

The Accountable Care Collaborative

Colorado Department of
Health Care Policy and Financing



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What is the Accountable Care Collaborative (ACC) Program?

- View this video about the ACC:
- <https://www.colorado.gov/hcpf/accountable-care-collaborative>

OR

<http://www.youtube.com/watch?v=1GasHG7v9eI>



Impetus for the ACC

Created in response to:

- Unsuccessful attempt at capitated Managed Care in the state
- 85% in an unmanaged Fee-For-Service (FFS) system
- Highest caseload and expenditures in the state's history of Medicaid



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ACC Approach

- Not traditional managed care
- Offers the full benefits of Medicaid
- Connects members to medical and non-medical (social) services to support health
- Coordinated care and, ultimately, integrated care at the regional level



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Strategies

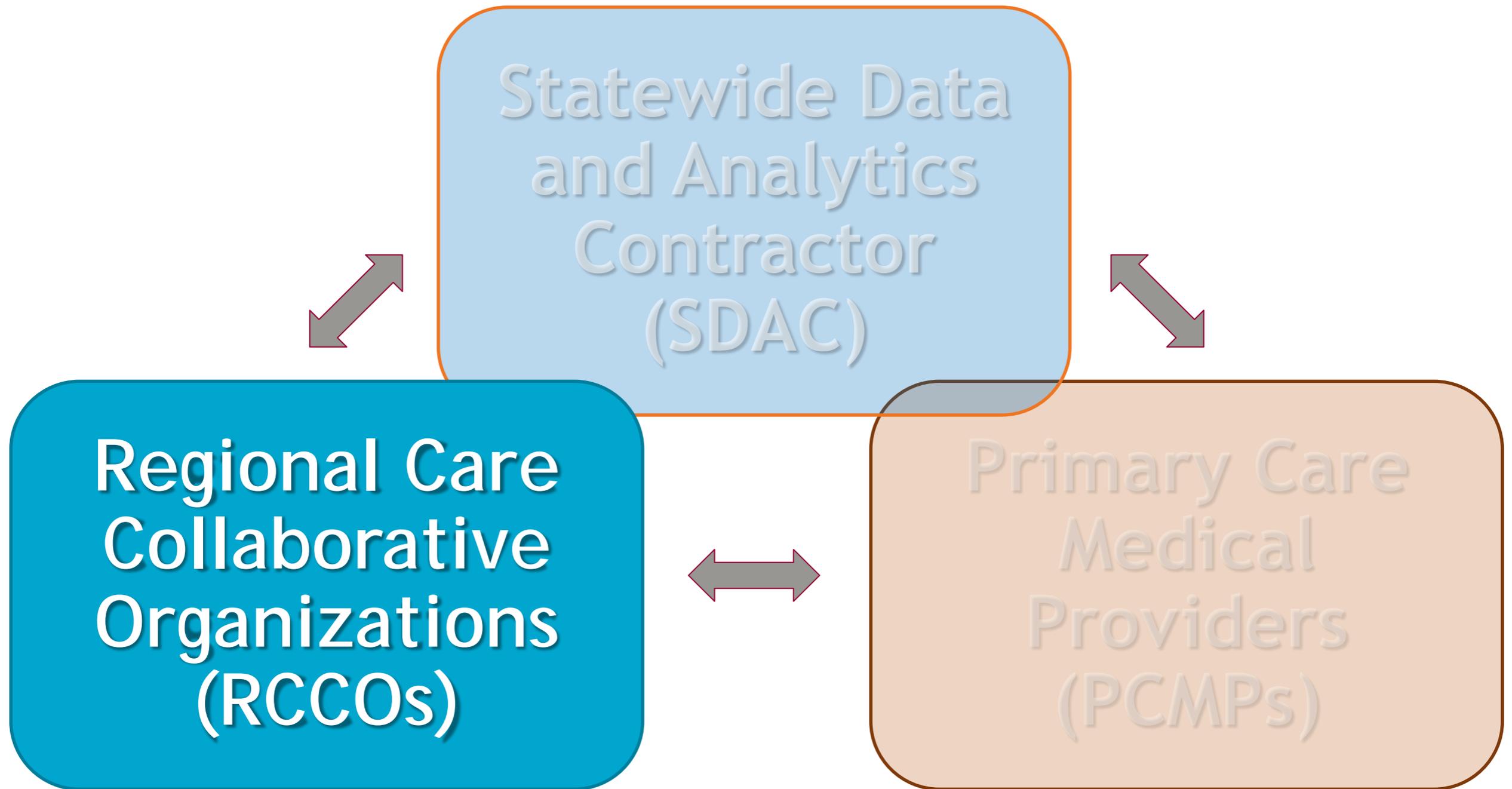
- Every member has a **Primary Care Medical Provider (PCMP)**
- All ACC members and PCMPs belong to a local **Regional Care Collaborative Organization (RCCO)**
- Unprecedented access to data from the **Statewide Data and Analytics Contractor (SDAC)**
- Gradual introduction of payment strategies to reward outcomes instead of volume



