## **RAE Administrative Payment Report**

## RAE Name: Rocky Mountain Health Plans Region #1 Period Covered SFY 2019-20

**Instructions:** Please fill out the following table with all payment arrangements made with providers in your network. *NOTE:* Practice characteristics are provided in the attached PCMP Tier Descriptions.

#	Type of Arrangement	Description	% of Practices	Practice characteristics <sup>1</sup>	Number of practices	Comments
1	PCMP Tier 1	Comprehensive RMHP Population Health Partner	22% of PCMPs	CPC+ Participant Track 2 or PCMP Level 3 Recognized	43 practice sites out of 195 PCMPs	See attached PCMP Tier Descriptions for reimbursement enhancement and resource supplementation
2	PCMP Tier 2	Advanced Participation	14% of PCMPs	Masters 2 Graduate, or CPC Classic Graduate, or Current CPC+ Track 1 Participant	27 practice sites out of 195 PCMPs	See attached PCMP Tier Descriptions for reimbursement enhancement and resource supplementation
3	PCMP Tier 3	Foundations Participation	21.5% of PCMPs	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	42 practice sites out of 195 PCMPs	See attached PCMP Tier Descriptions for reimbursement enhancement and resource supplementation

<sup>&</sup>lt;sup>1</sup> Characteristics that a practice must possesses in order to qualify for or be offered this type of payment arrangement. Might include items such as having an open panel; employs health care workers; on site care coordinators; performs advanced screening; etc.



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4	PCMP Tier 4	Basic Participation	42.5% of PCMPs	No historical practice transformation work completed; may be engaged in RMHP Foundations or SIM	83 practice sites out of 195 PCMPs	See attached PCMP Tier Descriptions for reimbursement enhancement and resource supplementation
5	Behavioral Health Value Based Payment	Value Based Payment model with sub-capitation, shared risk for inpatient and outpatient services, and eligibility for a share of BH incentive payments	100% of Region 1 CMHCs	All CMHCs in Region 1	4 CMHCs	This model has been reviewed with the Department
6	Behavioral Health Fee For Service	Behavioral Health Basic Participation Basic, fee-based payment No pay-for- performance	97.5% of Providers (excluding sub- capitated CMHCs)	Eligible Providers include: Qualified and licensed behavioral health providers (including mental health and substance use disorder) who successfully complete RMHP contracting and credentialing	819 providers in 167 groups/practices	
7	Behavioral Health Fee For Service with Value Based Enhancement	Provider is paid fee-for- service for all billable services and receives a payment enhancement to coordinate care and wrap around services for members discharged from inpatient care	2.5% of Providers (excluding sub- capitated CMHCs)	Eligible Providers include: Qualified and licensed behavioral health providers who successfully complete RMHP contracting and credentialing	21 providers in 1 group	
8	RMHP Prime payment reform initiative	Retention of savings within the RMHP Prime global budget is	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	Dependent on practices achieving quality targets necessary to	



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contingent upon	30% to community mental	qualify for	
achievement of quality	health centers	payments	
performance measures	10% retained by RMHP		

Optional Historical Context:



## Tier 1 – Comprehensive RMHP Population Health Partner

#### Profile

#### CPC+ Participant Track 2 or PCMH Level 3 / Recognized

#### Demonstration

- 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)
- Meet performance benchmarks on 6/6 measures (See Measurement Suite for benchmarks)
- Performs satisfactorily (80%) on RMHP Tier 1 Assessment performed quarterly
- Provides current documented Executed Care Compact with at least three major or critical specialties
- Open to Health First Colorado Members (RAE and RAE-PRIME Members)<sup>1</sup>
- Medicaid APM/ FQHC APM Score = (at least) 76 100%
- Use of RMHP designated applications required for Reunion FQHCs and available to others

### **Reimbursement Enhancement**

- RMHP RAE Medical Home Payment = \$3.50 PMPM
- 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
- RAE Geographic Attribution Payments: \$2.00 PMPM
- Eligible for RMHP Community Integration Agreement to fund behavioral health, SDoH and related services

#### Incentive Eligibility

• Eligible for KPI Pool distributions – relative to tier

#### **Resource Supplementation**

- Enhanced RMHP assistance in placing complex, resource intensive patients
- Attribution and Feedback reports
- Eligible for Consultative Practice Transformation resources
- Eligible for Health Engagement Team/Community Health Worker resource
- Eligible for RMHP designated applications with technical assistance

<sup>1</sup> For RAE attribution, a practice must accept geographic-proximity auto attributions, also known as auto-assignment, for all quarters in which they intend to operate as a Tier 1 practice. If geographic auto-attribution exceeds a panel limit set by the practice, the practice must adjust it in the Department's PCMP system appropriately in order to receive additional member assignments—no later than the first day of the next calendar quarter. The practice should consult in advance with RMHP if it reasonably expects a panel limit to affect auto-attribution and Tier 1 status.

