

Medicare-Medicaid Members in the Accountable Care Collaborative

Improving and Bridging Systems

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Van Wilson
Kathleen Homan



COLORADO
Department of Health Care
Policy & Financing

Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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Objectives

- Review the history of the Accountable Care Collaborative: Medicare-Medicaid Program (ACC:MMP)
- Review the history of the ACC:MMP sub-committee
- Review the proposed topic areas identified for the Improving and Bridging Systems (I&BS) sub-committee
- Discuss additional topics and questions



Why This Matters

- Simplify and coordinate systems for complex members who require services and care coordination across systems
 - Medicare-Medicaid members rely *daily* on multiple services from and coordination across both payors
- Promote person-centered planning, self-directed care, and independence within the community



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ACC:MMP History

- Key objectives:
 - Leverage ACC to alleviate system and delivery fragmentation
 - Leverage ACC to improve service coordination
- Key goals:
 - Improve member experience in accessing care
 - Promote person-centered planning, self-directed care, independence within the community, and quality of care
 - Achieve cost savings with Federal partners through improvements in health and functional outcomes



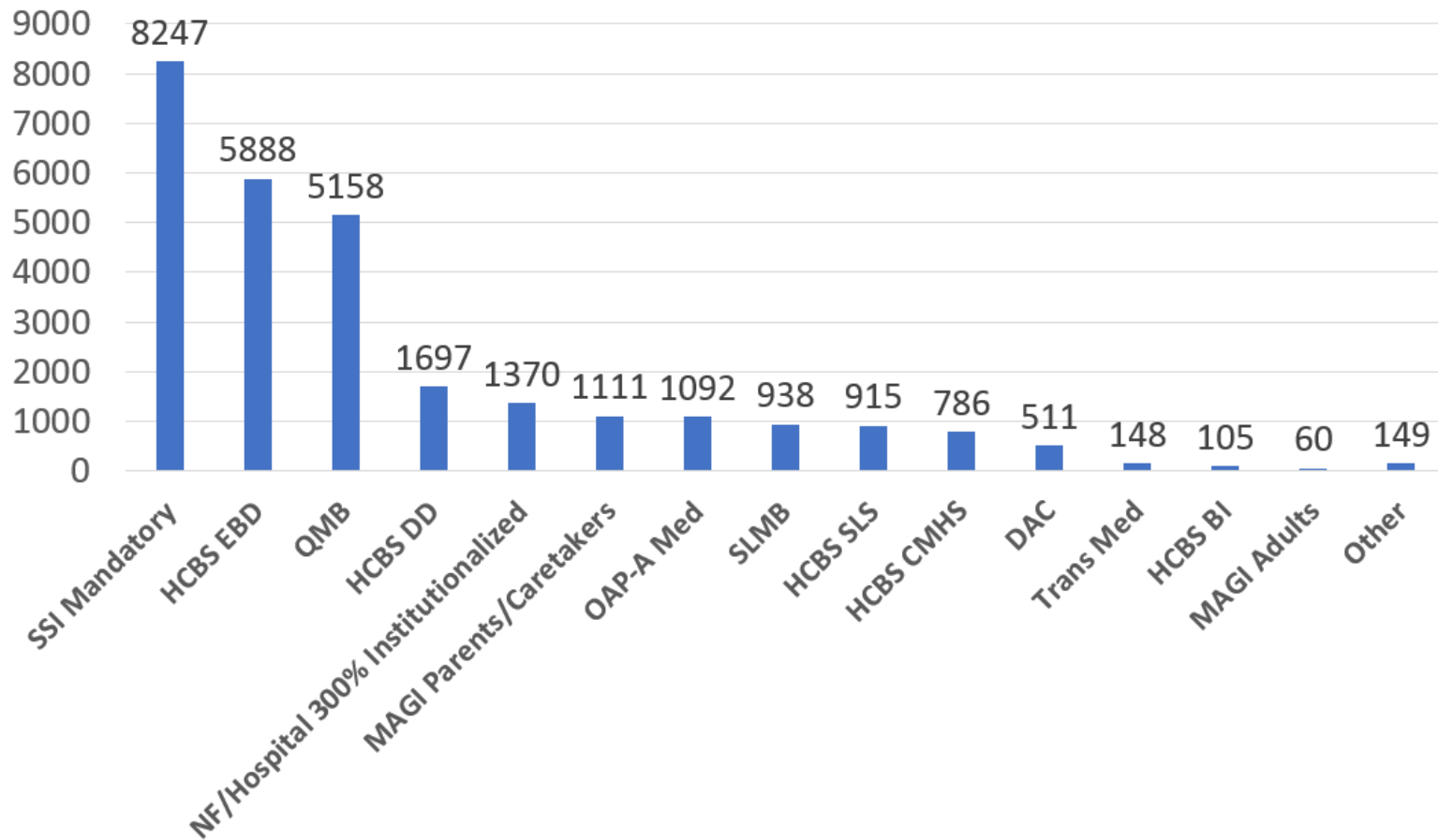
ACC:MMP History

- Key milestones:
 - November 2011: First stakeholder meetings
 - May 2012: CMS proposal submitted; sub-committee established
 - July 2014: MOU and Final Demonstration Agreement signed
 - September 2014: Phased-in enrollment begins
 - July 2015: Phased-in enrollment concludes
 - December 2017: Demonstration concludes; full ACC integration begins



