

Expand, Explore, Evaluate

*Understanding the Accountable
Care Collaborative's Big
Initiatives*



January 22, 2015

Safety Net Advisory Committee (SNAC) Lab

SNAC Lab Objectives



- Leverage our collective focus on vulnerable populations
- Provide a forum for opportunities and lessons learned
- Share the latest strategies for using data to measure effectiveness
- Synthesize input from group and develop a shared body of knowledge



Today's Time Together

- Introductions
- The ACC in 2015: Kicking Off, Connecting Dots
- Panel Discussion
- SNAC Labs in 2015
- Wrap-Up and Adjourn



*The ACC in 2015:
Kicking Off,
Connecting Dots*

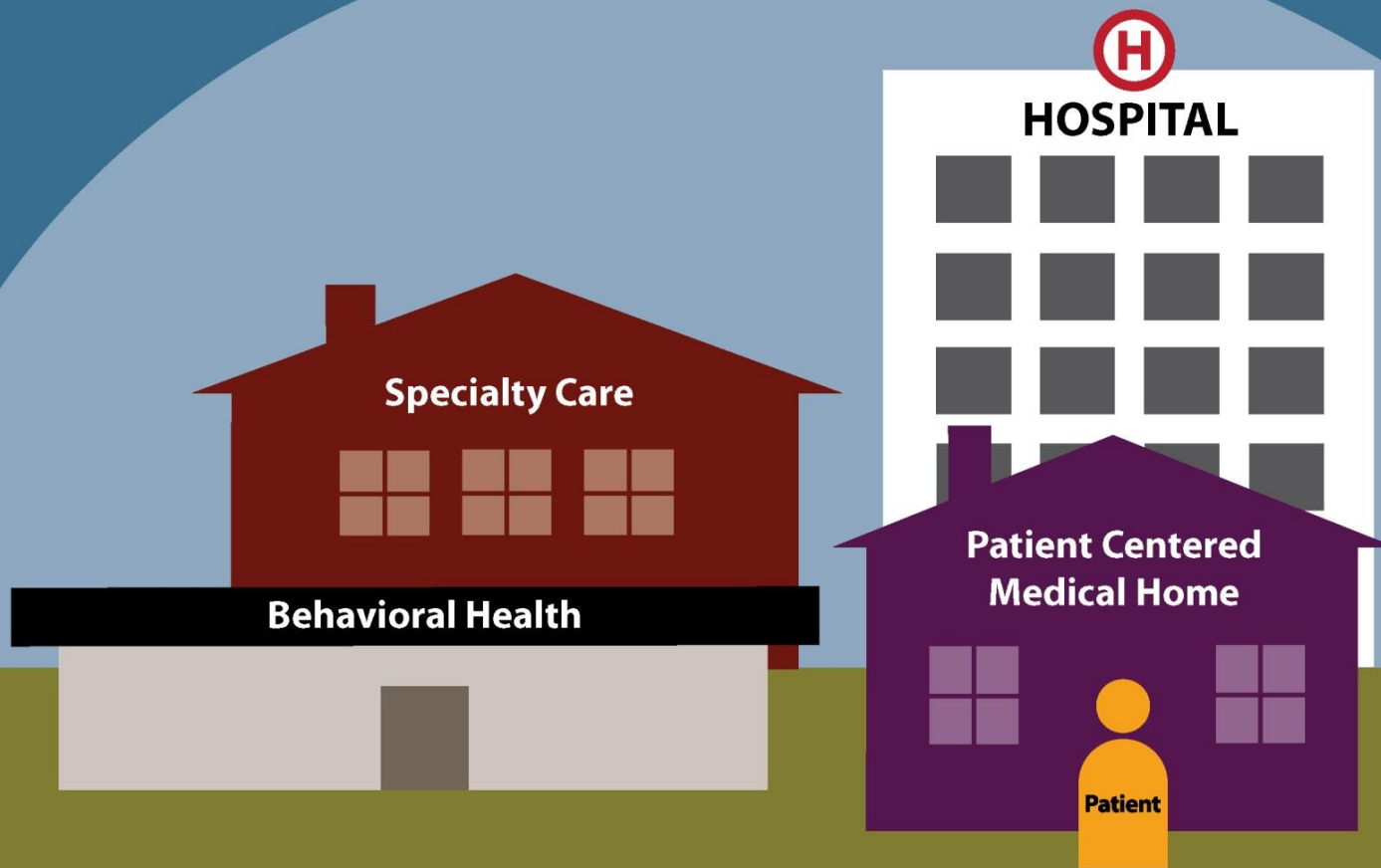
Three Takeaways

- The ACC is iterative: The program continues to evolve to include new populations and strategies.
- A spike in utilization among members enrolled fewer than six months in the program may suggest pent-up demand for services.
- The ACC achieved the greatest net savings for ACC members with disabilities.



How Accountable Care Works

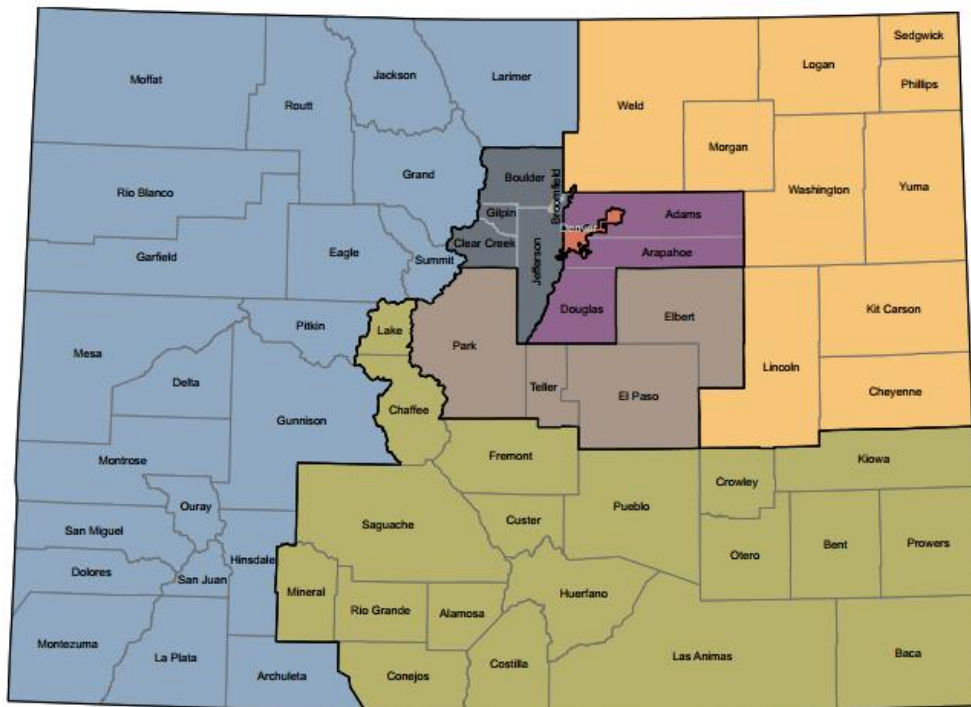
Care Coordination



Data and Analytics

Regional Care Collaborative Organizations

Map 1: Colorado's Accountable Care Collaborative Regional Care Collaborative Organizations

