

# Understanding the ACC program

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**Colorado Department of Health Care Policy  
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# Healthcare Reform

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- Accountable Care Organizations (ACOs)
  - National healthcare reform
- Accountable Care Collaborative (ACC)
  - Colorado's delivery system reform
  - Developed prior to federal ACO concept
    - Based on previous hospital-provider ACO model



# Development of the Accountable Care Collaborative Program

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Created in response to:

- Failed attempts at capitated Managed Care in the state
- 85% in an unmanaged Fee-For-Service (FFS) system
- Unprecedented economic situation
- Highest Medicaid caseload and expenditures in the state's history
- Desire to reduce costs and improve health, not just utilize more services



# The Colorado ACO

The Accountable Care Collaborative (ACC) Program combines

- Primary Care Case Management system
- Accountable Care Organization model



# Goal of the ACC Program

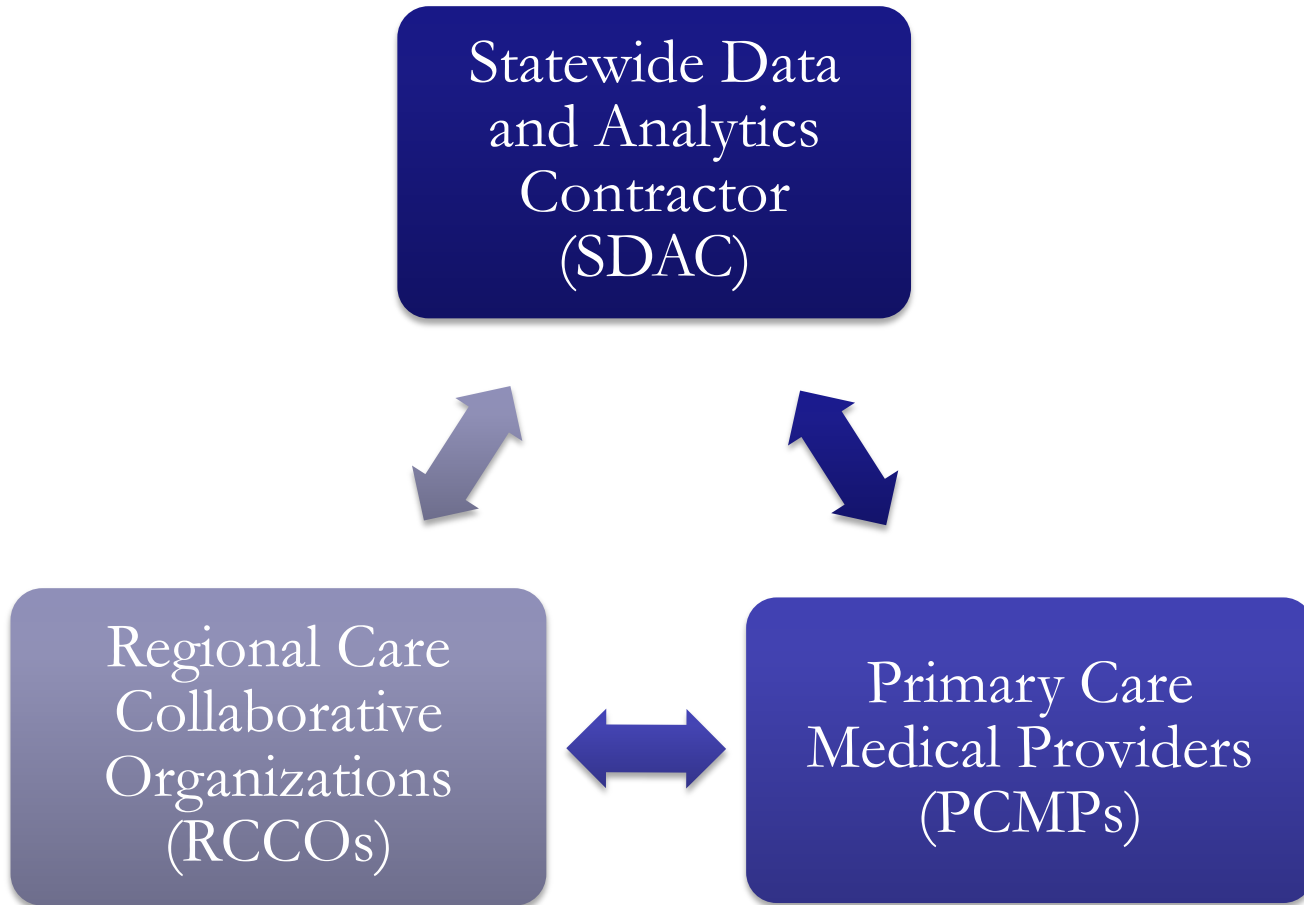
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## Delivery system reform

