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The Colorado Medicaid Accountable Care Collaborative Program

September 12, 2011

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Colorado Medicaid's Accountable Care Collaborative Program: Overview

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- Hybrid model, includes elements of Accountable Care Organizations and Primary Care Case Management.
- Goals: Improve quality, increase access and reduce costs in Medicaid.
- Establish medical home for enrollees.
- Intent: Enroll all Medicaid participants within a few years.

Notable Features

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- Process: State Plan Amendment
- System: two tiered – Regional Accountable Care Organization and Primary Care Medical Provider (PCMP)
- Passive enrollment with opt out

Notable Features

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- Payment structure:
  - Fee for service
  - Participating RCCOs and providers get base payment plus incentives if meet targets
  - Option for shared savings later on
- Goal to enroll **all** Medicaid participants within a few years.

Regional Care Collaborative Organizations (RCCOs)

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- Colorado divided into seven Regional Care Collaborative Organizations (RCCOs).
- RCCOs
  - Responsible for care coordination/practice support
    - Each member assigned a care coordinator
  - Develop provider networks/contract with Primary Care Medical Providers (PCMP)
  - Facilitate referral process
  - Provide network and care coordination data to the Department and/or SDAC

RCCOs

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- Provide tools for PCMP – examples:
  - Clinical care guidelines and best practices
  - Chronic Care templates
  - Client management and education tools
  - Guidance and education on the principles of the Medical Home
  - Listing of available resources to guide providers and Members to community based resources
  - Specialized assessment, tools, consultation and training for members with substance abuse diagnoses.

RCCOs

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- Special assistance in transitions for those with behavioral health needs or DD
  - Call provider to inform them of referral
  - Assist Member in making appointments.
  - Assist Member in getting to appointments.

State Data Analytics Contractor

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- State Data Analytics Contractor (SDAC) (TREO)
  - RCCOs provide data and data analysis
  - TREO mines data from MMIS system
  - TREO analyzes data to measure results and guide performance improvement efforts

Enrollment Broker

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- Health Colorado (Maximus): enrolls, counsels, assists with PCMP selection.
- Client must call broker if unassigned, to change their PCMP, or to opt out of the program.

Timeframe

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- Initial Phase:
  - RCCO's go-live date (April 1st or July 1st 2011)
  - Roll out to targeted communities.
  - Enrollment goal: 120,000 by June 30, 2012.
- Expansion phase:
  - Begins July 1, 2012
  - Majority of the Medicaid population will be rapidly enrolled into the program

Compensation

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- $13 PMPM for RCCOs and $4 PMPM for PCMPs in the initial phase
- $11.53 PMPM for RCCOs and $3 PMPM for PCMPs in the expansion phase
  - PCMPs are still reimbursed for services through FFS payment system

Performance Targets

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Measurement Area	Performance Target
Emergency Room Visits per 1,000 full time enrollees (FTEs)	Level 1 Target: Utilization shows greater than 1.0% but less than 5.0% improvement Level 2 Target: Baseline utilization minus 5.0% or more
Hospital Re-Admissions per 1,000 FTEs	Level 1 Target: Utilization shows greater than 1% but less than 5.0% improvement Level 2 Target: Baseline utilization minus 5.0% or more
Outpatient Service Utilization per 1,000 FTEs MRI, CT scans and X-Ray tests per 1,000 FTEs	Level 1 Target: Utilization shows greater than 1% but less than 5.0% improvement Level 2 Target: Baseline utilization minus 5.0% or more

Incentive Payments

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Measurement Area	Total Incentive Payment
Emergency Room Visits per 1,000 full time enrollees	Level I Target: 66% of the Full Amount Level II Target: 100% of the Full Amount The Full Amount for this measurement area is $0.33 PMPM
Hospital Re-Admissions per 1,000 FTEs	Level I Target: 66% of the Full Amount Level II Target: 100% of Full Amount The Full Amount for this measurement area is $0.33 PMPM
Outpatient Service Utilization per 1,000 FTEs MRI, CT Scans, and X-Ray Tests per 1,000 FTEs	Level I Target: 66% of the Full Amount Level II Target: 100% of the Full Amount The Full Amount for this measurement area is $0.33 PMPM

Level I – total incentive that can be earned: 66 cents PMPM
Level II – total incentive that can be earned: 99 cents PMPM
PCMP earn no more than the RCCO, but are paid directly by the Department.

Stakeholder Engagement

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- Significant engagement in design phase by providers and health plans.
- Statewide Advisory Committee- one consumer seat.
- Each RCCO must have a Performance Improvement Advisory Committee and a Local Advisory Council that includes at least:
  - members and members families, advocacy groups, behavioral health community, providers, and other stakeholders.

Other issues

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- Cost savings written into FY11-12 budget: $4.8 million total funds.
- Colorado applying for demonstration grant to enroll dual eligibles in some version of ACC model beginning fall 2012.

Concerns

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- Attribution
- Provider/RCCO/State relationship
- Incentives and payment structure
- Data and reporting
- Startup costs
- Timeframe
- Grievance process and infrastructure.
- Meaningful consumer engagement

Community Care of North Carolina

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- The RCCO Program is modeled after Community Care of North Carolina (CCNC)
  - Divides North Carolina into 14 non-profit networks
  - Each enrollee in the network is assigned to a Medical Home
  - As of 2009, 67% of the North Carolina Medicaid population was enrolled in CCNC

Network Responsibilities

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- Coordinating enrollees' care
- Providing disease and care management
- Launching quality improvement programs

Network Compensation

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- Networks and Medical Homes both receive enhanced care management fees
  - $3PMPM for networks
    - Increased to $5 PMPM for elderly or disabled enrollees
  - $2.50 PMPM for Medical Homes
    - Increased to $5 PMPM for elderly or disabled enrollees

Results

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- Including Aged, Blind, and Disabled (ABD) population, CCNC saved the state nearly $1.5 billion form 2007-2009 according to external analysis by Treo Solutions
- CCNC ranks in the top 10 percent nationally in quality measures for diabetes, asthma, and heart disease compared to Medicaid managed Care Organizations

Lessons from CCNC

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- Avoid a top-down approach
- Can't do it alone, must partner
- Can't be done without investment and time
- Systems for supports and improvements must be in place
- Feedback is essential
- Accountability is essential

Contact information

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Colorado Department of Health Care Policy and Financing (HCPF) ACC page: http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1233759745246