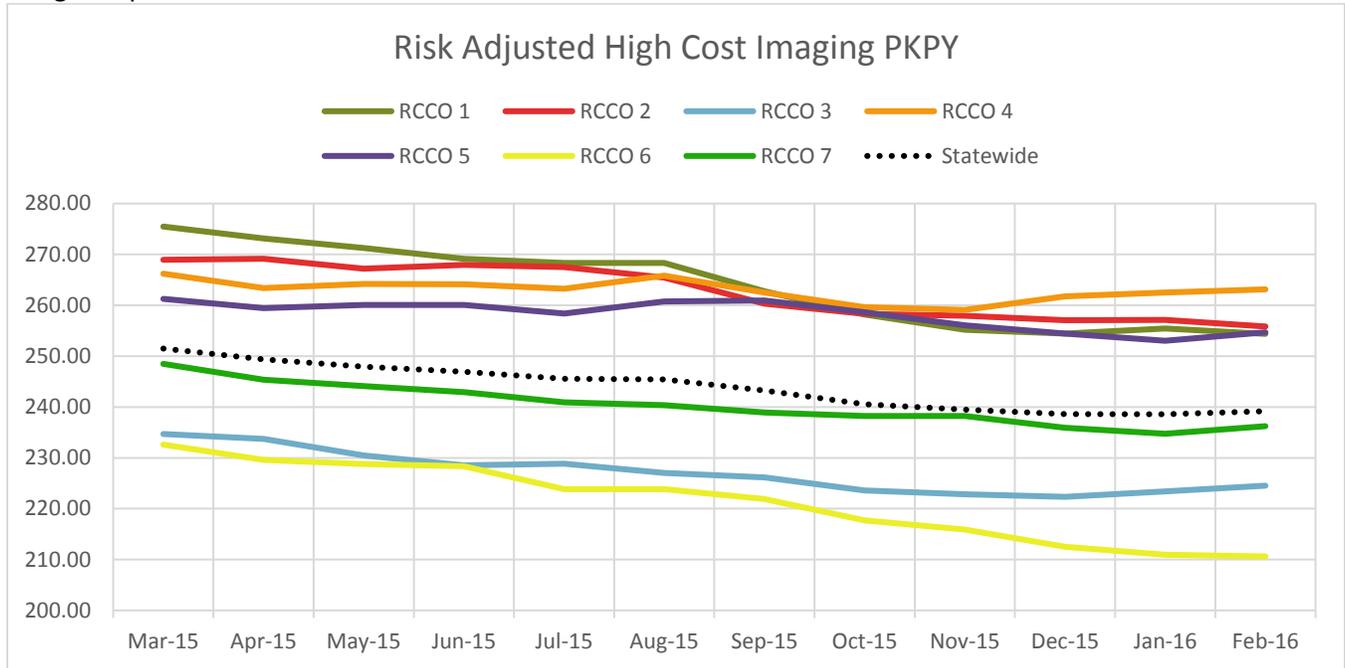
Postpartum Follow-Up Care is a completeness rate metric that evaluates the percentage of clients who receive a postpartum visit after a live birth. The targets for postpartum visits are based on a 1% (Tier 1) and 5% (Tier 2) improvement from a historic CY 2014 baseline rate at the region level.

- **RCCO 1 met its Tier 2 target**
- **RCCO 2 met its Tier 2 target**
- **RCCO 3 met its Tier 1 target**
- **RCCO 7 met its Tier 1 target**