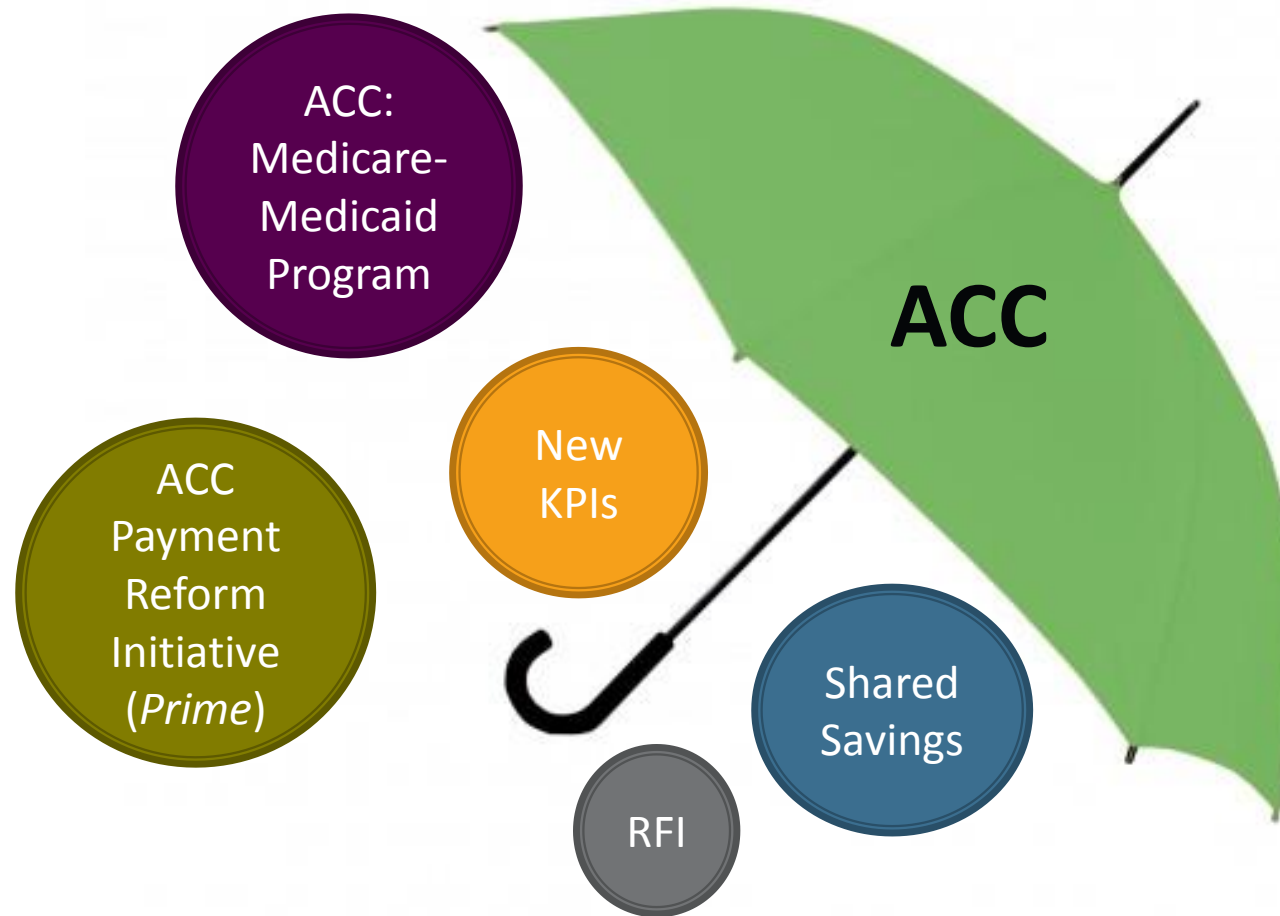


Region, RCCO Name	ACC Enrollment as of June 2014
Region 1: Rocky Mountain Health Plans	84,459
Region 2: Colorado Access	52,171
Region 3: Colorado Access	172,336
Region 4: Integrated Community Health Partners	74,755
Region 5: Colorado Access	49,118
Region 6: Colorado Community Health Alliance	82,954
Region 7: Community Care of Central Colorado	97,189

