



ACC Program Data for PIAC – January 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. **Note:** The number of RMHP Prime enrollees is not included in the enrollment numbers by population.
- **Percent Attributed:** percentage of ACC enrolled clients who are attributed to a PCMP.

ACC TOTAL Enrollment ¹				
RCCO	November ACC Enrollment	November % Attributed	December ACC Enrollment	December % Attributed
RCCO 1: RMHP	127,820	72%	128,993	73%
ACC: RMHP Prime	34,993	N/A	35,190	N/A
RCCO 2: CO Access	72,811	82%	73,759	81%
RCCO 3: CO Access	246,597	75%	249,030	75%
RCCO 4: ICHP	109,576	84%	110,811	84%
RCCO 5: CO Access	105,886	74%	105,887	75%
RCCO 6: CCHA	124,444	75%	125,575	75%
RCCO 7: CCCC	152,573	78%	155,188	77%
Total	939,707	76%	949,243	76%

ACC Child Enrollment ²				
RCCO	November Child Enrollment	November Child % Attributed	December Child Enrollment	December Child % Attributed
RCCO 1: RMHP	74,086	79%	74,704	79%
RCCO 2: CO Access	40,556	86%	41,130	86%
RCCO 3: CO Access	137,912	84%	138,996	84%
RCCO 4: ICHP	48,864	90%	49,242	90%
RCCO 5: CO Access	42,695	88%	42,804	88%
RCCO 6: CCHA	56,970	84%	57,287	84%
RCCO 7: CCCC	73,528	85%	74,485	84%
Total	474,611	84%	478,648	84%

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 Does not include ACC: RMHP Prime.



ACC Expansion Enrollment ³				
RCCO	November Expansion Enrollment	November Expansion % Attributed	December Expansion Enrollment	December Expansion % Attributed
RCCO 1: RMHP	35,800	60%	36,239	60%
RCCO 2: CO Access	18,670	71%	18,909	70%
RCCO 3: CO Access	70,007	59%	71,068	59%
RCCO 4: ICHP	34,078	74%	34,719	74%
RCCO 5: CO Access	46,563	60%	46,265	61%
RCCO 6: CCHA	45,791	63%	46,399	63%
RCCO 7: CCCC	50,766	66%	51,968	66%
Total	301,675	63%	305,567	64%

ACC: MMP Enrollment ⁴				
RCCO	November MMP Enrollment	November MMP % Attributed	December MMP Enrollment	December MMP % Attributed
RCCO 1: RMHP	3,586	63%	3,598	62%
RCCO 2: CO Access	2,820	77%	2,835	76%
RCCO 3: CO Access	4,540	59%	4,637	59%
RCCO 4: ICHP	6,236	85%	6,202	84%
RCCO 5: CO Access	2,955	60%	2,938	61%
RCCO 6: CCHA	3,256	67%	3,321	66%
RCCO 7: CCCC	2,876	69%	2,954	69%
Total	26,269	70%	26,485	69%

³ Does not include ACC: RMHP Prime.

