

COLORADO MEDICAID REFORM ACCOUNTABLE CARE COLLABORATIVE (ACC)

What is it?

The ACC is Colorado Medicaid's new initiative to provide more cost effective and quality care. The Colorado Department of Health Care Policy and Financing (HCPF, which administers Medicaid in Colorado) has divided the state up into 7 regions and selected a Regional Care Collaborative Organization (RCCO) for each of these regions ([click here to see the counties in each region](#)). The RCCOs are responsible for providing patient education and support services for Medicaid clients. The RCCOs and CCHAP will assist practices with care coordination and in meeting Colorado's expectations for providers who wish to provide a medical home for children and/or adults on Medicaid ([link to expectations](#)). You can think of the RCCOs as Accountable Care Organizations (ACOs) and more details can be found on the link at the end of this article. Another feature of the ACC is that a private company (TREO) has been selected to provide practices and RCCOs with much better data on their Medicaid patients to help providers improve outcomes.

Timeline

The ACC is just beginning (**the initial phase**). Practices that have expressed an interest and have been selected to participate in the initial phase of the ACC will be required to sign a contract with HCPF as well as a contract with the RCCO for that region. The initial phase will only take place in selected communities within their region that each RCCO has selected. A **second phase** is planned for late fall this year. By the end of the second phase (end of the year) about 6,000 children on Medicaid and around 10-12,000 adults will be entered into each region of the ACC. An **expansion phase** is planned for July, 2012, lasting a year or more, during which Medicaid client participation and provider participation numbers will be increased.

CCHAP's Role

The ACC is a dynamic new program and CCHAP will continue to update you on new policies and changes as we learn about them. Only a few CCHAP-affiliated practices are participating in the initial phase. As these practices gain experience with the ACC, we will share what they have learned and help all CCHAP-affiliated practices prepare for the expansion phase that begins in July, 2012.

CCHAP is working closely with all 7 RCCOs assisting them in a variety of ways, as they prepare to work with private primary care practices. CCHAP will continue to provide the 15 support services for practices and children as long as the services are needed and not provided by RCCOs or other community organizations. CCHAP will continue to work closely with practice managers as they prepare their practice for participation in the ACC. CCHAP will continue to advocate for children on Medicaid and the practices that serve as a medical home for them.

Reimbursement:

Providers will continue to be paid fee-for-service under this program. CCHAP affiliated practices will also continue to receive the Medical Homes for Children enhanced reimbursement. CCHAP affiliated practices that participate in this initial phase and who take care of adult patients will receive \$4.00 per member per month (PMPM) for their adult Medicaid patients in addition to the enhanced reimbursement for children. Beginning in July 1, 2012 all participating providers will receive \$3.00 PMPM with a \$1.00 PMPM incentive withhold. Incentives will be earned based on the emergency department utilization rates, readmission rates and utilization of expensive imaging among their Medicaid patients. So, you will continue with your current higher reimbursement until July 1, 2012, whether or not you participate in the ACC. After that, the Medical Homes for Children enhanced reimbursement will no longer be paid and will be replaced by the \$3.00 PMPM once the provider signs on to participate in the ACC.

Even if you are not currently participating, please read the next page

Even though your practice is not participating in the initial phase, here is what you need to know:

Patient Attribution and “the letter”:

HCPF (Colorado Medicaid) is in the process of enrolling approximately 8,600 patients in each of the seven (7) RCCO regions, including approximately 2,900 children. ***The Accountable Care Collaborative Process is considered a passive enrollment process for patients.*** Passive enrollment is the process where patients are enrolled into a plan if they do not respond and choose a plan for themselves. When a client is passively enrolled into the ACC, the state’s database system (MMIS) enters an enrollment for them effective the first of the following month (typically about 45 days). The information is sent electronically to HealthColorado, who then sends out a packet of information. The packet gives the client information about the plans available to them, and gives them 30 days to opt-out of the ACC before it becomes effective. The Accountable Care Collaborative (each RCCO), Rocky Mountain Health Plan, Denver Health Medicaid Choice, the Primary Care Physician Plan, and Fee for Service (Regular Medicaid) are all considered plans.