Source: Colorado Department of Health Care Policy and Financing



Under the ACC Umbrella



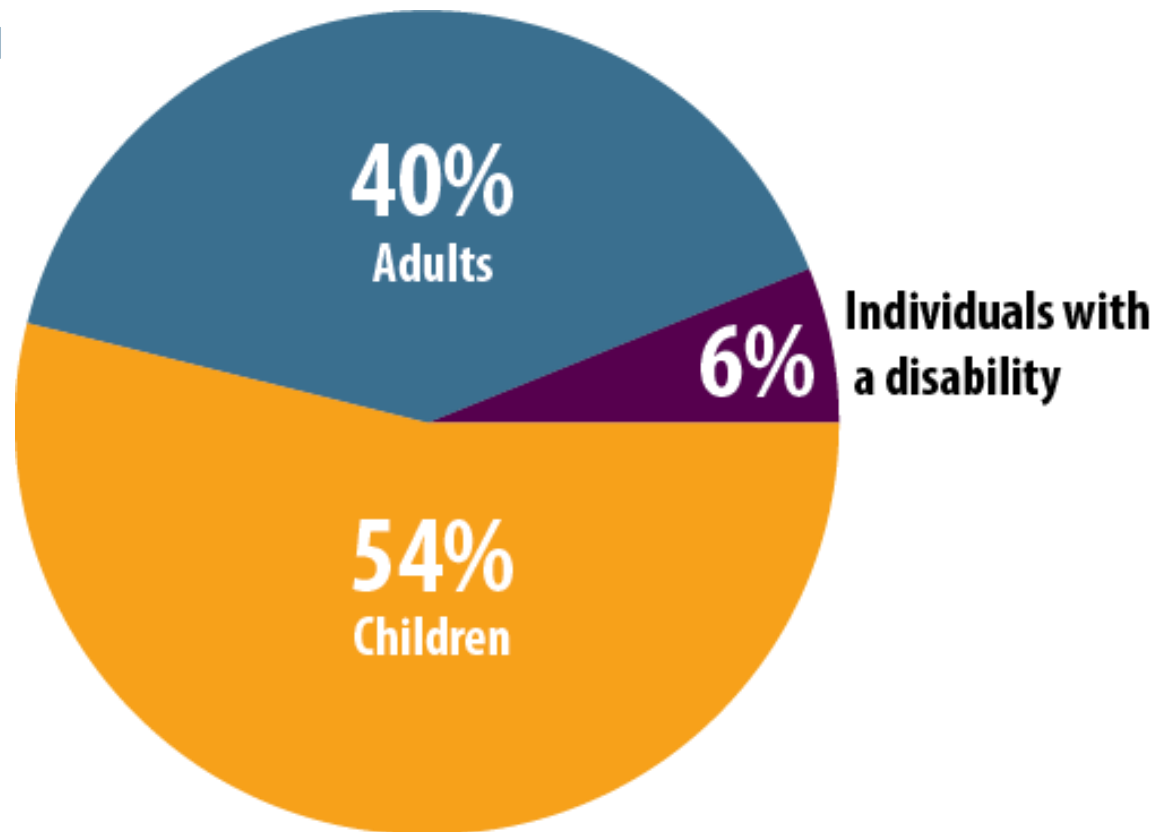


*Breaking Down the
ACC Annual Report*

609,051 and Counting

ACC Enrollment

Population,
as a percentage of total

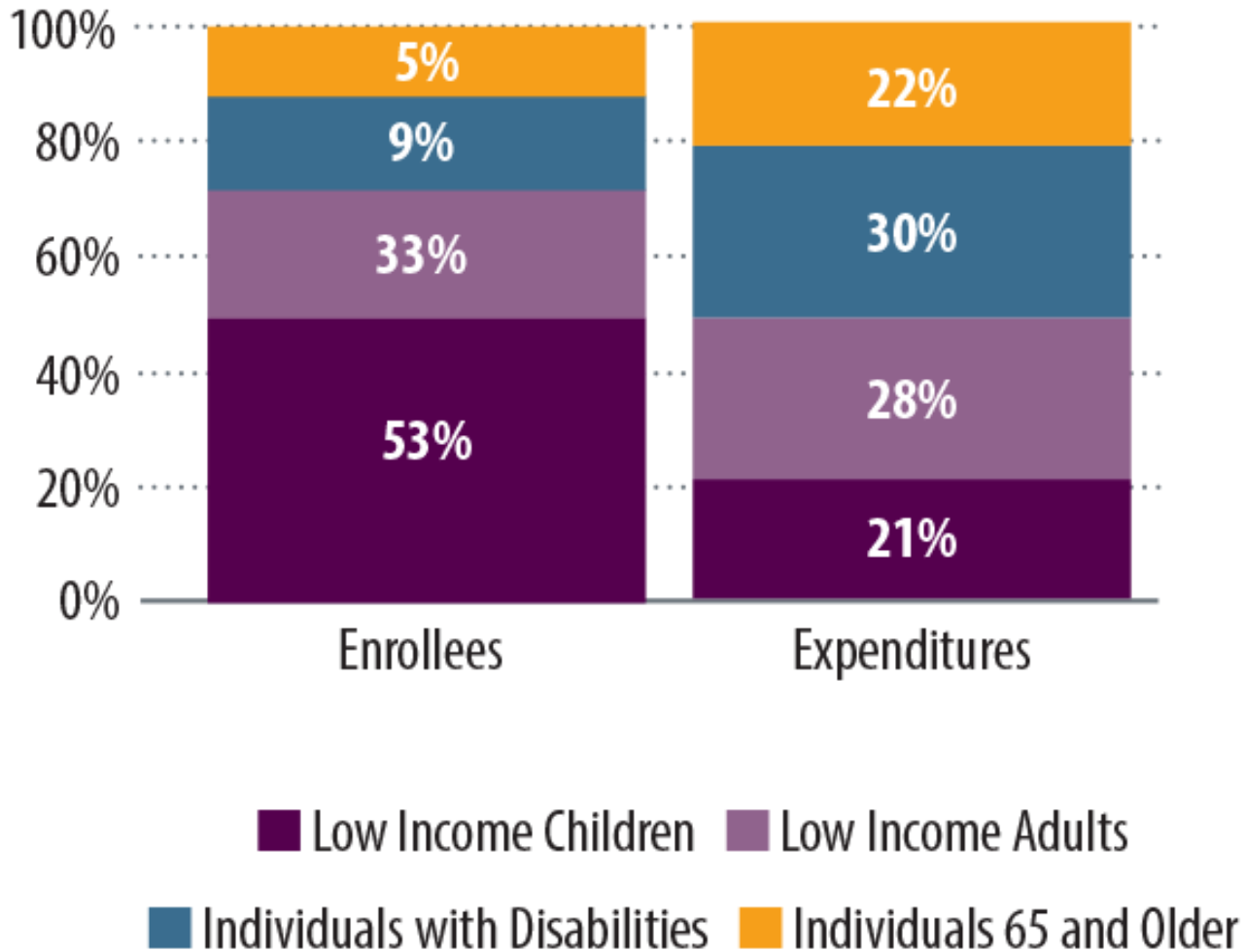


Net Savings: A Step in the Right Direction



