The Accountable Care Collaborative

Colorado Department of Health Care Policy and Financing
What is the Accountable Care Collaborative (ACC) Program?

• View this video about the ACC:
  
  • [https://www.colorado.gov/hcpf/accountable-care-collaborative](https://www.colorado.gov/hcpf/accountable-care-collaborative)  
  OR  
  [http://www.youtube.com/watch?v=1GasHG7v9el](http://www.youtube.com/watch?v=1GasHG7v9el)
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
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
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
ACC Components

Statewide Data and Analytics Contractor (SDAC)

Regional Care Collaborative Organizations (RCCOs)

Primary Care Medical Providers (PCMPs)
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
Seven RCCOs

RCCO 1: Rocky Mountain Health Plans

RCCO 6: Colorado Community Health Alliance

RCCOs 2, 3, 5: Colorado Access

RCCO 4: Integrated Community Health Partners

RCCO 7: Community Care of Central Colorado
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
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
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
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
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
How the ACC Works for Clients

- Passive enrollment
- Attributed to PCMP by claims history, if possible
- Family connection
- Client choice
How the ACC Works for Clients

• Care management, navigation support from RCCOs
• Access to education and special programs
• Non-medical community resources
Evolution of the ACC

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

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