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ACC Components



RCCOs

- Ensure a medical home for every member
- Develop and manage a network
- Support providers
- Ensure medical management and care coordination
- Report on progress and outcomes
- Accountable for health outcomes and costs



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RCCO Payment Model

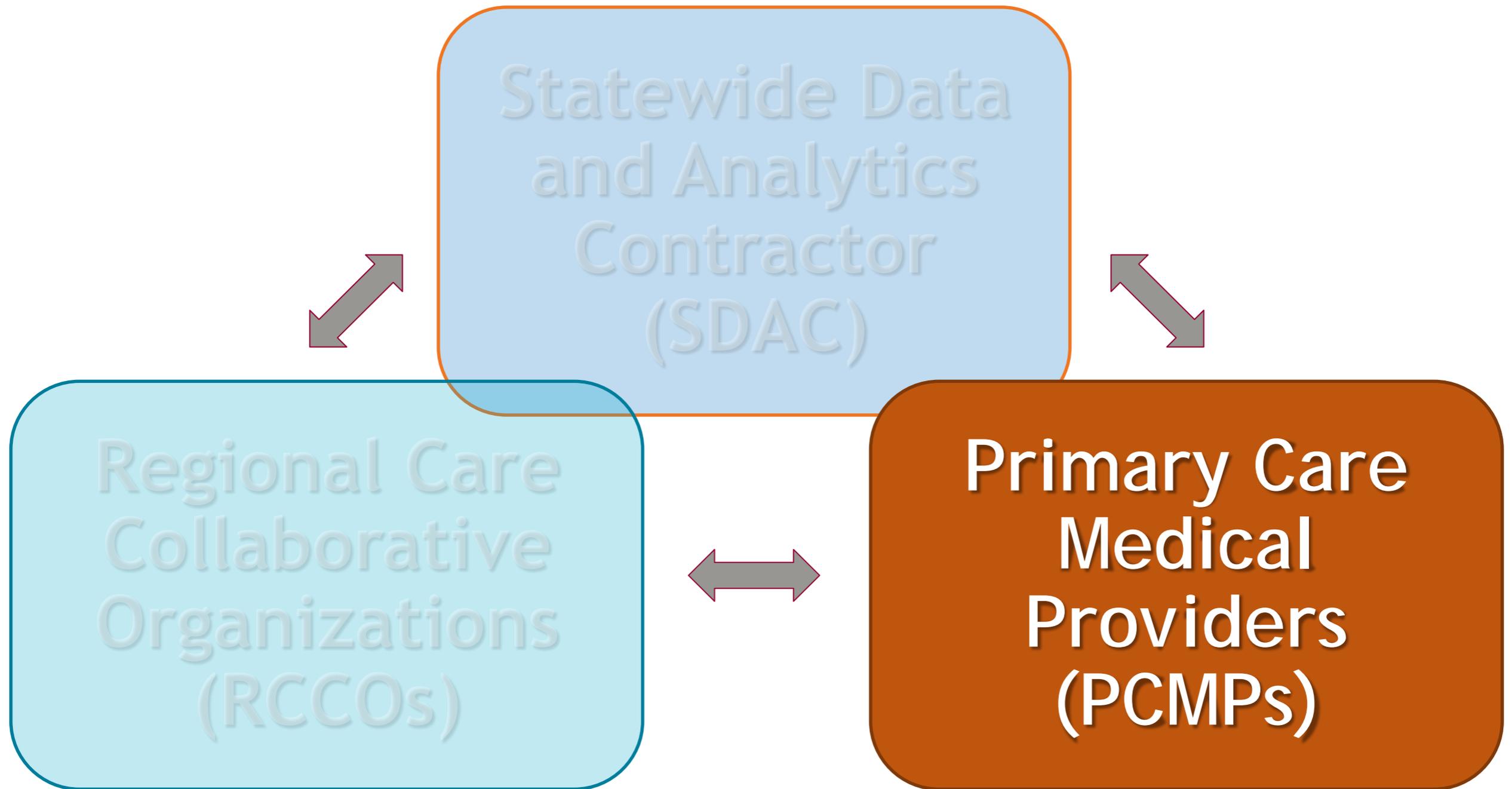
- Per-member-per-month payment (PMPM)
- Incentive payment for meeting Key Performance measures (KPI)
- Potential for shared savings
- May delegate care coordination duties to providers