- Improve health outcomes
- Reduce costs
- Improve the client and provider experience



# Program Components



# SDAC Responsibilities

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Treo Solutions, Inc. responsible for:

- Data Repository
- Data Analytics and Reporting
- Web Portal and access
- Accountability and Continuous Improvement



# PCMP Responsibilities

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- Medical Home
  - FQHC, RHC, clinic or group practice with focus on primary care, general practice, internal medicine, pediatrics, geriatrics, or obstetrics and gynecology
  - Physician, Advanced practice nurse or Physician assistant
- Appropriate referrals



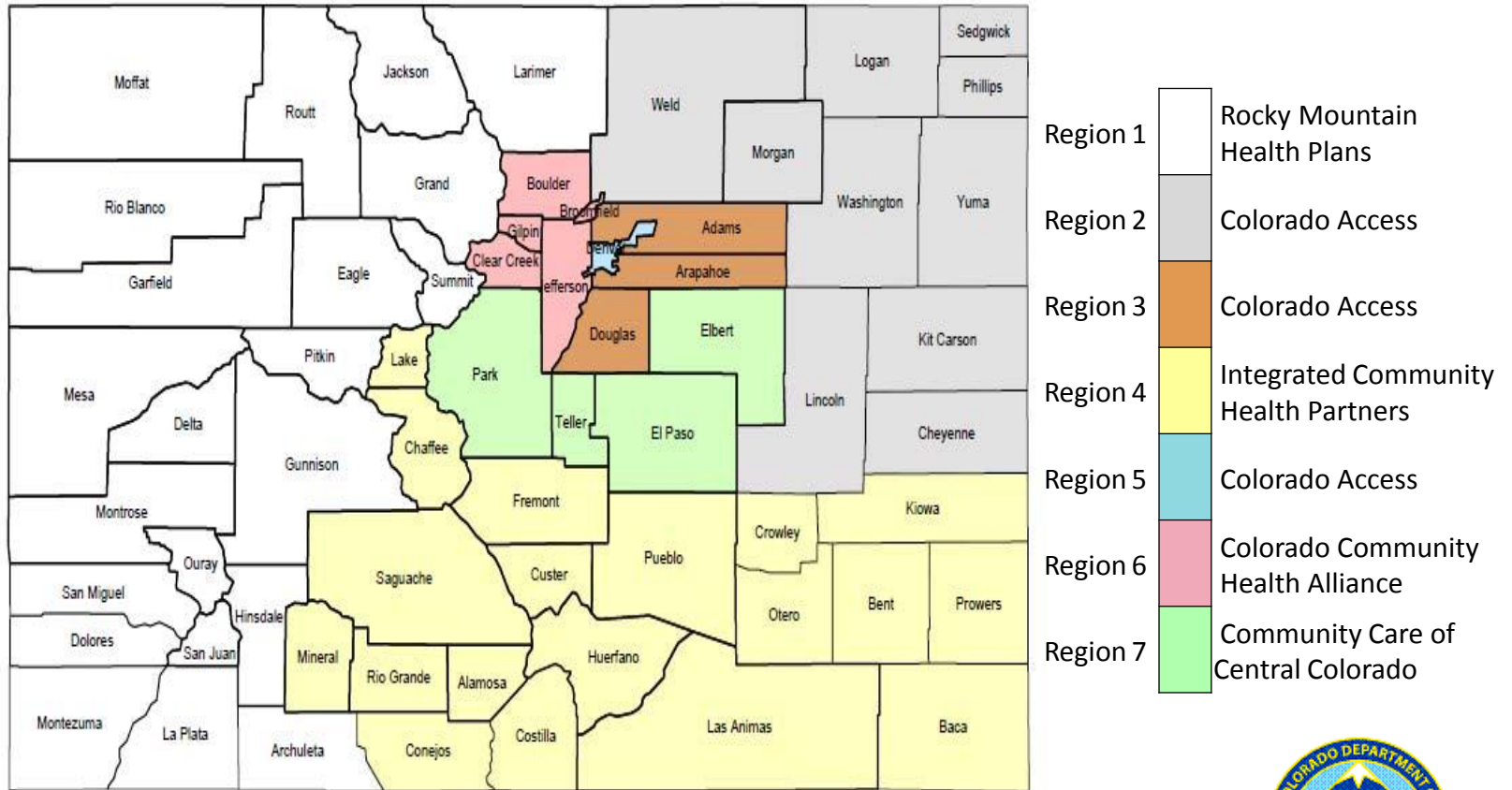
# RCCO Responsibilities

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- Network and Regional Strategy
- Provider Support
- Medical Management
- Care Coordination
- Accountability



# RCCO Regional Map



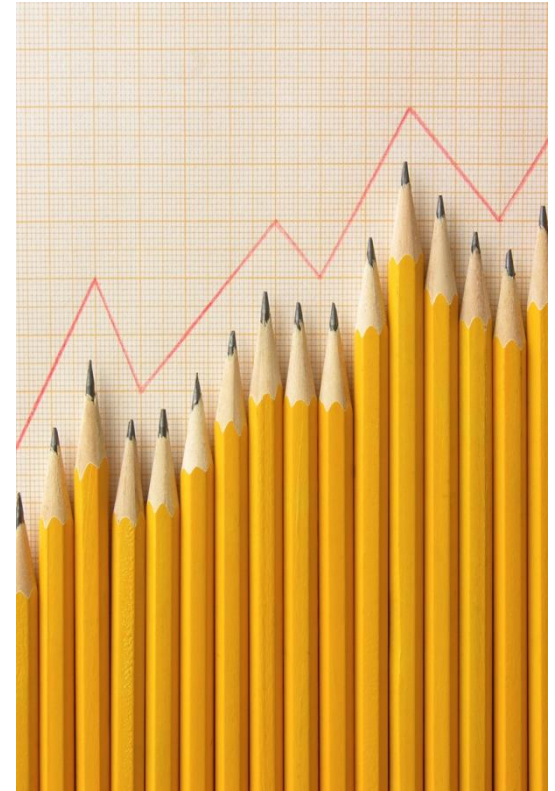
# Performance Measures

## Initial Year

- Easy to calculate utilization measures – monthly
- Cost savings analysis – quarterly

## Subsequent Years

- Hybrid of utilization measures and quality/outcome measures
  - Stakeholder participation



# Payment

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- Fee-For-Service (FFS) reimbursement to Primary Care Medical Providers (PCMPs) for medical services
- Per Member Per Month (PMPM) to PCMP for medical home services
- PMPM to RCCOs for PCMP support and care coordination
- Incentive Payments



# Enrollment Goals

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- Initial enrollment goal is 60,000 total Medicaid clients
  - 40,000 adults
  - 20,000 children
