

Regional Care Collaborative Organization

Pay for Performance

Grants Program



Overview

The Accountable Care Collaborative (ACC) is a program that gives Medicaid clients full benefits while emphasizing coordinated care and good health outcomes. It saves taxpayer dollars by rewarding Regional Care Collaborative Organizations (RCCOs) and primary care medical providers (PCMPs) for care coordination and the wise use of health services—not just for delivering a high volume of services.

Through the ACC program, the Medicaid delivery system is redesigned to be person-centered and fully integrated, so Medicaid clients have the best possible health outcomes while the state controls costs. Eventually, the ACC will fully integrate physical health care, behavioral health care, dental care and community services care for members. In the meantime, RCCOs are working toward more integration between physical and behavioral health. Additionally, the ACC is moving away from a strict medical model toward a model that supports all the community resources and supports that make Coloradans healthier.

The goals of the ACC are to improve health outcomes, improve the member and provider experience, and contain costs; and are measured according to the key performance indicators. The major strategies the ACC uses to reach these goals are:

- Regional Care Collaborative Organizations (RCCOs) to develop local networks of healthcare services and non-medical services, and connect Medicaid clients to care (RCCOs)
- Medical Homes, called primary care medical providers (PCMPs)
- Data-based planning and decision making, using the expertise of a Statewide Data and Analytics Contractor (SDAC)
- Gradual introduction of payment strategies that reward good outcomes rather than rewarding the delivery of a high volume of services

Pay for Performance Grants Program

Colorado Access was awarded performance incentive funds for meeting or exceeding performance targets in one or more of the three current Key Performance Indicators: ED utilization, Well Child Rate, and Post-Partum Visit Rate. To further the successes in the ACC Program, Colorado Access has decided to re-invest these performance incentive funds within our RCCO regions, in the form of a grant.

Goals of the program:

Grants will be made to projects that focus on the Accountable Care Collaborative (ACC) program goals, performance metrics, and/or strategies, which include, but are not limited to:

- Member activation and/or satisfaction
- HbA1c for adults with diabetes
- Emergency room visits
- Postpartum care
- Well child checks for children ages 3-9.
- Care for members with chronic conditions
- Adolescent and adult depression screening (billed FFS).
- Adolescent well care (for people ages 13-20)
- Evaluation and management claim within thirty (30) days of hospitalization
- Cost of care
- Care coordination models that do not mirror the elements of delegated care management (e.g. community health worker models)
- Integrated care
- Attribution/connection to a Medical Home

Grants Cycle:

- Application submission is rolling. Interested applicants may apply at any time, beginning December 1, 2015.
- Applicants are eligible for one-time funding per funding cycle. Each funding cycle is a rolling 12-month period dependent on when the application is received and approved.
- Applications should focus on single year projects. Upfront commitments will not be made to multi-year projects.

Application Requirements:

- Please complete all required questions. Only completed applications will be considered for funding.
- Applications must include a signature from the organization's leadership.
- Suggested application length is 3-5 pages, not including optional supplemental documents or partnership letters.
- Only projects that align with one of the defined goals of the grants program are eligible for funding. Projects that do not align with the program's goals will not be considered.

Funding Restrictions:

- Grants will be awarded up to \$50,000 per grant. Our grants committee reserves the right to not fund the fully requested amount with justification.
- Funds must be used to directly impact the Medicaid ACC population.
- Funding cannot duplicate existing sources of funding or be used to fund current work.
- The Center for Medicare & Medicaid Services (CMS) stipulates how these funds can be spent. If you are seeking to use project funds to offset costs, please note that these funds cannot be used for the direct benefit of non-ACC patients. Grant funds can be used for the following allowable costs:
 - Fixed costs, such as EHR licensing fees or credentialing fees associated with a Medicaid-enrolled provider that will be providing a new service within the practice.
 - Requests for capital to support the construction, expansion, or renovation of clinic space will be considered in limited circumstances. In such circumstances, applicants must demonstrate how such funding will be integral to the achieving the goals of the project.
 - Variable costs, such as administrative costs, must be reflected as a percentage of the Colorado Medicaid ACC payer mix within the practice.
 - Examples of administrative costs include, but are not limited to the expense related to implementation of the project as it relates to staff time, training, documentation, or new clinical work flows.
- The majority of grant funds will be paid out at the start of the grant period. Five percent of funds will be withheld and paid out upon completion and submission of the final report.

Reporting Requirements:

- Grantees are required to submit a final report at the end of the grant period, which will address the measurable indicators associated with the project.
- The final report will be due 15 months from the start of the grant period to allow for claims run-out and sufficient data reporting.
- We will provide technical assistance upon request to evaluate relevant utilization data.

Our Grants Committee:

Our internal grants committee (The Committee) is made up of representatives from RCCO, population health, quality, decision support and executive leadership. The Committee reserves the right to decline funding for a project for any reason, and will provide justification in writing to the applicant.

Application

Narrative

1. Provide a **brief overview of your practice or clinic system, including geographic area and the populations served.**
2. Provide an overview of the proposed project. Please include justifications for the following:
 - a. How the project aligns with evidence-based and/or best practices.
 - b. How the project aligns with the needs of your population.
3. Describe **in detail** how the project aligns with the ACC program and the defined goals of the RCCO and the grants program.

Specify which program goals, performance metrics, and/or strategies your project will seek to address:

- Member activation and/or satisfaction
 - HbA1c for adults with diabetes
 - Emergency room visits
 - Postpartum care
 - Well child checks for children ages 3-9
 - Care for members with chronic conditions
 - Adolescent and adult depression screening (billed FFS)
 - Adolescent well care (for people ages 13-20)
 - Evaluation and management claim within thirty (30) days of hospitalization
 - Cost of care
 - Care coordination models that does not mirror the elements of delegated care management (e.g. community health worker models)
 - Integrated care
 - Attribution/connection to a Medical Home
4. Describe how the project's success will be defined and measured over the course of funding. Please include the targeted outcome, the numerator and denominator that will be used to calculate measurable indicator, and any data methodology that will be applied to measure improvements over time.
 5. Grant funds may only be used to serve the Medicaid ACC population. Please describe how the project will directly impact the Medicaid ACC population.

Budget

- 1. Please provide a copy of the project's budget. Applicants are free to create their own budget template to allow for alignment with agency budgets.**
- 2. Please provide a budget narrative for the budget category. As reminder, funds must be directly used to benefit Medicaid ACC clients, and costs associated with this request must be reflective of the Medicaid ACC payer mix within the practice. Please reference the funding restrictions section for additional information.**

Submission of Materials:

Please submit all materials electronically to:

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