



COLORADO

Department of Health Care
Policy & Financing

Redesign Proposal: ACC Emergency Room Visits KPI

Policy Issue

As the Accountable Care Collaborative (ACC) has experienced mixed results realizing reductions in Emergency Room (ER) visitation rates, the Department of Health Care Policy & Financing (Department) is seeking opportunities to incentivize more targeted efforts to reduce ER visitation rates. The proposal is to provide each Regional Care Collaborative Organization (RCCO) the opportunity to identify a cohort for focus and effective mechanisms to reduce unnecessary ER usage for that group. There will be an adjustment in the current ER Visits KPI for RCCOs that select to pursue the new targeted cohort reduction. Specifically, the incentives for the current ER Visits KPI will be split in two: 50% of the payment will be for reductions in overall ER utilization and 50% will align with the new targeted cohort(s) [see Attachment A].

This will be an **option** for RCCOs; those that do not elect to pursue the targeted cohort reduction will stay strictly with the current ER Visits KPI.

Proposal

1. RCCOs can identify cohorts they believe offer the greatest opportunity for improvement related to ER visits/spending. The Department can provide data analytic support to the RCCOs in identifying populations, if they desire.
2. The selected target cohorts(s) must account for either 7.5% of total ER visits or 7.5% of total ER costs for FY 2014-15.
3. Each RCCO will submit a proposal to the Department for review and approval. The proposal must outline:
 - a. The target cohort
 - b. The process/steps that will achieve targeted reduction goals including:
 - Detail about the staff responsible as well as the staff and hours devoted to these efforts.
 - Identification of simple mechanisms to measure staff achievement/results and time spent on efforts must be included (ROI measure).
 - c. The proposed outcomes metrics for the targeted reduction KPI (e.g. whether the goal is to reduce total number of visits or total costs of visits). Note, however, that all outcomes metrics will be based on Truven's Risk Adjusted Per Thousand Per Year (PKPY) measures. Incentive payment standards will be set consistent by the Department for all RCCOs and will be:
 - RCCO must achieve at least 5% or greater reduction in ER visits/costs PKPY for Level 1 Target achievement.
 - RCCO must achieve at least 10% or greater reduction of ER visits/costs PKPY for Level 2 Target achievement.
4. Key considerations for the Department review and approval of RCCO proposals will include:
 - a. Does the proposal clearly outline the plans and methods to be used to reduce ER visits for targeted cohort(s)?
 - b. Are the cohort(s) to be targeted likely to be impactful?

- c. Does the RCCO's proposal align/coordinate with neighboring RCCOs to facilitate easy provider adoption of the efforts?
 - d. Are the proposed KPI measures designed by a RCCO likely to show direct impact of RCCO efforts?
 - e. How will RCCOs document the staff hours spent and resources spent on the effort to assist in a clear measure of ROI?
 - f. Could the proposed strategy be replicated/expanded in other RCCO regions and/or with other populations?
5. For the contract period of SFY 2016-17, each RCCO will provide brief quarterly reports to the Department and other RCCOs on progress, achievements, time spent, etc. The Department views this as an opportunity to show lessons learned and shifts in RCCO strategy. Examples of helpful info:
- a. How is cohort being contacted? What methods are being implemented to alter behavior/outcomes? Stratification – how did RCCO prioritize clients for strategy implementation? Etc.
 - b. Note: These reports will be posted on the Department's website for public review and review by other RCCOs in hopes of facilitating cross-pollination of good strategies.

Implementation Process

- Mid-February: Identify RCCOs interested in targeting cohort(s) for reductions in ER visits.
- Mid-March: Complete stakeholder process
- Mid-March: Draft any RCCO contract changes that would be required to implement targeted ER KPI.
- Mid-April: RCCO draft proposals submitted for Department review/approval.
- May 2nd: Complete formal plan for how the Targeted ER KPI will work within RCCO regions.
- July 1st: Formal implementation start date for RCCO strategies to reduce ER visits with target cohort(s).

Questions for Stakeholders

- How can we mitigate the impact on providers in multiple RCCOs?
- Are the target reductions appropriate or achievable?
- Is the 7.5% threshold appropriate?

Attachment A - ACC: Reduce ER Visits KPI Redesign



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PMPM Amounts for the current Emergency Room Visits KPI will be reduced by 50% to enable incentive for the new target cohort(s) to reduce ER visits.

ACC INCENTIVE PAYMENTS FACT SHEET

As part of the Accountable Care Collaborative (ACC) program, the Department of Health Care Policy and Financing pays a per-member per-month (PMPM) amount to both the Regional Care Collaborative Organizations (RCCOs) and Primary Care Medical Providers (PCMPs). In addition, RCCOs and PCMPs are able to earn additional payments based on their region's performance in meeting certain, quality metrics, known as Key Performance Indicators (KPIs). These are outlined, below:

MEASUREMENT AREA	PERFORMANCE TARGET	INCENTIVE PAYMENT METHODOLOGY
Reduce Emergency Room Visits per 1,000 full time enrollees (FTEs)	<p>Level 1 Target: Utilization reduced at least 1% below baseline but less than 5% improvement</p> <p>Level 2 Target: Baseline utilization minus 5% or more</p>	<p>Level 1: 66% of full amount</p> <p>Level 2: 100% of full amount</p> <p>Full Amount (PMPM): Adults: \$0.40 → \$0.20 \$0.15 Children (0-20): \$0.30</p>
Increase Postpartum Visits per 1,000 FTEs	<p>Level 1 Target: Postpartum visits increase at least 1% and less than 5% above baseline</p> <p>Level 2 Target: Postpartum visits increase 5% or more above baseline</p>	<p>Level 1: 66% of full amount</p> <p>Level 2: 100% of full amount</p> <p>Full Amount (PMPM): Adults: \$0.40 Children (0-20): \$0.30</p>
Well Child Visits for children 3 – 9 years of age (EPSDT Screens) (CMS 416) per 1,000 FTEs	<p>Level 1 Target: Sixty percent (60%) of all pediatric Members, age 3 – 9, have received at least one (1) Well Child Visit (EPSDT Screen) during the previous 12 month period</p> <p>Level 2 Target: Eighty percent (80%) of all pediatric Members, age 3 – 9 have received at least one (1) Well Child Visit (EPSDT Screen) during the previous 12 month period</p>	<p>Level 1: Adults: \$0.13 PMPM Children (0-20): \$0.26 PMPM</p> <p>Level 2: Adults: \$0.20 PMPM Children (0-20): \$0.40 PMPM</p>

Note: Targets and baselines are developed using historical data. The Statewide Data and Analytics Contractor establishes a RCCO-specific baseline using actual fiscal year FFS experience from previous year data.

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The mission of the Department of Health Care Policy and Financing is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

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