

RAE Administrative Payment Report

RAE Name	Region Number	State Fiscal Year	Reporting Period
Northeast Health Partners	2	2019	7/1/2018 6/30/2019

Purpose: As part of the contract (Section 12.12.5), each Regional Accountable Entity (RAE) is required to provide a detailed report of the payment arrangements made with Network and Health Neighborhood providers. Specifically, this report should include descriptions of payment arrangements for the RAE's physical health PMPM Administrative Payment and any Key Performance Indicator (KPI) incentive payments with their contracted providers. These arrangements should involve varying payment models and payment amounts for varying types of service. This deliverable provides a high level description of each RAE's payment arrangement strategy.

Instructions: Please complete the following table with the requested information below. Please do not include information on behavioral health PMPM payments, as these are considered service payments. Please include any supplemental and supporting documentation and policies as necessary.

Description: In the box below, please give a high level overview (4-5 sentences) of your strategic approach to your arrangements. Please clarify payment reform, practice transformation, and network capacity assumptions used to develop your approach.

All PCPs are contracted at the Contribution type of arrangement. PCPs are offered a Practice Assessment Tool to assess the PCP based on the level of care and service they provide. Based on the results of the assessment, the PCP will be eligible for one of the Type of Arrangements below. Staff will discuss with PCPs on the opportunities to improve their practice for a more integrated medical home and provider supports through an interdisciplinary team to develop a practice transformation plan and track the improvement. PCPs can be re-assessed as they move along the PCP structure as they meet practice transformation goals.

TOTAL PRACTICES ELIGIBLE FOR ARRANGEMENT PROGRAM				56				
#	Type of Arrangement	Arrangement Description	Amount (\$)	KPI Amount (\$)	No. of Participating Practices	Percentage of Total Practices	Eligibility Requirements for Practices*	Additional Comments
1	PMPM - Accountable	Premium payment (\$9 PMPM Claims Based or Member Selection, \$3 no claims history) + KPI Incentive	\$9 PMPM Claims Based or Member Selection, \$3 no claims history		14	25.00%	Accountable PCPs conduct all care coordination functions for attributed members in addition to meeting all of the contractual obligations of Contributing and/or Collaborative PCPs. This includes: 1. Perform the spectrum of care coordination activities ranging from routine, one-time activities to long-term interventions 2. Create and submit a timely and comprehensive Care Coordination Activity report for attributed members 3. Serve COUP members 4. Complete and submit COUP Report for applicable members	Data is by practice location
2	PMPM - Collaborative	Enhanced payment (\$5 PMPM Claims Based or Member Selection, \$2 no claims history)	\$5 PMPM Claims Based or Member Selection, \$2 no claims history	0	10	18.00%	PCPs that engage in some care coordination activities in addition 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 coordination meetings 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 5. Actively participate in Care Coordination Committee and contribute to care coordination workflow and processes.	Data is by practice location
3	PMPM - Contributing	Basic payment (\$3 PMPM)	\$3 PMPM	0	32	57.00%	PCP that meet basic PCMP criteria. This includes: 1. Be enrolled as a provider in the Colorado Medicaid program 2. Be either (a) Certified by the Department as a provider in the Medicaid and CHP+ Medical Homes for Children program (b) 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 (c) A Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC); 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 4. Act as the dedicated source of	Data is by practice location
4						0.00%		
5						0.00%		
6						0.00%		
7						0.00%		
8						0.00%		

9						0.00%		
10						0.00%		
11						0.00%		
12						0.00%		
13						0.00%		
14						0.00%		
15						0.00%		

*Eligibility requirements that a practice must possess in order to qualify for this type of payment arrangement. Requirements might include: open panels, use of community health workers, on-site care coordination, advanced screening, etc.

Optional historical explanation or context. Please include any larger documents or policies as attachments.
 * The percentages noted above separate PCPs and behavioral health networks. Percentages were rounded up.