

Accountable Care Organizations

The Department of Health Care Policy and Financing (HCPF) is spearheading an Accountable Care Collaborative initiative that creates a platform for development of full-blown accountable care organizations (ACOs). The department has divided the state into seven health care service regions. In each region, a Regional Care Coordinating Organization (RCCO) will be responsible for health and affordability goals established by the department. The coordinating organizations will develop and organize the provider network in their regions; provide technical assistance on such things as medical home practice redesign and implementation of new health information technologies; and help coordinate care and care transitions between health care settings. HCPF plans to issue a request for proposal for entities to serve as RCCO in spring 2010 and award contracts by the end of the year.¹

Colorado has promulgated some but not all the guidelines, rules and regulations required for wide-scale implementation of full-blown accountable care organizations. The state is putting systems in place to allow ACOs to capture, analyze and share clinical information with providers across care settings and to track costs. HCPF is developing standards for RCCOs. The Division of Insurance has licensure rules for full-blown ACOs that assume full financial risk for the care of a defined population. Colorado has not, however, addressed anti-trust issues that may arise when an accountable care organization dominates a local market. It also may need to provide additional guidance on professional liability arrangements for ACO providers that share accountability for the overall cost and quality of care.

Several Colorado managed care organizations have many of the features of an accountable care organization. Two of the best-known are Denver Health and Kaiser Permanente. Providers in these integrated health care systems accept joint responsibility for the quality and cost of care received by their panel of patients, serve a defined patient population, receive financial incentives to contain costs and improve quality through provider collaboration, coordinate care, and give performance feedback to their providers.

This Colorado supplement accompanies an NCSL issue brief on the same subject.

NCSL gratefully acknowledges the financial support for this publication series from The Colorado Health Foundation and Rose Community Foundation of Denver, Colorado.

NCSL Contact:
Richard Cauchi
Health Program
NCSL—Denver
303.856.1367
dick.cauchi@ncsl.org

1. For more information, go to the Accountable Care Collaborative Web page at <http://www.colorado.gov/cs/>