- Members with disabilities achieved greatest net savings: \$67 million.
- No net savings achieved for children, expansion adults.

Minority of Enrollees, Majority of Costs



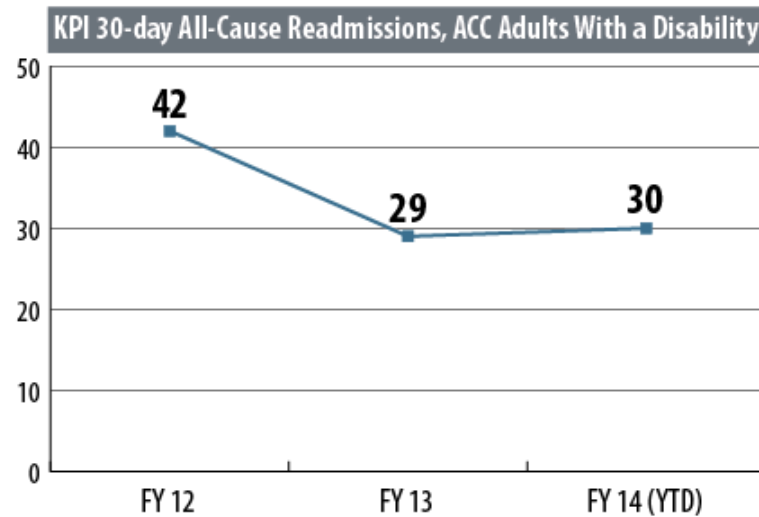
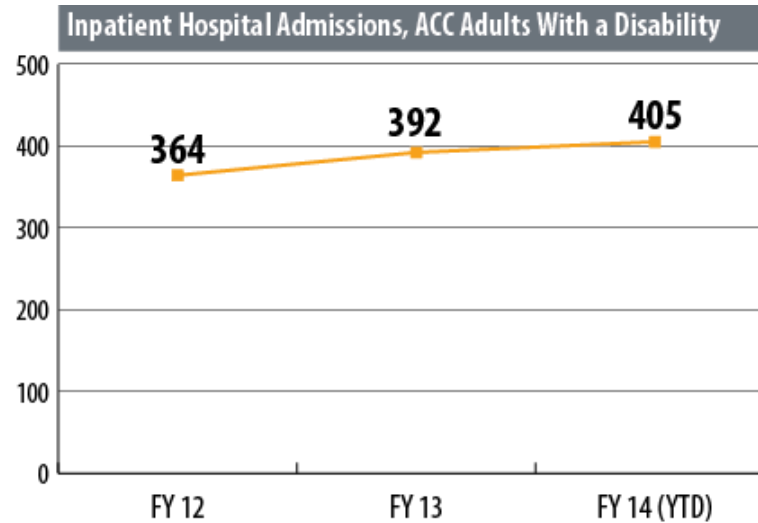
Source: HCPF Budget Request 2015-2016, Medical Services Premiums

