



Accountable Care Collaborative Enhanced Primary Care Medical Provider

Updated January 2017

The Accountable Care Collaborative (ACC) offers additional payment to Primary Care Medical Providers (PCMPs) that meet certain enhanced standards as a patient-centered medical home. This fact sheet summarizes the factors that must be met to receive this payment and provides an update on how many ACC providers have been identified as meeting these standards.

Enhanced Primary Care Medical Provider Standards and Payment

The nine factors listed below are the enhanced primary medical home factors. They are based on the medical home standards from National Committee on Quality Assurance, recommendations from the Regional Care Collaborative Organizations (RCCOs) and other stakeholders, and Colorado Senate Bill 07-130, which defined the criteria for medical homes for children.

A PCMP that meets at least five of the nine factors qualifies as an Enhanced Primary Care Medical Provider (EPCMP). EPCMPs receive a payment of \$.50 per member per month, in addition to their standard ACC payment of \$3.00 per member per month. The additional payment is distributed once annually as a lump-sum payment. Please note that PCMPs and EPCMPs also receive fee-for-service reimbursement for billable services rendered to ACC clients.

1. **Extended Hours.** Has **regularly scheduled appointments** (at least once per month) on a weekend and/or a weekday **outside of typical work day hours**.
2. **Timely Clinical Advice.** Provides **timely clinical advice** by telephone or secure electronic message both during and after office hours. Patients and families are clearly informed about these procedures.
3. **Data Use and Population Health.** Uses available data to **identify special patient populations that may require extra services and support** for medical and/or social reasons. The practice has procedures to proactively address the identified health needs.
4. **Behavioral Health Integration.** Provides **on-site access to behavioral health care** providers.
5. **Behavioral Health Screening.** Collects and regularly updates a **behavioral health screening** (including substance use) for adults and adolescents, and/or

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developmental screening for children (newborn to five years of age) using a Medicaid approved tool. In addition, the practice has documented procedures to address positive screens and has established relationships with providers to accept referred patients or utilizes the standard referral and release form created by the behavioral health organizations.

6. **Patient Registry.** Generates a list of **patients actively receiving care coordination.**
7. **Specialty Care Follow-Up.** Tracks the status of referrals to specialty care providers and provides the clinical reason for the referral along with pertinent clinical information.
8. **Consistent Medicaid Provider.** Accepts new Medicaid clients for the majority of the year.
9. **Patient-Centered Care Plans.** Collaborates with the patient, family or caregiver to **develop and update an individual care plan.**

Summary

For Year 1 of the EPCMP Program (FY 2014-2015), **269** practices were awarded incentive payments for being an Enhanced Primary Care Medical Provider (EPCMP), serving 456,761 clients. For Year 2 (FY 2015-2016), **69** practices were newly certified as EPCMPs, serving 45,468 clients.

The tables below show combined data from Years 1 and 2 of the EPCMP Program:

Factors	F1	F2	F3	F4	F5	F6	F7	F8	F9
# of Times Reported	180	318	261	168	240	176	262	235	128
% of Practices Reporting This Factor	53%	94%	77%	50%	71%	52%	78%	70%	38%

# of Factors Met	5	6	7	8	9
# Practices Meeting Factors	181	75	53	23	7
% of Practices Meeting Factors	54%	22%	16%	7%	2%