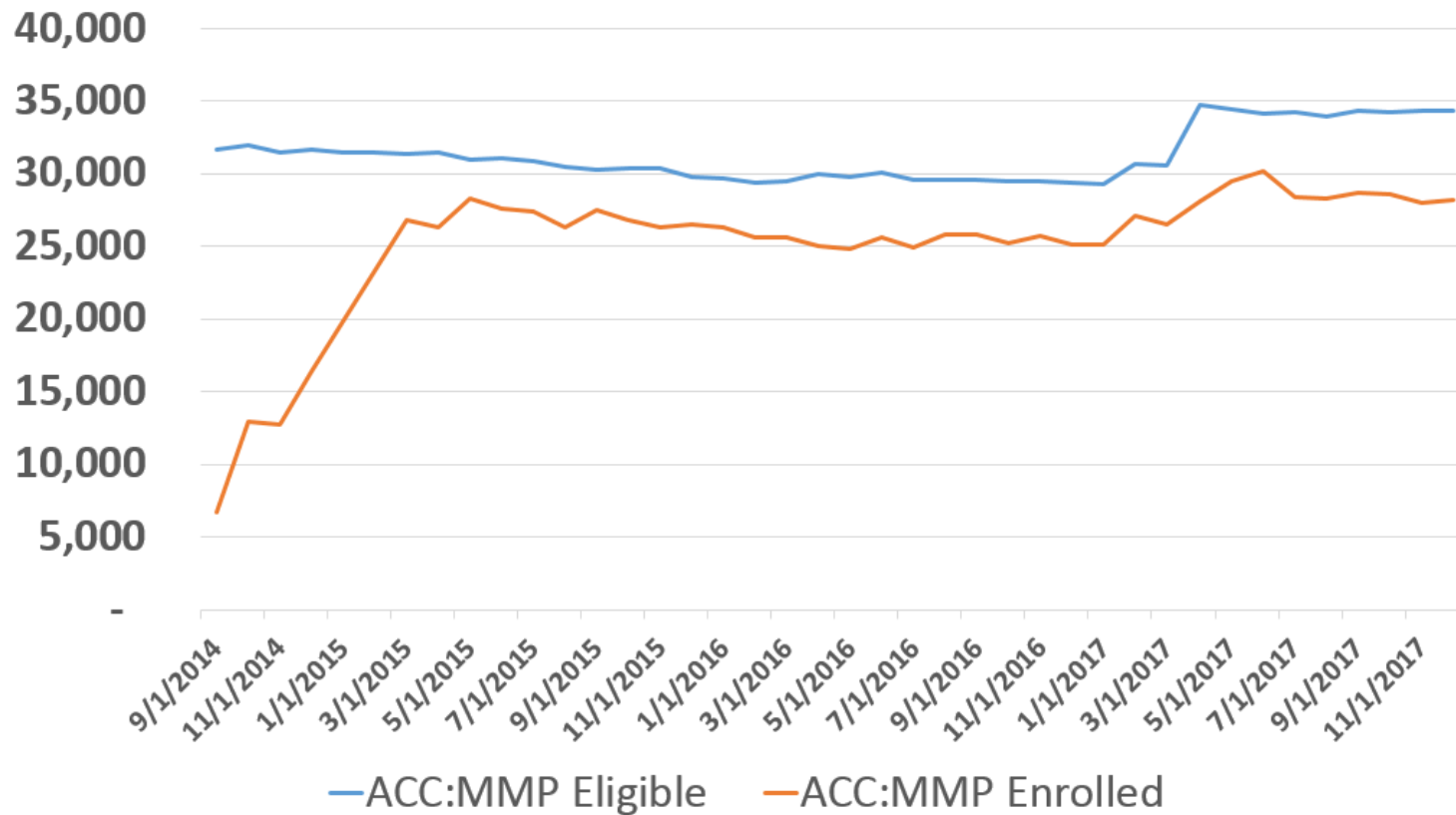
ACC:MMP History

ACC:MMP Member Eligibility



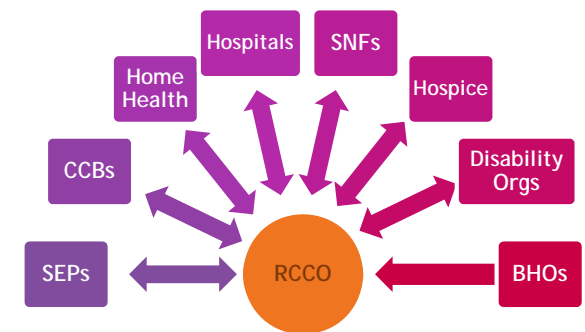
ACC:MMP History

ACC:MMP Eligibility and Enrollment



ACC:MMP History

- ACC:MMP tested and implemented variety of strategies:
 - Cross-provider communication agreements and protocols
 - Direct practice training and improvements, particularly Disability Competent Care (DCC)
 - Single, statewide Ombudsman for Medicare-Medicaid members
 - Substantial stakeholder engagement
 - Service Coordination Plan (SCP)
 - Team-based care



ACC:MMP History

- Key operational successes include:
 - Significant training and support for providers
 - Integrated dataset
 - ~8,000 members engaged in care coordination through SCP
 - Increased collaboration and partnerships between providers
 - New member engagement and evaluation strategies



ACC:MMP History

- Mixed evaluation results for ACC:MMP
 - University of Colorado
 - \$60 PMPM savings overall ACC
 - \$20 PMPM savings for children
 - \$120 PMPM for Medicare-Medicaid members
 - Medicare Shared Savings
 - Year 1 Report indicated greater than expected expenditures



ACC:MMP History

- Qualitative feedback showed progress but continued opportunities
- For members:
 - Awareness of ACC and RCCOs still mixed
 - Engagement was high when awareness was high
 - Enthusiastic about potential of care coordination
 - Systems-navigation still challenging
- For systems:
 - Basic collaboration greatly improved
 - Complex coordination still challenging