The Pent-Up Demand Spike?

Number per 1,000 Members



What Story is This Telling?



Questions That Remain

- What safeguards ensure enrollees are receiving appropriate services?
- Would we expect to see savings for children?
- Are findings driven by variation in Regional Care Collaborative Organization (RCCO) approaches?



*Understanding the
ACC's Iterations*

Our Panelists

- ACC Payment Reform Initiative (RMHP Prime) -
 - **Patrick Gordon**, Associate Vice President, Rocky Mountain Health Plans
- ACC Evaluation -
 - **Greg Tung**, Assistant Professor, Colorado School of Public Health
- ACC: Medicare-Medicaid Program -
 - **Van Wilson**, Project Manager, Colorado Department of Health Care Policy and Financing



Medicaid Prime

CHI SNAC Lab | January 22, 2015



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What is Prime?

Payment

Reform

Initiative for

Medicaid

Expansion



What is Prime?

- Prime replaces Rocky's Medicaid (ASO) plan
- Prime supports:
 - Patient Centered Medical Home
 - Payment Reform – payment for value not volume
 - Serving more Medicaid eligible Members – increases capacity for the newly insured Medicaid expansion population
 - Sustainability for RHMP and the Community to care for people with Medicaid

How Does Prime Work?

- Members are **attributed** to their PCP – when there is a documented meaningful relationship between Provider and Member
- Important for the Member to see their PCP **at least once a year**
- Prime primary care providers receive a **monthly global payment** for each attributed patient
- This is a **community wide supportive approach** to provide better service to the Medicaid population. Partners include:
 - Primary Care Providers and Specialists
 - County Health/Social Services Departments and Public Health
 - Behavioral Health Organizations and Community Mental Health Centers
 - Hospitals
 - Employers
 - Community Partners
 - Quality Health Network