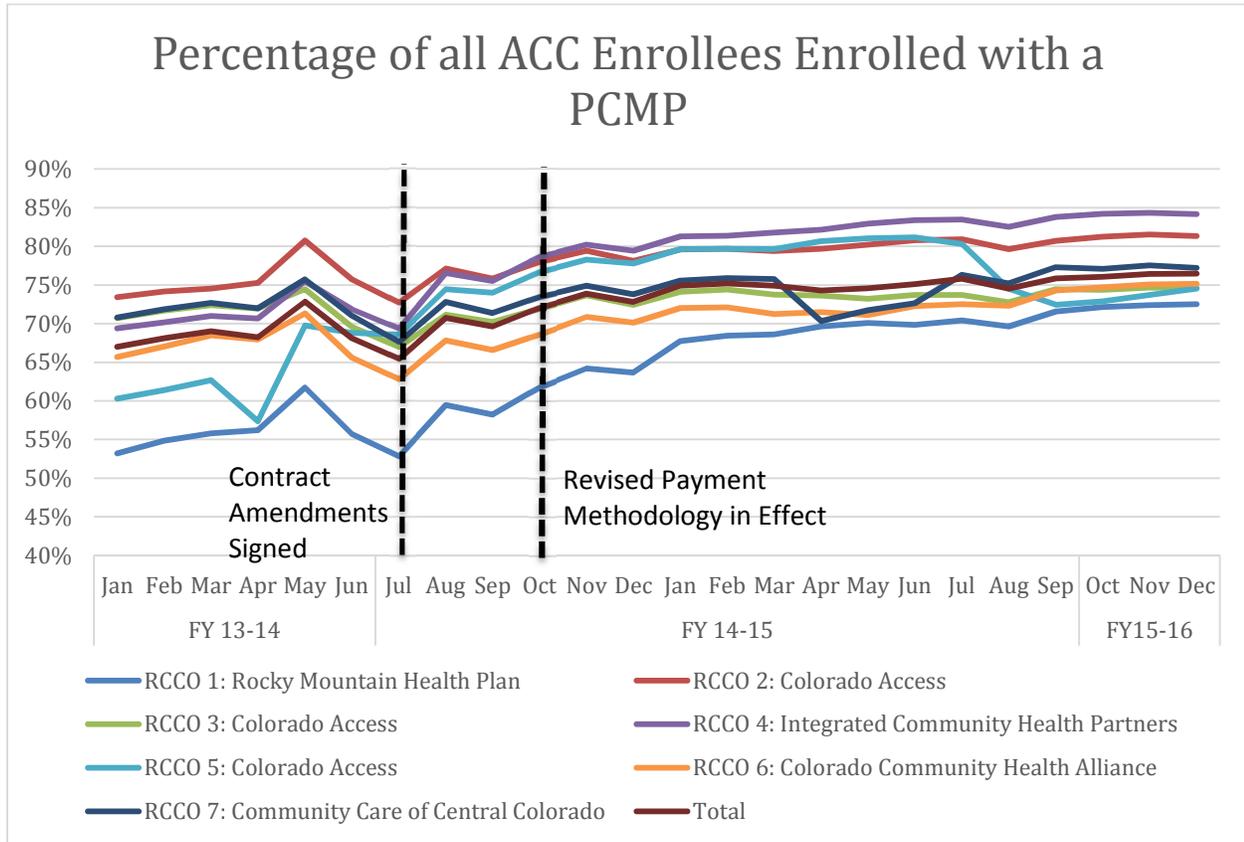
⁴ May 2015 was the last month of phased-in enrollment into the MMP program. Moving forward, newly eligible Medicaid-Medicare clients are being enrolled as they become eligible.

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
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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 first vertical line designates the date that the RCCOs signed contract amendments regarding the tiered payment policy. The second vertical line designates the initiation of the revised methodology.



Key Performance Indicators (KPI) (SFY 14-15 Q4)

Q4 performance in ACC KPIs was similar to performance in Q3

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.

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

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**
- **RCCO 5 was very close to meeting its Tier 1 target**

Postpartum Follow-Up Care

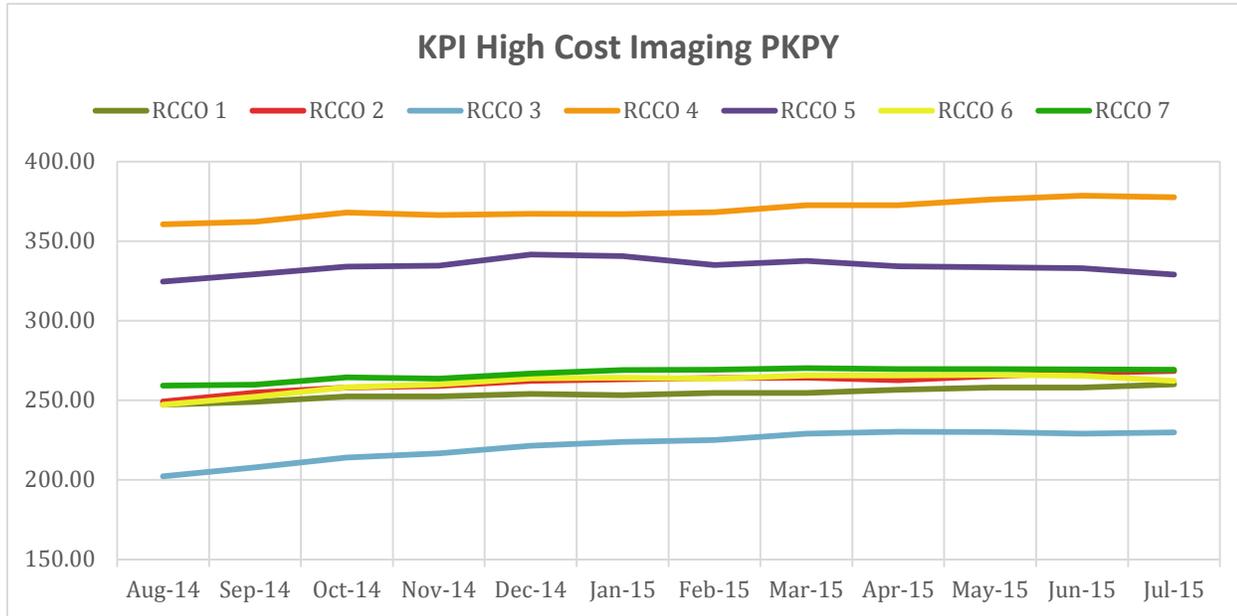
Postpartum Follow-Up Care is a completeness rate metric that evaluates the percentage of clients who receive a postpartum visit after a live birth. The targets for postpartum visits are based on a 1% (Tier 1) and 5% (Tier 2) improvement from a historic SFY 12-13 and 13-14 blended baseline rate at the region level.

