

ACCOUNTABLE CARE COLLABORATIVE BY THE NUMBERS

Source: 2014 Accountable Care Collaborative Annual Report

Seven regional care organizations - [Regions](#) are based on geography, providers and care networks.

Hospital readmissions: Medicaid members without disabilities enrolled in the Accountable Care Collaborative (ACC) for more than six months, had **33 percent fewer hospital readmissions** than those enrolled fewer than six months, or not enrolled at all.

High-cost imaging services: Medicaid members enrolled in the ACC for more than six months, used 35 percent **fewer** imaging services than those not enrolled.

- Adults without disabilities used **16 percent fewer** imaging services,
- Children without disabilities used **19 percent fewer** imaging services, and
- ACC members with disabilities used **about 3 percent fewer** imaging services than non-members.

Emergency room (ER) visits: Adults without disabilities enrolled in the ACC at least six months had **8 percent fewer ER visits** than adults not enrolled. Children without disabilities had about the same rate of visits for those enrolled and not enrolled, and ACC members with disabilities had slightly more visits than those not enrolled.

Well-child visits: About **50 percent** of children under age 18 in the ACC received at least one well-child visit this year.

Children with disabilities enrolled in the ACC **increased** their doctor visits by six percent and **decreased** emergency room visits by seven percent. Care delivered in a doctor's office is substantially less expensive than an ER visit.

58 percent of Medicaid members were enrolled in the program as of June 2014.

Approximately **\$14 million reinvested into providers** by the program.

Approximately **\$100 million** in gross program savings (\$31 million in net savings).



Program Performance Comparison Chart by Fiscal Year (FY)

	FY 2011-12	FY 2012-13	FY 2013-14
Number Enrolled*	132,000	352,000	609,000
Estimated Gross Savings	\$20 million	\$44 million	\$100 million
Net Savings after payments to providers and for care coordination	\$3 million	\$6 million	\$31 million
	Provider Payments		
Amount Reinvested in Providers	\$3 million	\$6 million	\$14 million (includes incentive payments)

*Enrollment as of end of state fiscal year

	Key Performance Indicators		
	FY 2011-12	FY 2012-13	FY 2013-14
Hospital Readmissions	8.6% reduction	15-20% reduction	33% reduction for adults and children**
High-Cost Imaging	3.3% reduction	25% reduction	35% reduction for adults and 19% reduction for children
Emergency Room Utilization		.23% increase (compared to a 1% increase among all Medicaid clients)	8% reduction among adults enrolled six months or more, and 1% increase for kids

**Numbers are for ACC members without disabilities

Key Performance Indicators

The tables below show how many emergency room visits, hospital readmissions, and high-cost imaging services were used by clients with disabilities, adults without disabilities and children without disabilities. The tables compare those who were not enrolled in the ACC, those who were enrolled for fewer than six months, and those enrolled for more than six months.



Clients with Disabilities (Per 1,000 clients)

	Not Enrolled	Enrolled Fewer Than 6 Months	Enrolled More Than 6 Months
ER Visits	1,258	1,329	1,354
Hospital Readmissions for Same Diagnosis	29	35	30
High-Cost Imaging	700	696	681

Adults without Disabilities (Per 1,000 clients)

	Not Enrolled	Enrolled Fewer Than 6 Months	Enrolled More Than 6 Months
ER Visits	900	1,047	824
Hospital Readmissions for Same Diagnosis	6	6	4
High-Cost Imaging	213	277	179

Children without Disabilities (Per 1,000 clients)

	Not Enrolled	Enrolled Fewer Than 6 Months	Enrolled More Than 6 Months
ER Visits	802	820	808
Hospital Readmissions for Same Diagnosis	6	6	4
High-Cost Imaging	188	204	165

For more information visit [Colorado.gov/hcpf](https://colorado.gov/hcpf)

