



**RAE Administrative Payment Report  
for  
RAE and RMHP Prime Payment Reform Initiative**

Rocky Mountain Health Plans  
Regional Accountable Entity, Region 1

**Reporting Period - Initial Submission  
Report Submission Date: July 1, 2018**

RAE Name: Rocky Mountain Health Plans    Region: 1

Date Submitted: June 29, 2018

**Instructions:** Please fill out the following table with all payment arrangements made with providers in your network.

#	Type of Arrangement	Description	% of Practices	Practice characteristics	% of total number of practices	Comments
1	PCMP Tier 1	Comprehensive RMHP Population Health Partner	28 Practice sites out of 189 attested initially at this level (15 percent)	CPC+ Participant Track 2 or PCMP Level 3 Recognized	15 percent of PCMP practice sites	See attached for Reimbursement Enhancement and Resource Supplementation
2	PCMP Tier 2	Advanced Participation	52 Practice sites out of 189 attested initially at this level (28 percent)	Masters 2 Graduate, or CPC Classic Graduate, or Current CPC+ Track 1 Participant	28 percent of PCMP practice sites	See attached for Reimbursement Enhancement and Resource Supplementation
3	PCMP Tier 3	Foundations Participation	45 Practice sites out of 189 attested initially at this level (24 percent)	Graduate of RMHP Foundations or SIM For Larimer County practices where RMHP practice transformation programs have been unavailable, other structured foundational work will be considered	24 percent of PCMP practice sites	See attached for Reimbursement Enhancement and Resource Supplementation
4	PCMP Tier 4	Basic Participation	64 Practice sites out of 189 attested initially at this level (34 percent)	No historical practice transformation work completed; may be engaged in RMHP Foundations or SIM	34 percent of PCMP practice sites	See attached for Reimbursement Enhancement and Resource Supplementation
5	Risk sharing agreement	Advanced payment model with sub-capitation, shared risk for inpatient and outpatient services, and eligibility for a share of BH incentive payments	All CMHCs (four) in RAE Region 1	All CMHCs in Region 1		This model has been reviewed with the Department.

#	Type of Arrangement	Description	% of Practices	Practice characteristics	% of total number of practices	Comments
5	<p>Comprehensive BH RMHP Partner</p> <p>Advanced Payment Model</p>	<p>Comprehensive BH RMHP Partner</p> <p>Advanced payment model, such as sub-capitation or case rate, with eligibility for a share of BH incentive payments, such as for superior benchmark performance in inpatient and/or emergency department utilization by Members served.</p>	<p>None at this time</p> <p>To be determined</p>	<p>Eligible providers include:</p> <ul style="list-style-type: none"> <li>• Qualified and licensed behavioral health providers (including mental health and substance use disorder) who successfully complete RMHP contracting and credentialing process</li> <li>• Minimum of 100 unique Members annually</li> <li>• Providers that can exceed all assessment and documentation requirements, and can fulfill more extensive reporting requirements necessary to support effective administration of the capitated behavioral health benefit, with limited support from RMHP.</li> </ul> <p>Competencies include:</p> <ul style="list-style-type: none"> <li>• Common service planning,</li> <li>• RAE care coordination linkages</li> <li>• Participation in the RAE independent network advisory council,</li> <li>• Participation in the quarterly quality improvement meetings</li> </ul>	<p>None at this time</p> <p>To be determined</p>	<p>This type of arrangement is being developed at this time. It is a function of available data, accumulated data and experience.</p>
6	<p>Preferred Behavioral Health</p> <p>Eligible for shared behavioral health incentive payments</p>	<p>Preferred Behavioral Health</p> <p>Basic, fee-based reimbursement, with eligibility for a share of BH incentive payments, in alignment with efficient documentation and engagement requirements.</p>	<p>None at this time</p> <p>To be determined</p>	<p>Eligible Providers include:</p> <ul style="list-style-type: none"> <li>• Qualified and licensed behavioral health providers (including mental health and substance use disorder) who successfully complete RMHP contracting and credentialing process, and</li> <li>• BH providers wishing to participate in a pay for performance arrangement, and</li> <li>• BH providers who agree to collaborate with the Member’s integrated care team, and</li> <li>• Are committed to serving Health First Colorado Members.</li> </ul>	<p>None at this time</p> <p>To be determined</p>	<p>This type of arrangement is being developed at this time. It is a function of available data, accumulated data and experience.</p>