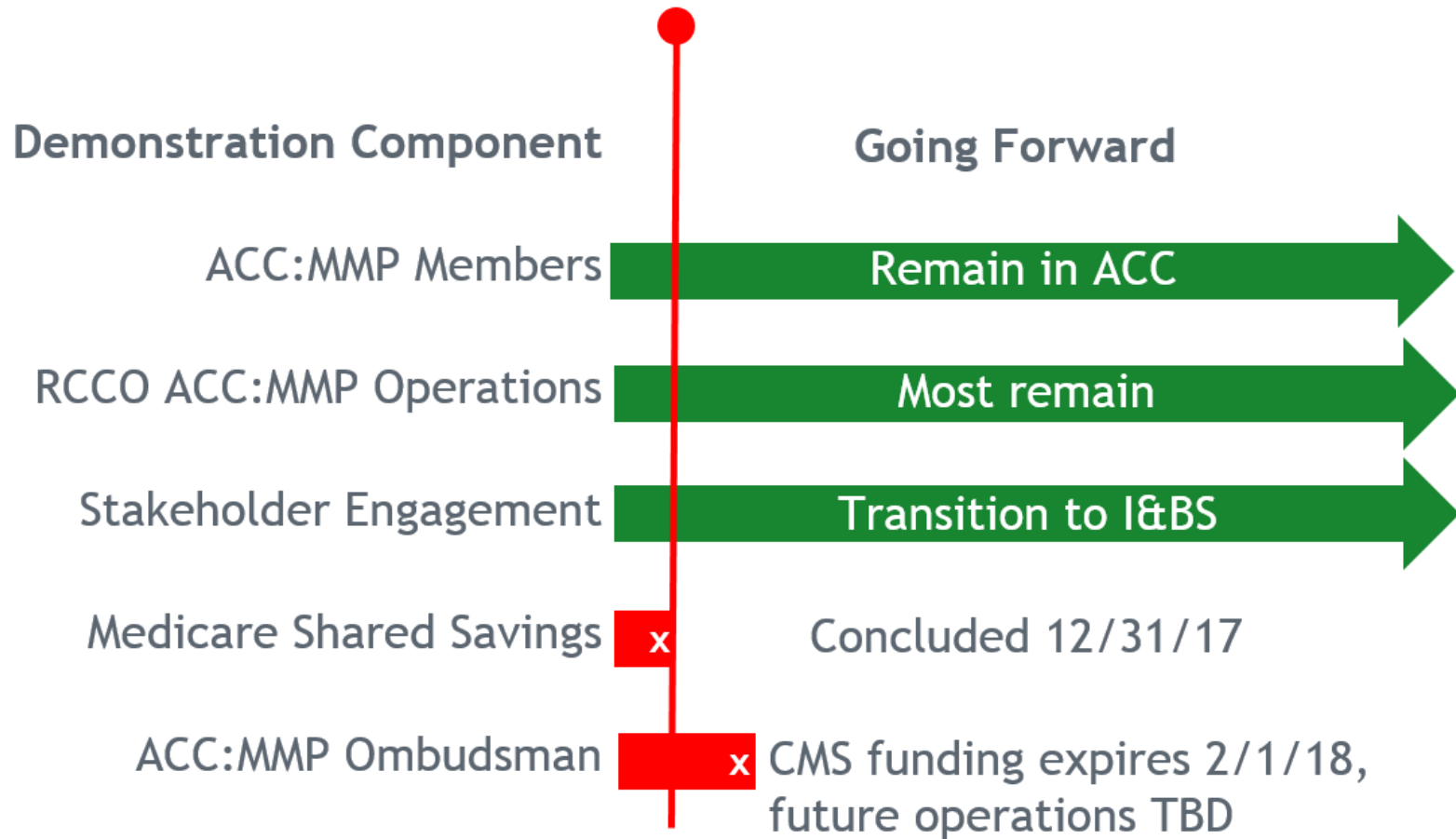
ACC:MMP History

- ACC:MMP Operations adjusted RCCO contract requirements:
 - Shift from care coordination model to population health model
 - Not every member needs global care assessment
 - RCCOs have little leverage to require collaboration across care-continuum



ACC:MMP Next Steps

- Continued ACC-integration proceed as follows:



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ACC:MMP Sub-committee

- ACC:MMP sub-committee formed May 2012
 - Involved in initial planning and ongoing monitoring
 - Met monthly or bi-monthly
 - Diverse and consistent representation
 - Oversight of current operations and program development



ACC:MMP Sub-committee

- Key outcomes and work products included:
 - Developed ACC:MMP quality measures with the Department
 - Reviewed member noticing materials and provider trainings
 - Submitted RAE RFP recommendations
 - Compiled programmatic best practices
 - Encouraged additional projects
 - Disability Competent Care
 - Ombudsman



ACC:MMP Sub-committee

- Moving forward, key topics for I&BS:
 - RAE and LTSS coordination and information sharing
 - Assessment and care planning best practices for Medicare-Medicaid members
 - Medicare education for providers
 - Disability accessibility initiatives



Questions?



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Contact Information

Van Wilson

van.wilson@state.co.us

Kathleen Homan

kathleen.homan@state.co.us



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