- Expansion enrollment goal is remainder of fee-for-service Medicaid clients
  - Approximately 400,000



# Client Selection

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- From claims history
  - FFS and PCP clients
    - 1/3 children; 2/3 adult
    - Exclude institutionalized and Dual-eligible clients
  - Attached to recent provider or assigned



# Enrollment

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- Voluntary (passive) enrollment
  - Notified by enrollment letter
  - Call Health*Colorado* to opt-out
    - 303-839-2120 or
    - 1-888-367-6557
- Monthly replenish



# Access to Care

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- Client-centered
- PCMP is Medical Home
  - Refers to specialist(s)
- Referrals not needed for
  - Emergency care
  - EPSDT screening exams
  - Anesthesiology services
  - Transportation  
(ER and NEMT)
  - Family planning
  - Behavioral health
  - HCBS waiver services
  - Obstetrical services
  - Dental and vision

# ACC Program Timeline

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- Start Up Phase
  - Contract execution through “go-live” spring of 2011
- Initial Phase
  - “Go-live” date through June 30, 2012
- Expansion Phase
  - July 1, 2012 forward



# Implementation

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- May 1, 2011 start date
  - 521 letters sent out in April
- June 1, 2011 start date
  - Approximately 14,000 letters sent in May
  - RCCOs 1, 2, 4
  - 05/20/2011 less than 175 clients opted out
- July 1, 2011 start date
  - Approximately 7900 letters sent out in June
  - RCCOs 3, 7 and replenish



# Questions?

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[colorado.gov/hcpf](http://colorado.gov/hcpf)