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ACC Components



PCMPs

- Serve as client-centered medical homes
- Provide accessible, comprehensive primary care
- Coordinate medical care
- Educate clients to promote self-management
- Contract with the State and an individual RCCO



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Benefits for Providers: Payment

- Per-member-per-month payment (PMPM)
- Continued fee-for-service reimbursement
- Incentive payments
- Extra PMPM for meeting certain factors
- Potential for shared savings



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Other Benefits for Providers

- Help with navigating payment and administrative hurdles
- Practice support & coaching
- Care coordination, non-medical resource and other support for your patients
- Access to SDAC: patient & panel data
- Set limits on patient panels



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ACC Components

Statewide Data
and Analytics
Contractor
(SDAC)

Regional Care
Collaborative
Organizations
(RCCOs)

Primary Care
Medical
Providers
(PCMPs)

SDAC

- Compile data from claims and other sources
- Track and report on trends in service utilization
- Provide data for accountability and continuous improvement
- Make data available to RCCOs and PCMPs



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How the ACC Works for Clients

- Passive enrollment
- Attributed to PCMP by claims history, if possible
- Family connection
- Client choice



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How the ACC Works for Clients

- Care management, navigation support from RCCOs
- Access to education and special programs
- Non-medical community resources



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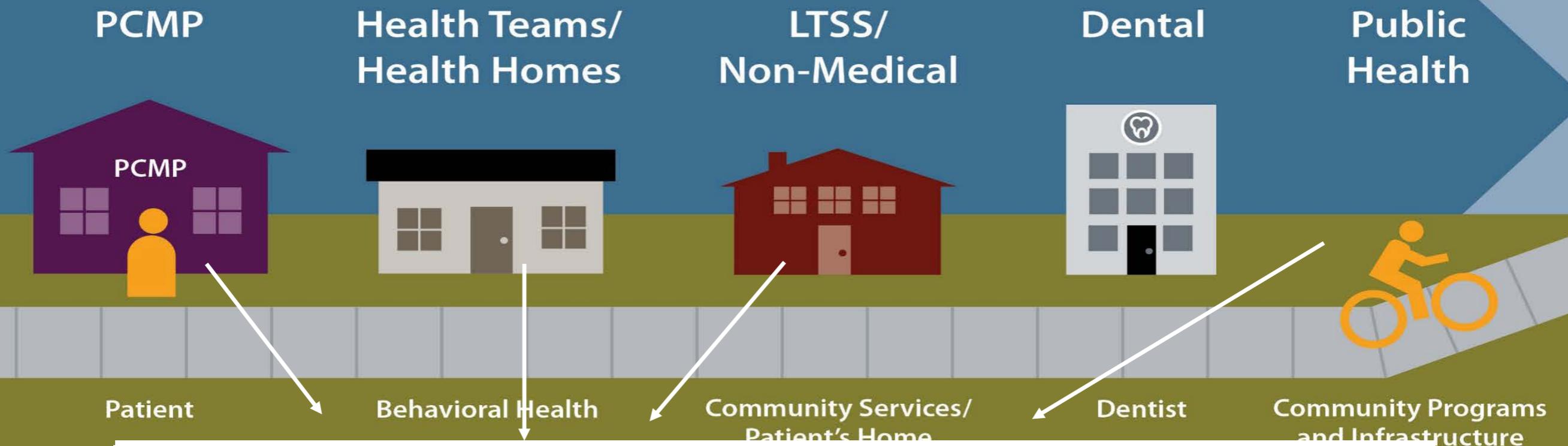
Evolution of the ACC

Move further toward value-based payment that supports whole-person, integrated care.



Year 2...

Evolution of ACC



- Further integration of behavioral health
- Further integration with LPHAs
- Non-medical resources

Value of the ACC

- Better, more coordinated and appropriate care
- Supports self-management
- Fewer expensive services like ER visits, hospital stays and unnecessary tests
- Builds local health care infrastructure
- [ACC 2014 Annual Report](#)



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