Colorado’s
Accountable Care Collaborative

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Program Vision

- The Accountable Care Collaborative (ACC) is Colorado’s platform for Medicaid delivery system redesign:
  - Ensure access to a focal point of care for all ACC Members
  - Coordinate medical and non-medical care and services
  - Improve member and provider experiences Provide the necessary data to support these goals
  - Incremental transparent approach, locally grown

- Managed FFS - no change to current Medicaid benefit package
ACC Membership

- Over 720,000 ACC Members, statewide
- Each Member belongs to a Regional Care Collaborative Organization
  - Based on county of residence
- Most Members (69%) are attributed to a Primary Care Medical Provider – their medical home
  - Attributed by claims history, or
  - Attributed by family claims history, or
  - Client choice
Structure of the ACC

- Regional Care Collaborative Organizations (RCCOs)
- Primary Care Medical Providers (PCMPs)
- Statewide Data and Analytics Contractor (SDAC)
RCCO Role

- Achieve financial and health outcomes
- Ensure a Medical Home level of care for every Member
- Network Development/Management
- Provider Support
- Medical Management and Care Coordination
- Accountability/Reporting
The ACC program has grown significantly in size. Current P4P program is centered around the four KPIs, which are reassessed annually.

Total RCCO and PCMP Spending, 2011/2012–2013/2014

<table>
<thead>
<tr>
<th>FY 11–12</th>
<th>FY 12–13</th>
<th>FY 13–14</th>
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</thead>
<tbody>
<tr>
<td>PMPM=$17</td>
<td>PMPM=$15</td>
<td>PMPM=$12.50</td>
</tr>
<tr>
<td>P4P=$0</td>
<td>P4P=$2</td>
<td>P4P=$2</td>
</tr>
</tbody>
</table>

- **FY 11–12**: $17.9 million
- **FY 12–13**: $31 million
- **FY 13–14**: $62 million

Guaranteed PMPM=$17
P4P=$0

Guaranteed PMPM=$15
P4P=$2

Guaranteed PMPM=$12.50
P4P=$2
Strategic Payment Structure Roll-out

- **2011** - Administrative PMPM Creation
- **2012** - Creation of Incentive Structure (KPIs) and PMPM Modification ($1 at risk)
- **2013** – New KPI and lower PMPM Amount (Changing the focus from enrolling adults to children)
- **2014** - PMPM Modifications (EPCMP, RCCO tiers), New KPIs, New Incentive Payments (post hospital discharge follow up)
- **2013-2014** - Shared Savings Program
- **September 2014** - ACC Prime – global capitation pilot
ACC Strategic Initiatives

- More $ at risk & new KPIs
- Expanding definition of PCMPs to include BH, etc.
- Implementation of FBMME with shared savings
- Access to specialty care via Tele-health
- Implementation of a global payment pilot with RMHP
- Assessing additional payment reforms
  - Primary care sub-capitations
  - Bundles/episodes
- Re-procurement for July 2017 contract start date
  - Integration of BH services into ACC contracts
Evaluating the Program

- **Cost Savings**
  - Based on comparison groups

- **Appropriate Utilization**
  - ED
  - Imaging
  - Well Child Checks
  - Post-partum checks
  - 30 day re-admissions

- **Client Satisfaction**
  - CAHPS
ACC Cost Savings
FY 2013-14

- The ACC achieved gross savings in medical costs of between $98,433,017 and $102,100,305
  - Actual medical spend for all ACC members subtracted from an estimate of medical spend if these same individuals were not members of the ACC

- Net savings totaled between $29,330,495 to $32,997,329
  - Gross savings minus administrative expenses
ACC Utilization Results

FY 2013-14

- Key Performance Indicators (KPIs) highlighted positive trends in service utilization:
  - **ER visits** decreased for adults (21%) and children (2%) who have been in the program for longer than six months compared to members of less than six months.
  - **High cost imaging services** were significantly lower for adults (35%) and children (19%) who have been in the program for longer than six months.
  - **30-day, all cause hospital readmissions** were 33% lower for both adults and children with six months’ time in the program.
  - **Well-child checks** ranged between 43% -59%.
ACC Utilization Results
FY 2013-14

