

## RAE Administrative Payment Report

UPDATED: 4/24/18

Revised 8/23/18

RAE Name: Northeast Health Partners      Region # 2    Period Covered 07/01/2018 – 06/30/2019    SFY 2019

**1/7/18 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 <sup>1</sup>	Number of practices	Comments
1	PMPM - Accountable	Premium payment (\$9 PMPM Claims Based, \$3 no claims history) + KPI Incentive	25%	<p>Accountable PCPs meet all of the contractual obligations of Contributing and Collaborative PCPs, in addition to, conduct all care coordination functions for attributed members. This includes:</p> <ol style="list-style-type: none"> <li>1. Perform the spectrum of care coordination activities ranging from routine, one-time activities to long-term interventions</li> <li>2. Create and submit a timely and comprehensive Care Coordination Activity report for attributed members. This includes specialty populations as identified by the State</li> </ol>	14	Data is by practice location

<sup>1</sup> Characteristics that a practice must possess 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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				(i.e. Criminal Justice, foster care)  3. Serve COUP members 4. Complete and submit COUP Report for applicable members		
2	PMPM - Collaborative	Enhanced payment (\$5 PMPM)	18%	PCPs that engage in some care coordination activities in to meeting all of the contract requirements for Contributing PCPs. This includes:  1. Accept and use Care Compact for referrals to other network providers  2. Participate in referral process using Care Compact or similar uniformly accepted method and practice  3. Engage with delegated Care Coordination Entity to manage the care of attributed members, including COUP members, through monthly care	10	Data is by practice location

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				<p>coordination meetings</p> <p>4. Share care coordination data with Beacon in a prescribed format and timeline to demonstrate their care coordination activity and interventions delivered in support of RAE's performance objectives and KPI measures; and</p> <p>5. Actively participate in Care Coordination Committee and contribute to care coordination workflow and processes.</p>		
3	PMPM - Contributing	Basic payment (\$3 PMPM)	57%	<p>PCP that meet basic PCMP criteria. This includes:</p> <p>1. Be enrolled as a provider in the Colorado Medicaid program</p> <p>2. Be either</p> <p>Certified by the Department as a provider in the Medicaid and CHP+ Medical Homes for Children program</p>	32	Data is by practice location

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				<p>Individual physician, or advanced practice nurse with a focus on primary care, general practice, internal medicine, family medicine, pediatrics, geriatrics, or obstetrics and gynecology, or geriatrics, or A Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC);</p> <p>3. Be licensed as a MD, DO or NP provider by the Colorado Medical Board or the Colorado Board of Nursing to practice in the State of Colorado</p> <p>4. Act as the dedicated source of primary care for members and be capable of delivering the majority of the Member's comprehensive primary, preventive, and sick medical care;</p> <p>5. Demonstrate commitment to the</p>		
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				principles of the Medical Home model.		
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Optional Historical Context:

\* Percentages were rounded up.