Medicaid Prime – the Basics

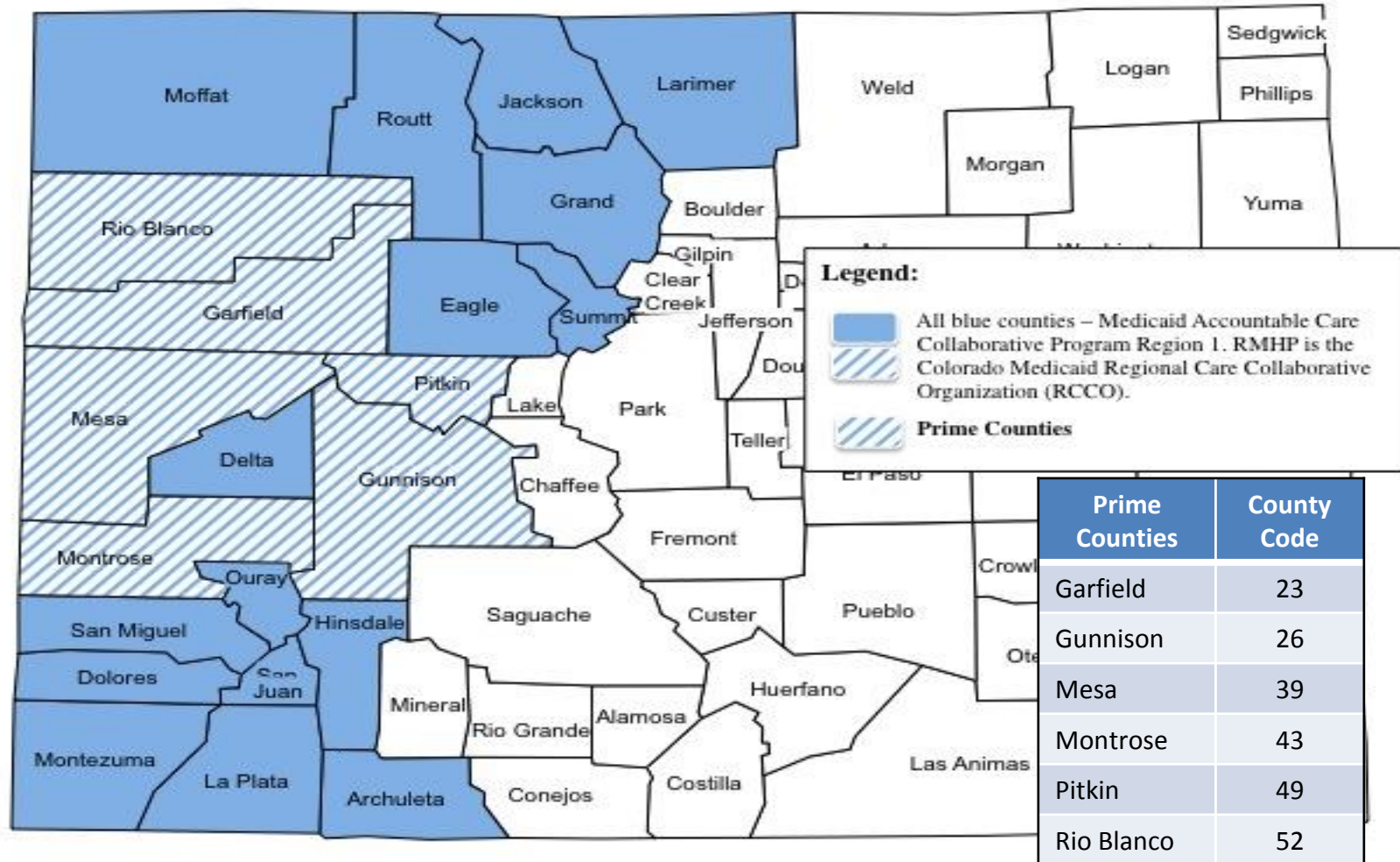
Plan	Medicaid ASO	Medicaid Prime	RCCO in counties participating in Medicaid Prime	RCCO
What is it?	Current RMHP Medicaid Plan	New RMHP Medicaid Plan	RMHP Facilitates Care	RMHP Facilitates Care
What's Happening? When?	Sunset 11/30/14	New 2014	Continuing	Continuing
Who Enrolls?	All Medicaid Members	Medicaid Adults & Qualified Disabled Kids	Medicaid Children	All Medicaid
Where? Medicaid members in which counties are affected*	Delta Mesa Moffat Montrose Ouray Rio Blanco San Miguel	Garfield Gunnison Mesa Montrose Rio Blanco Pitkin	Garfield Gunnison Mesa Montrose Rio Blanco Pitkin	Western Slope Counties not Participating in Medicaid Prime, and Larimer County
Who pays providers?	RMHP	RMHP	State	State

***Counties in Red:** All Medicaid ASO/HMO Members in these counties transitioned to RCCO. Medicaid Members in these counties will **not** be eligible for Medicaid Prime.

***Counties in Blue:** These counties were Medicaid ASO/HMO counties. Medicaid Members in these counties transitioned to either Medicaid Prime or RCCO.

***Counties in Green:** These counties were not Medicaid ASO/HMO counties. Medicaid Members in these counties will enroll in either Medicaid Prime or RCCO based on eligibility category.

Where is Prime?



Who is Eligible for Prime?

Enrolled in Prime in Prime Counties

- Adults who qualify for Medicaid and reside in a Prime county. This includes: expansion population, Medicare-Medicaid enrollees, and pregnant women.
- Adults and a small number of children who reside in a Prime county who qualify for Medicaid due to a disability status.