## Tier 2 – Advanced Participation

#### Profile

### Masters 2 Graduate or CPC Classic Graduate or Current CPC+ Track 1 Participant

#### Demonstration

- 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)
- Meet benchmark performance (CMS 70th percentile) on 4/6 (See Measurement suite for Benchmarks)
- Performs satisfactorily (80%) on RMHP Tier 2 Assessment performed quarterly
- Provides current copy of Executed Care Compact with at least one major or critical specialty
- Open to Health First Colorado Members with equitable panel management across all RMHP lines of business. All policies, procedures, patient applications, etc. will be subject to RMHP review <sup>1</sup>
- Medicaid APM/ FQHC APM Score = (at least) 51 75%

### **Reimbursement Enhancement**

- RMHP RAE Medical Home Payment = \$3 PMPM
- Medicaid APM percent FFS Enhancement on the Department  $FFS = 2 \langle 3\% +$  (or as per Medicaid APM Score) or FQHC Value Based APM/ percent FFS reduction
- RAE Geographic Attribution Payments = \$2.00 PMPM

#### **Incentive Eligibility**

• Eligible for KPI Pool distributions – relative to tier

#### **Resource Supplementation**

- Attribution and Feedback reports
- Eligible for Practice Transformation resources for NCQA PCMH recognition with application fee reimbursement
- Eligible for Consultative Practice Transformation resources
- Eligible for Health Engagement Team/Community Health Worker resource
- Eligible for RMHP designated applications with technical assistance

<sup>1</sup> All Tier 2 practices must accept geographic-proximity auto attributions, also known as auto-assignment, for all quarters in which they intend to operate as a Tier 2 practice. If geographic auto-attribution exceeds a panel limit set by the practice, the practice must adjust it in the Department's PCMP system appropriately in order to receive additional Member assignments — no later than the first day of the next calendar quarter. The practice should consult in advance with RMHP if it reasonably expects a panel limit to affect auto-attribution and tier status.

## **Tier 3 – Foundations Participation**

#### Profile

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)

#### Demonstration

- Able to report minimum of 6 CQMs from the RMHP eCQM Measurement Suite from a certified EMR Dashboard (FQHCs may report from Azara)
- Meet benchmark performance (CMS 70th percentile) on 2/6 (See Measurement suite for Benchmarks)
- Performs satisfactorily (80%) on RMHP Tier 3 Assessment performed every 6 months
- Open to Health First Colorado Members. Intermittent or limited availability for new Health First Colorado Members
- Medicaid APM/ FQHC APM Score = (at least) 26 50%

## **Reimbursement Enhancement**

- RMHP RAE Medical Home Payments = \$2.25 PMPM
- Medicaid APM percent FFS Enhancement on the Department FFS =  $1\% \langle 2\% +$  (or as per Medicaid APM Score) or FQHC Value Based APM/ percent FFS reduction
- RAE Geographic Attribution Payments = \$2.00 PMPM

### Incentive Eligibility

• Eligible for KPI Pool distributions — relative to tier

#### **Resource Supplementation**

- Attribution reports
- Feedback reports upon request
- Practice Transformation resources with \$10K incentive for Masters 1 and Masters 2 successful program participation

## **Tier 4 – Basic Participation**

#### Profile

No historical practice transformation work completed; may be engaged in RMHP Foundations or SIM

### Demonstration

- None, or
- Current involvement in Foundations or SIM
- Medicaid APM/ FQHC APM Score = (at least) 0 25%

#### **Reimbursement Enhancement**

- RMHP RAE = \$2 PMPM base program reimbursement
- RMHP RAE Geographic Attribution Payments = \$2.00 PMPM
- Medicaid APM percent FFS Enhancement on the Department FFS = <1% or as per Medicaid APM Score or FQHC Value Based APM/ percent FFS reduction

#### **Incentive Eligibility**

• Eligible for KPI Pool distributions – relative to tier

## Resource Supplementation

- Attribution reports
- Feedback reports upon request
- Practice Transformation resources with \$10K incentive for Foundations program participation