



Accountable Care Collaborative Enhanced Primary Care Medical Provider

October 2017

Since SFY 2014-15, the Accountable Care Collaborative (ACC) has offered 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 \$0.50 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. PCMPs and ePCMPs also receive fee-for-service reimbursement for billable services rendered to ACC members.

- 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

As of June 2017, there are 393 ePCMP practice locations, up from 269 in SFY 2014-15. The percent of ePCMPs meeting seven or more factors has increased to 42%, from approximately 27% in SFY 2014-15. Timely Clinical Advice (Factor 2), Data Use and Population Health (Factor 3), and Specialty Care Follow-up (Factor 7) remain the three most commonly met factors. Patient-Centered Care Plans (Factor 9) has consistently been the least commonly met factor.

Factors	F1	F2	F3	F4	F5	F6	F7	F8	F9
# of Times Reported	261	380	345	245	304	242	322	292	163
% of Practices Reporting this Factor	66%	97%	88%	62%	77%	62%	82%	74%	41%

# of Factors Met	5	6	7	8	9
# Practices Meeting Factors	143	84	49	58	59
% of Practices Meeting Factors	36%	21%	12%	15%	15%