#	Type of Arrangement	Description	% of Practices	Practice characteristics	% of total number of practices	Comments
7	Basic BH No pay-for-performance	Behavioral Health Basic Participation Basic, fee-based payment No pay-for-performance	To be determined, depending on provider participation	Eligible Providers include: • Qualified and licensed behavioral health providers (including mental health and substance use disorder) who successfully complete RMHP contracting and credentialing	To be determined, depending on provider participation	
8	RMHP Prime payment reform initiative	Retention of savings within the RMHP Prime global budget is contingent upon achievement of quality performance measures.	Dependent on practices achieving quality targets necessary to qualify for payments	Upon achievement of quality performance measures, any shared savings is shared as such: 60% to primary care providers 30% to community mental health centers 10% retained by RMHP	Dependent on practices achieving quality targets necessary to qualify for payments	

Optional Historical Context:

**RMHP ACC Payment Arrangements Report – Supporting material**

**RMHP Primary Care Medical Provider - Tier Descriptions**

<b>Tier 1 – Comprehensive RMHP Population Health Partner</b>	
<b>Profile</b>	
<b>CPC+ participant Track 2 or PCMH Level 3/ Recognized</b>	
<b>Demonstration</b>	
<ul style="list-style-type: none"> <li>• Able to report a minimum of 6 CQMs from RMHP eCQM Measurement Suite from a certified EMR Dashboard (FQHCs may report from the Azara registry)</li> <li>• Meet performance benchmarks on 6/6 measures (<i>See Measurement Suite for benchmarks</i>)</li> <li>• Performs satisfactorily (80%) on RMHP Tier 1 Assessment performed quarterly</li> <li>• Provides current documented Executed Care Compact with at least <b>three</b> major or critical specialties</li> <li>• Open to Medicaid Patients</li> <li>• Medicaid APM/ FQHC APM Score = (at least) 76 - 100%</li> <li>• Use of RMHP designated applications required for Reunion FQHCs and available to others</li> </ul>	
<b>Reimbursement Enhancement</b>	
<ul style="list-style-type: none"> <li>• RMHP RAE = Estimated \$5 to \$6 PMPM (contingent upon region-wide attestations and attribution)</li> <li>• Medicaid APM percent FFS Enhancement on the Department FFS = 3 - 4%+ (or as per Medicaid APM Score) or FQHC Value Based APM/ percent FFS reduction</li> <li>• Eligible for Department auto-attribution revenue for potential patients (Member outreach activities may be required)</li> <li>• Eligible for RMHP <i>Community Integration Agreement</i> to fund behavioral health, SDoH and related services.</li> </ul>	
<b>Incentive Eligibility</b>	
<ul style="list-style-type: none"> <li>• Eligible for KPI Pool distributions – relative to TCR</li> </ul>	
<b>Resource Supplementation</b>	
<ul style="list-style-type: none"> <li>• Enhanced RMHP assistance in placing complex, resource intensive patients</li> <li>• Attribution and Feedback Reports</li> <li>• Eligible for Consultative Practice Transformation Resources</li> <li>• Eligible for Health Engagement Team/Community Health Worker resource</li> <li>• Eligible for RMHP designated applications with technical assistance</li> <li>• Eligible for \$5 to \$10K bonus for AHCM screening participation</li> </ul>	