This packet includes a letter that assigns the Medicaid member to the ACC, assigns them to an RCCO and assigns them to a particular ACC contracted primary care provider (PCMP) (please see below under “More information” for a link to the letter templates). **Many families need help in understanding the letters. Some families do not receive the letter. There is a chance that your patient will be assigned to another provider (another medical home).** If the client does not respond to the letter, the patient will be enrolled in the ACC, assigned to the RCCO for the region in which the patient lives and assigned to a provider. The method that HCPF uses to assign patients to their correct medical home has some problems. Some patients are being mis-assigned. Patients have the option to select a different PCMP (medical home) than appears on the letter. If your patient has inadvertently been assigned to another practice, ***the patient must call Health Colorado to make any changes! Clients may call to change doctors within the plan at any time.*** If a client calls to change doctors, the effective date of the change is the first of the month after the request is made. If you see the patient at a time when they are assigned to another PCMP, you will still be paid Medicaid fee-for-service, but will not be eligible for the PMPM until the patient changes their provider selection.

If a client calls HealthColorado to remove themselves from the ACC plan within the first 30 days, the enrollment is voided out of the system and never becomes effective for the client. If the client does not respond to the letter, the client is then enrolled into the ACC. Once the enrollment has become effective, the client can still disenroll from the plan for the next 90 days by calling HealthColorado to disenroll. If the client calls, the change in enrollment is effective the first of the month after the change is requested. ***After the first 90 days, the client can only change plans once a year during their open enrollment.*** Open enrollment is the two months before the month of birth. If a client calls during their open enrollment to change plans, the effective date of the change is the first day of their month of birth. Non-participation in the ACC will not affect the patient’s Medicaid eligibility or Medicaid services.

You and your practice staff need to be knowledgeable about the letter that will be mailed to patients so that you can help explain the importance of this letter and counsel your patients appropriately, should they desire to make any changes. Here are some possible strategies:

Proactively educate your patients about this letter using one or more of these methods:

- In person when the patient is in the office
- A posted notice in the office where patients can see it
- When parents of children on Medicaid call the office
- A handout

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- Encourage your patients to call your office if they need help with the letter.

Explain the Health Colorado letter to the patient: (Remember, not all patients will receive this letter!)

- "You may get enrolled in a new Medicaid health plan. This plan does not affect your eligibility for Medicaid, nor does it affect the services that you can receive."
- "You may get a letter in the mail that looks like this (show them the template)"
- "If you receive this letter, make sure that our office or one of our physicians is listed as the **Primary Care Medical Provider** in the letter" - "If we are, you need not do anything else"
- "If no assigned provider is listed or if another practice/physician is listed in the letter as the PCMP, make sure you **call 303-839-2120 immediately** to have that changed to our practice/physician". Help the patient make the phone call if possible.
- Explain to the patients that "If you do not wish to participate in this plan, call 303-839-2120 immediately. Participation in this plan or not participating in this plan in no way effects your Medicaid benefits."
- **IMPORTANT:** If your practice will not be participating in the initial phase of the ACC, and your patients receive a letter assigning them to the ACC, you should advise your patient to call and opt out of the ACC and back into regular fee for service Medicaid so they can continue as your patient.

To participate:

Providers interested in participating in the program may contact the [RCCO in their area](#). CCHAP staff are available to help you think through whether or not to participate in the early phases or wait until later to participate. We have helped a number of practices with this decision. CCHAP is working closely with the RCCOs with the offer to do whatever we can to help make the initial phase (pilot phase) successful.

More information:

For more information and document links, please see this web page:

<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1233759745246>

As always, CCHAP is here to help you with information and support. Feel free to contact:

Kevin Heckman (CCHAP administrator): Kevin.heckman@childrenscolorado.org, 720-777-6309

Steve Poole, M.D., steven.poole@childrenscolorado.org, 720-777-6004

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