- The ACC benefits members with chronic conditions. Since 2012:
  
  - Children with disabilities have seen a 6% increase in the number of professional care visits they receive. There has been a 7% decrease in ER visits for these children over that same period of time
  
  - Children with asthma have seen a 16% decrease in the number of preventable services they obtain
  
  - Adults with disabilities have realized a 29% decrease in 30-day, all cause hospital readmissions
  
  - Adults with diabetes have seen a 7% increase in their number of professional visits
ACC CAHPS Results, 2013

- Ask you if there was a period when you felt sad, empty or depressed?
  - FFS (18-64): 49.3%
  - FFS (65+): 42.1%
  - ACC (18-64): 53.9%

- Talk about things in your life that worry you or cause you stress?
  - FFS (18-64): 47.1%
  - FFS (65+): 38.1%
  - ACC (18-64): 51.4%

- Talk about a personal problem, family problem, alcohol use, drug use or a mental or emotional illness?
  - FFS (18-64): 38.8%
  - FFS (65+): 29.7%
  - ACC (18-64): 41.8%
Questions?
Appendix
The ACC benefits members with chronic conditions.

Since 2012:

Children with disabilities have seen a 6% increase in the number of professional care visits they receive.

There has been a 7% decrease in ER visits for these children over that same period of time.
ACC Program Numbers & Results
FY 2013-14

The ACC benefits members with chronic conditions. Since 2012:

Children with asthma have seen a 16% decrease in the number of preventable services they obtain and a 1% increase in the number of professional, community-based services they receive.
ACC Program Numbers & Results
FY 2013-14

Key Performance Indicators (KPIs) highlight the positive impact of being an ACC member:

Adults and children who have been in the ACC longer than six months visit the emergency room less often than those who have been in the ACC less than six months:

- 21% lower for adults
- 2% lower for children

KPI: ER VISITS

<table>
<thead>
<tr>
<th>DISABILITY</th>
<th>Non-Enrolled</th>
<th>Enrolled &lt; 6 Months</th>
<th>Enrolled &gt; 6 Months</th>
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<tbody>
<tr>
<td>DISABLED</td>
<td>1258</td>
<td>1329</td>
<td>1354</td>
</tr>
<tr>
<td>ADULTS</td>
<td></td>
<td>900</td>
<td>1047</td>
</tr>
<tr>
<td>CHILDREN</td>
<td>812</td>
<td>820</td>
<td>848</td>
</tr>
</tbody>
</table>

ER VISITS PER 1,000 MEMBERS
ACC Program Numbers & Results

FY 2013-14

Key Performance Indicators (KPIs) highlight the positive impact of being an ACC member:

High cost imaging services are noticeably lower for individuals who have been members of the ACC for longer than six months:

- 35% lower for adults
- 19% lower for children
ACC Program Numbers & Results
FY 2013-14

Key Performance Indicators (KPIs) highlight the positive impact of being an ACC member:

The percent of children in the ACC who receive well-child checks ranges from 43% to 59%, depending on RCCO.
The ACC benefits members with chronic conditions. Since 2012:

 Adults with diabetes have seen a 7% increase in their number of professional visits.

ACC Program Numbers & Results
FY 2013-14

ACC Non-disabled Adults with Diabetes:
Professional Visits

<table>
<thead>
<tr>
<th>Risk Adjusted PKPY</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14 (YTD)</th>
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<tbody>
<tr>
<td></td>
<td>11,427</td>
<td>11,497</td>
<td>12,228</td>
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Colorado Department of Health Care Policy and Financing
Key Performance Indicators (KPIs) highlight the positive impact of being an ACC member:

ACC members who have been in the program for longer than six months are less likely to be readmitted to the hospital than those who have been in the ACC less than six months:

- 33% lower for both adults and children
ACC Program Numbers & Results
FY 2013-14

The ACC benefits members with chronic conditions. Since 2012:

Adults with disabilities have realized a 29% decrease in 30-day, all cause hospital readmissions.