Enrolled in RCCO in Prime Counties

- Children who qualify for Medicaid and reside in a Prime county.

Eligibility Code	Eligibility Group	Eligibility Type – as shown in MMIS	Long Description
1	Adults 65+	OAP-A	Old Age Pension (Age 65+)
2	Adults 60-64	OAP-B-SSI	Old Age Pension (Age 61-64) - SSI
3	Disabled to age 59	AND/AB-SSI	Aid to the Needy Disabled/Aid to the Blind – SSI
4	Low-income parents/ expansion parents	MAGI P/C	MAGI Parents/Caretakers
7	Baby Care Adults	MAGI Preg	MAGI Pregnant Women
30	Adults without Dependent Children	MAGI Adults	MAGI Adults
31	Adult Buy-In	BuyIN WAWD	Working Adults with Disabilities (Adult Buy-In)



How do people enroll in Prime?

RMHP Medicaid Prime enrollment phased in started September 1, 2014

- **Initial transition - member notification and enrollment change**
 - From RMHP ASO to RMHP Medicaid Prime (for Prime-eligible members in Prime-eligible counties)
 - From RMHP ASO to RCCO (for Medicaid clients not eligible for Prime or not in a Prime county – e.g. most children)
 - From RCCO and Medicaid FFS to Prime (for Prime-eligible members in Prime-eligible counties)
 - Enrollment in RMHP ASO plan ended December 1

Ongoing enrollment process - similar to RCCO passive enrollment

- All Prime-eligible Medicaid enrollees living in a Prime-eligible county will be passively enrolled into Prime; individuals not eligible for Prime (mostly children) will be enrolled in the RCCO
- At this time due to system limitations, Prime-eligible Medicaid clients can not voluntarily call *HealthColorado* and request to be enrolled in Medicaid Prime

Prime Quality Measures and Targets

Measure	Target
Adult Body Mass Index – Patients 18-74 who were seen in the measurement year and had a BMI documented in the measurement year or year prior	82.33%
Antidepressant medication management (A) Effective acute phase treatment; and (B) Effective continuation phase treatment	56.05% 40.06%
Comprehensive Diabetes Care Percentage of patients 18-75 years of age with diabetes (Type 1 or Type 2) who had Hba1c >9.0%	28.95%
Patient Activation Measure (PAM) <ul style="list-style-type: none"> • RMHP to submit a PAM assessment report, with info such as: member, survey type, date, and score. • PAM roadmap report - year end assessment and roadmap for ongoing use of PAM data. 	Implement PAM in 10 PCMPs, serving in aggregate at least 50% of enrolled population.

Why is Prime Important



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- **Cost accountability is an essential aspect of the triple aim**
- **Fee-for-service payment is inflationary and ‘crowds out’ population-oriented processes in clinical settings**
- **Integration of financial structure is essential for integration of administrative, clinical and community processes**

How is Prime Different

- **Implementation of payment reform at provider level – not deck chair shuffling at the admin / contract level**
- **Creation of a global budget, specific cost targets and integrated interventions that cross contracts (e.g., CMHCs have a 30% share of any Prime savings)**
- **Community leadership and accountability – not corporate contracts and directives**

What has to happen, next?



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- **Substantial policy changes are necessary to sustain, optimize and scale this model:**
 - **Carve outs must be ended (actually or at least effectively).**
 - **‘Alternative payment model’ (non-encounter volume based payment methods) must be developed.**
 - **UPL: Federal financing dependent upon FFS hospital volume must be addressed and replaced with an alternate arrangement.**

Contact

For more Information about RMHP Medicaid Prime contact:

Patrick Gordon at
Patrick.Gordon@rmhp.org

Hearing From You

- How do you see these ACC iterations taking shape on the ground?
- What surprised you? What excited or concerned you?
- Are there other questions that we should be asking?



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An Exciting 2015

- Two Tracks: ACC and Access
- Culminating Event: Access to Care Summit
- Taking SNAC on the Road



Two-Track SNAC Labs: 2015



TRACK 1:
ACC

January 22

May 21

September 17

TRACK 2: Access

March 19

July 16

November 19

All SNAC Labs scheduled for 12:00 – 1:30 pm at the Colorado Health Institute.





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