## RMHP ACC Payment Arrangements Report – Supporting material

### RMHP Primary Care Medical Provider - Tier Descriptions

Tier 2 – Advanced Participation	
<b>Profile</b>	
<b>Masters 2 Graduate or CPC Classic Graduate or Current CPC+ Track 1 Participant</b>	
<b>Demonstration</b>	
	<ul style="list-style-type: none"><li>• Able to report minimum of 6 CQMs from the RMHP eCQM Measurement Suite from a certified EMR Dashboard (FQHCs may report from the Azara registry)</li><li>• Meet benchmark performance (CMS 70th percentile) on 4/6 (<i>See Measurement suite for Benchmarks</i>)</li><li>• Performs satisfactorily (80%) on RMHP Tier 2 Assessment performed quarterly</li><li>• Provides current copy of Executed Care Compact with at least one major or critical specialty</li><li>• Open to Medicaid patients. Equitable panel management processes permitted, with disclosure of tools and protocols to RMHP. Processes subject to review by RMHP. Current Medicaid attribution levels maintained at a minimum.</li><li>• Medicaid APM/ FQHC APM Score = (at least) 51 - 75%</li></ul>
<b>Reimbursement Enhancement</b>	
	<ul style="list-style-type: none"><li>• RMHP RAE = Estimated \$4 to \$5 PMPM (contingent upon region-wide attestations and attribution)</li><li>• Medicaid APM percent FFS Enhancement on the Department FFS = 2 - &lt;3%+ (or as per Medicaid APM Score) or FQHC Value Based APM/ percent FFS reduction</li><li>• Eligible for Department auto-attribution revenue for potential patients (Member outreach activities may be required)</li></ul>
<b>Incentive Eligibility</b>	
	<ul style="list-style-type: none"><li>• Eligible for KPI Pool distributions – relative to TCR</li></ul>
<b>Resource Supplementation</b>	
	<ul style="list-style-type: none"><li>• Attribution and Feedback Reports</li><li>• Eligible for Practice Transformation Resources for NCQA PCMH recognition with application fee reimbursement</li><li>• Eligible for Consultative Practice Transformation Resources</li><li>• Eligible for Health Engagement Team/Community Health Worker resource</li><li>• Eligible for RMHP designated applications with technical assistance</li><li>• Eligible for \$5 to \$10K bonus for AHCM screening participation</li></ul>

**RMHP Primary Care Medical Provider - Tier Descriptions**

<b>Tier 3 – Foundations Participation</b>
<b>Profile</b>
<p><b>Graduate of RMHP Foundations or SIM</b>  <b>(For Larimer County practices where RMHP practice transformation programs have been unavailable, other structured foundational work will be considered)</b></p>
<b>Demonstration</b>
<ul style="list-style-type: none"> <li>• Able to report minimum of 6 CQMs from the RMHP eCQM Measurement Suite from a certified EMR Dashboard (FQHCs may report from Azara)</li> <li>• Meet benchmark performance (CMS 70th percentile) on 2/6 (<i>See Measurement suite for Benchmarks</i>)</li> <li>• Performs satisfactorily (80%) on RMHP Tier 3 Assessment performed every 6 months</li> <li>• Open to Medicaid patients. Intermittent or limited availability for new Medicaid Members</li> <li>• Medicaid APM/ FQHC APM Score = (at least) 26 - 50%</li> </ul>
<b>Reimbursement Enhancement</b>
<ul style="list-style-type: none"> <li>• RMHP RAE = Estimated \$3 to \$4 PMPM (contingent upon region-wide attestations and attribution)</li> <li>• Medicaid APM percent FFS Enhancement on the Department FFS = 1% - &lt;2%+ (or as per Medicaid APM Score) or FQHC Value Based APM/ percent FFS reduction</li> </ul>
<b>Incentive Eligibility</b>
<ul style="list-style-type: none"> <li>• Eligible for KPI Pool distributions – relative to TCR</li> </ul>
<b>Resource Supplementation</b>
<ul style="list-style-type: none"> <li>• Attribution Reports</li> <li>• Feedback Reports upon request</li> <li>• Practice Transformation Resources with \$10K incentive for Masters 1 and Masters 2 successful program participation</li> </ul>

**RMHP ACC Payment Arrangements Report – Supporting material**

***RMHP Primary Care Medical Provider - Tier Descriptions***

<b>Tier 4 – Basic Participation</b>
<b>Profile</b>
<b>No historical practice transformation work completed; may be engaged in RMHP Foundations or SIM</b>
<b>Demonstration</b>
<ul style="list-style-type: none"><li>• None, or</li><li>• Current involvement in Foundations or SIM</li><li>• Medicaid APM/ FQHC APM Score = (at least) 0 - 25%</li></ul>
<b>Reimbursement Enhancement</b>
<ul style="list-style-type: none"><li>• RMHP RAE = \$2 PMPM base program reimbursement.</li><li>• Medicaid APM percent FFS Enhancement on the Department FFS = &lt;1% or as per Medicaid APM Score or FQHC Value Based APM/ percent FFS reduction</li></ul>
<b>Incentive Eligibility</b>
<ul style="list-style-type: none"><li>• Eligible for KPI Pool distributions – relative to TCR</li></ul>
<b>Resource Supplementation</b>
<ul style="list-style-type: none"><li>• Attribution Reports</li><li>• Feedback Reports upon request</li><li>• Practice Transformation Resources with \$10K incentive for Foundations program participation</li></ul>