- **RCCO 1 met its Tier 2 target**
- **RCCO 2 met its Tier 2 target**
- **RCCO 4 met its Tier 2 target**
- **RCCOs 1 and 4 improved from Tier 1 last quarter**

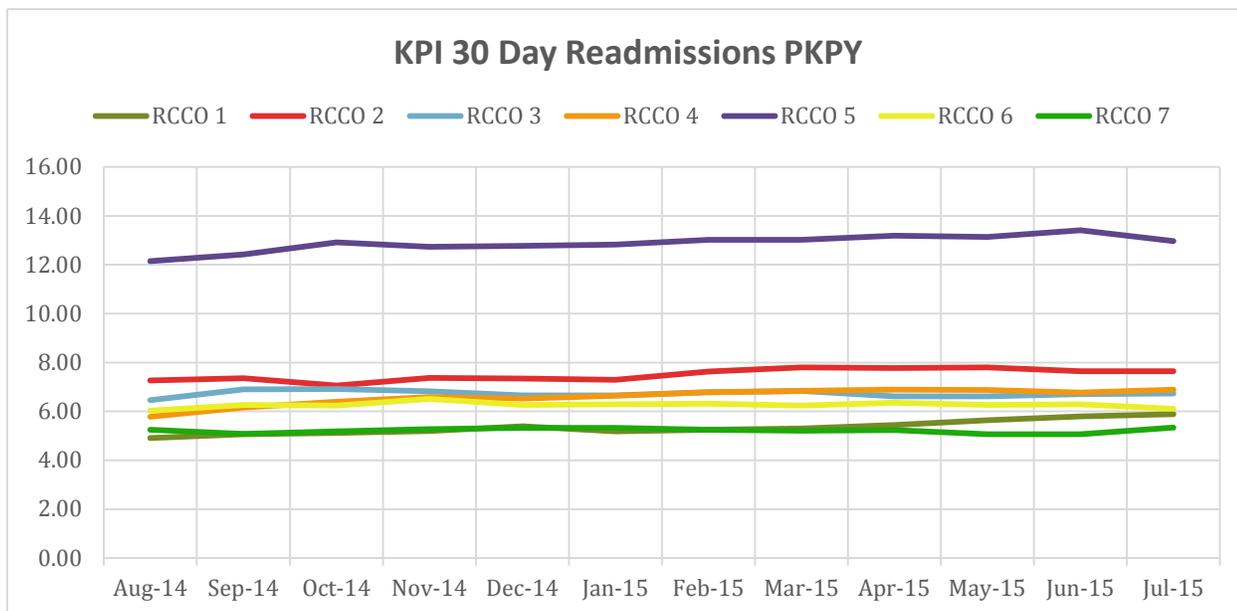


Retired Key Performance Indicators

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, Not Risk Adjusted



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, Not Risk Adjusted



Total Cost of Care⁵

Date of Service Expenditures: September 2015 – November 2015			
	Department Calculated Medical PMPM	RCCO & PCMP Admin PMPM	Admin % = $\frac{RCCO \ \& \ PCMP \ Admin}{(Dept. \ Calculated \ Medical \ PMPM + RCCO \ \& \ PCMP \ Admin)}$
RCCO 1 – RMHP	\$279.41	\$10.64	3.96%
RCCO 2 – CO Access	\$339.94	\$11.14	3.39%
RCCO 3 – CO Access	\$317.31	\$10.42	3.40%
RCCO 4 – ICHP	\$390.07	\$11.24	2.97%
RCCO 5 – CO Access	\$357.32	\$10.78	3.11%
RCCO 6 – CCHA	\$345.67	\$10.21	3.04%
RCCO 7 – CCCC	\$317.56	\$10.86	3.54%
Statewide	\$330.71	\$10.69	3.34%

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.

⁵ 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.

