

## RAE Administrative Payment Report

UPDATED: 4/24/18

Revised: 8/23/18

RAE Name: Health Colorado Region # 4 Period Covered 07/01/2018 – 06/30/2019 SFY 2019

**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 (\$6 PMPM Claims Based or Member Selection, \$2 no claims history) + KPI Incentive	43%	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: <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</li> <li>3. Serve COUP members</li> </ol>	47	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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				4. Complete and submit COUP Report for applicable members		
2	PMPM - Collaborative	Enhanced payment (\$5 PMPM)	12%	<p>PCPs that engage in some care coordination activities in addition to meeting all of the contract requirements for Contributing PCPs. This includes:</p> <ol style="list-style-type: none"> <li>1. Accept and use Care Compact for referrals to other network providers</li> <li>2. Participate in referral process using Care Compact or similar uniformly accepted method and practice</li> <li>3. Engage with delegated Care Coordination Entity to manage the care of attributed members, including COUP members, through monthly care coordination meetings</li> <li>4. Share care</li> </ol>	13	Data is by practice location

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				<p>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)	45%	<p>PCP that meet basic PCMP criteria. This includes:</p> <ol style="list-style-type: none"> <li>1. Be enrolled as a provider in the Colorado Medicaid program</li> <li>2. Be either             <ol style="list-style-type: none"> <li>(a) Certified by the Department as a provider in the Medicaid and CHP+ Medical Homes for Children program</li> </ol> </li> </ol>	49	Data is by practice location

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				<p>(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</p> <p>(c) 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</p>		
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				primary, preventive, and sick medical care;  5. Demonstrate commitment to the following principles of the Medical Home model.		
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Optional Historical Context:

\* The percentages noted above separate PCPs and behavioral health networks. Percentages were rounded up.