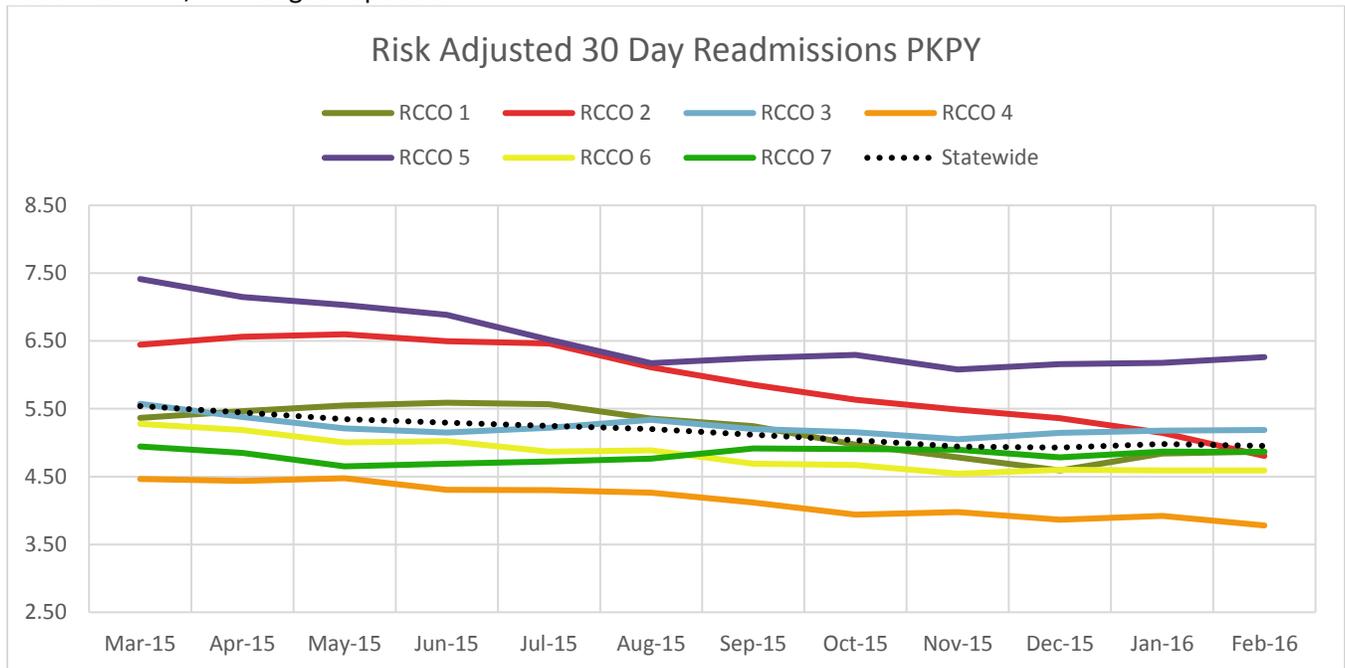


Retired Key Performance Indicators

High Cost Imaging: High cost imaging services represent any claim that is categorized as a Computed Tomography (CT) Scan or Magnetic Resonance Imaging (MRI) scan. High Cost Imaging Count PKPY, KPI Budget Population.



KPI 30-day Readmits: Thirty (30) Day All-Cause Readmissions are defined as any inpatient case that occurred within a 30-day time period following an inpatient discharge for an individual client. 30-day Readmits PKPY, KPI Budget Population.



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Total Cost of Care⁸

Date of Service Expenditures: Jan 2016 – Mar 2016			
	Department Calculated Medical PMPM	RCCO & PCMP Admin PMPM	Admin % = $\frac{RCCO \ \& \ PCMP \ Admin}{(Dept. \ Calculated \ Medical \ PMPM + RCCO \ \& \ PCMP \ Admin)}$
RCCO 1 – RMHP	\$294.87	\$10.67	3.62%
RCCO 2 – CO Access	\$352.23	\$11.16	3.17%
RCCO 3 – CO Access	\$325.44	\$10.44	3.21%
RCCO 4 – ICHP	\$411.29	\$11.23	2.73%
RCCO 5 – CO Access	\$367.54	\$10.72	2.92%
RCCO 6 – CCHA	\$359.34	\$10.27	2.86%
RCCO 7 – CCCC	\$334.11	\$10.92	3.27%
Statewide	\$343.80	\$10.70	3.02%

Date of service expenditures reports are derived from all of the claims from clients that were serviced in the same months as an ACC capitation payment was issued for those clients.

Medical PMPMs include all medical claims paid for clients including inpatient care, outpatient care, physician care, FQHC and rural health care, drugs, laboratory and x-rays, dental care, nursing facilities, rehab, home health care, home and community-based care, hospice care, developmental disability care, psychiatric hospital care, residential treatment, Indian health care, durable medical equipment, and emergency transportation.

⁸ There are several methods for calculating total cost of care. The numbers above are not risk adjusted, are based on a single time period, and are reflective of date of service (rather than date of payment). Therefore, these numbers may differ from future reporting.

