

RAE Administrative Payment Report

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|---------------------------|----------------------|--------------------------|-------------------------|
| RAE Name | Region Number | State Fiscal Year | Reporting Period |
| Northeast Health Partners | 2 | 2019-2020 | 7/1/2019 6/30/2020 |

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.

PCPs are designated one of three tiers of PCPs based on their practice capabilities demonstrated through the Practice Assessment and through performance in their Practice Transformation Plan. PCPs may move along this continuum as they progress as a Medical Home.

| TOTAL PRACTICES ELIGIBLE FOR ARRANGEMENT PROGRAM | | | | 63 | | | | |
|--|----------------------|-------------------------|---|-----------------|--------------------------------|-------------------------------|--|--|
| # | 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 - PMPM | \$9 PMPM Claims Based, \$3 PMPM no claims history | TBD | 15 | 24.00% | 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: 1. Perform the spectrum of care coordination activities ranging from routine, one-time activities to long-term interventions including community based care coordination activities. 2. Create and submit a timely and comprehensive Care Coordination Activity report for attributed members. This includes specialty populations as identified by the State (i.e. Criminal Justice, foster care) 3. Serve COUP members 4. Complete and submit COUP Report for applicable members | KPI Incentive Payments will be shared with contracted providers based on their contribution to the overall success in achieving KPI targets. The pool of dollars to be shared with contracted providers will be based on 40% of the KPI dollars earned. KPI funds will be more heavily weighted to the Accountable and Collaborative providers who are engaged in performing care coordination activities. Northeast Health Partners is allocating 40% of their KPI dollars awarded to be shared with contracted PCMPs that have contributed to the overall KPI success. Northeast Health Partners contracts with PCMPs on three tier levels: Contributing, Collaborative, and Accountable. With the majority of the PCMP care coordination work and associated members being with contracted Accountable PCMPs, approximately 75% of the allocated funds will go to these providers with the remaining 25% going to the Contributing and Collaborative PCMPs. Utilizing the underlying KPI data, those contracted PCMPs that have met one or more of the |
| 2 | PMPM - Collaborative | Enhanced payment - PMPM | \$5 PMPM Claims Based, \$3 PMPM no claims history | TBD | 6 | 11.00% | 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 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. | KPI Incentive Payments will be shared with contracted providers based on their contribution to the overall success in achieving KPI targets. The pool of dollars to be shared with contracted providers will be based on 40% of the KPI dollars earned. KPI funds will be more heavily weighted to the Accountable and Collaborative providers who are engaged in performing care coordination activities. |
| 3 | PMPM - Contributing | Basic Payment PMPM | \$3 PMPM | TBD | 42 | 65.00% | 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 | KPI Incentive Payments will be shared with contracted providers based on their contribution to the overall success in achieving KPI targets. The pool of dollars to be shared with contracted providers will be based on 40% of the KPI dollars earned. KPI funds will be more heavily weighted to the Accountable and Collaborative providers who are engaged in performing care coordination activities. |
| 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. Practices are defined in this report at the Location ID (Billing ID) level.

Northeast Health Partners is allocating 40% of their KPI dollars awarded to be shared with contracted PCMPs that have contributed to the overall KPI success. Northeast Health Partners contracts with PCMPs on three tier levels: Contributing, Collaborative, and Accountable. With the majority of the PCMP care coordination work and associated members being with contracted Accountable PCMPs, approximately 75% of the allocated funds will go to these providers with the remaining 25% going to the Contributing and Collaborative PCMPs. Utilizing the underlying KPI data, those contracted PCMPs that have met one or more of the KPIs individually during a quarter are to be included in the sharing of the KPI dollars. Available funds are then allocated to the qualifying PCMPs based on their overall performance (i.e. KPIs met) and total attributed members which weights the individual performance to the population as a whole.