COLORADO
Department of Health Care Policy & Financing

# ENHANCED PRIMARY CARE MEDICAL PROVIDER FACTORS: DOCUMENTATION FOR SFY 2017—2018

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| **PCMP Name:**<br>**Address:**<br><br>**Phone Number:** | **RCCO:** |
| **Date Reviewed:** | **Reviewer:** |

**INSTRUCTIONS**

*Documentation is required for:*

- EPCMPs certified during SFY 2015-16
- PCMPs to be certified as EPCMPs for the first time during FY 2017-18

*To ensure an accurate assessment of the EPCMP program, please follow these instructions:*

- Include updated documentation for at least five factors. Attestation is acceptable for factors met beyond the required five.
- Documentation should show operational use (e.g. official letterhead) and should be maintained by the RCCO.
- Assess for all nine factors as possible.

1. **The PCMP has regularly scheduled appointments (at least one time a month) on a weekend and/or on a weekday outside of typical workday hours.**

   RCCO ***reviewed one of the following forms of documentation*** specifically showing that the PCMP offers appointments at least one time a month (RCCOs may allow some seasonal exceptions), either on weekends, before 7:30 am during the week, or after 5:30 pm during the week:

   ☐Patient handout/brochure
   ☐ Appointment card
   ☐ Photo of office sign showing office hours
   ☐ Website
   ☐ Copy of schedule with at least one month of data showing availability of after-hours appointments
   ☐ Report (aggregated data) showing after-hours availability
   ☐ Documented process: policy, procedure, or workflow with date of implementation

   *Factor 1: PCMP attests that they have provided this service/met this factor since _____(Date).*

**2. The PCMP 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.**

RCCO ***reviewed one of the following forms of documentation*** showing how the PCMP communicates to patients and families regarding the PCMP's policy to provide clinical advice by telephone or secure electronic message both during and after office hours:

- ☐ Patient handout/brochure
- ☐ Website
- ☐ Documented process: policy, procedure, or workflow with date of implementation
- ☐ Secret shopper program
- ☐ Report (aggregated data showing evidence) 5 days of calls and/or 5 days of electronic messages
- ☐ Report (aggregated data showing evidence) monitoring timeliness of the response against the practice policy
- ☐ Three examples of clinical advice documented in patient record (de-identified)
- ☐ Report for one month demonstrating documentation of clinical advice with a rate during office hours
    a. Denominator = # of patients receiving telephone or electronic clinical advice during office hours
    b. Numerator = # of patients with telephone or electronic clinical advice during office hours documented in the EMR
- ☐ Report for one month demonstrating documentation of clinical advice with a rate for after-hours
    a. Denominator = # of patients receiving after-hours telephone or electronic clinical advice
    b. Numerator = # of patients with after-hours telephone or electronic clinical advice documented in the EMR

*Factor 2: PCMP attests that they have provided this service/met this factor since _____ (Date).*

**3. The PCMP uses available data (e.g., SDAC, clinical information) to identify special patient populations who may require extra services and support for medical and/or social reasons. The Practice has procedures to proactively address the identified health needs.**

RCCO ***reviewed one of the following forms of documentation*** showing the PCMP has developed a list (de-identified) of at least one special patient population within the practice (e.g., diabetic, heart failure, mental status, cultural/linguistic):

- ☐ Paper list
- ☐ Electronic list
- ☐ Documented process: policy, procedure, or workflow to address the comprehensive health assessment of these populations with date of implementation

  ***PLUS*** *one of the following examples of proactive outreach to at least one special patient population (Please note special population/s _____):*

  - ☐ Documented process: policy, procedure, or workflow to proactively address the identified needs of this population with date of implementation
  - ☐ Mail reminder
  - ☐ Email reminder
  - ☐ Telephone reminder

*Factor 3: PCMP attests that they have provided this service/met this factor since _____ (Date).*

**4. The PCMP provides on-site access to behavioral health care providers.**

RCCO ***reviewed one of the following forms of documentation*** showing the PCMP offers on-site, face-to-face access (including live video) to a licensed behavioral health care provider (BHP) for the equivalent of at least one day a month:

- ☐ Employment record/job description for BHP within practice
- ☐ Contract with BHP for provision of services
- ☐ Published information with on-site behavioral health provider's schedule
- ☐ Documented process: policy, procedure, or workflow showing integration of behavioral health services into physical health workflow with date of implementation
- ☐ Submit a registry or list of patients (de-identified) being seen by behavioral health care provider

*Factor 4: PCMP attests that they have provided this service/met this factor since _____ (Date).*

5. **The PCMP collects and regularly updates a behavioral health screening (including substance use) for adults and adolescents and/or 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.**

   RCCO ***reviewed one of the following forms of documentation*** showing the PCMP regularly administers behavioral health and/or developmental screening and has procedures to address positive screens:

   - ☐ Report (paper or electronic) listing behavioral health, substance use, or developmental screenings provided within the past month
   - ☐ Form for behavioral health, substance use, or developmental screening that is given to patient at least annually
   - ☐ Documented process: policy, procedure, or workflow for conducting, collecting, and documenting behavioral health, substance use, and/or developmental screenings.
   - ☐ Report (aggregated data showing evidence) of screening:
     a. Denominator = # of patients seen by practice at least once during the reporting period (three months)
     b. Numerator = # of patients for whom the screen was performed

   ***PLUS*** *an example of at how the PCMP manages positive screens, such as formal or informal referral agreements with specialty providers:*

   - ☐ Copy of compacts and/or co-management agreements with Behavioral Health Organizations.
   - ☐ Referral request form (e.g., "Referral and Release Form Behavioral Health Services" developed by BHOs)
   - ☐ Colorado Medical Society primary care-specialty care compact
   - ☐ Documented process: policy, procedure, or workflow regarding referrals and the exchange of information with the date of implementation
   - ☐ Documented process: policy, procedure, or workflow regarding partial or full integration of behavioral health care services with the date of implementation
   - ☐ Report (aggregated data showing evidence of) referral for positive screens:
     i. Denominator = # of patients with a positive screen during the reporting period (3 months)
     ii. Numerator = # of patients referred

*Factor 5: PCMP attests that they have provided this service/met this factor since _____ (Date).*

**6. The PCMP generates lists of patients actively receiving care coordination.**

RCCO ***reviewed one of the following forms of documentation*** showing the PCMP has a recently updated (within last three months) list of patients receiving care coordination:

- ☐ Paper list of patients and families (de-identified) receiving care coordination within the previous three months
- ☐ Electronic list of patients and families (de-identified) receiving care coordination within the previous three months
- ☐ Sample of care plans that have been updated in the last three months
- ☐ Documented process: policy, procedure, or workflow with date of implementation
- ☐ Documentation of conversation with RCCO care coordinator and care management plan

*Factor 6: PCMP attests that they have provided this service/met this factor since _____ (Date).*

**7. The PCMP tracks the status of referrals to specialty care providers and provides the clinical reason for the referral along with pertinent clinical information.**

RCCO ***reviewed one of the following forms of documentation*** showing how the PCMP provides relevant supporting information with referrals and tracks the status of referrals:

- ☐ Documented process: policy, procedure, or workflow with date of implementation
- ☐ Colorado Medical Society primary care-specialty care compact
- ☐ Printed tracking sheet for referrals
- ☐ Electronic list of referrals for tracking purposes

***PLUS*** *an example that the PCMP has implemented the process*

- ☐ Sample of referrals
- ☐ Report (aggregated data showing evidence) of referral tracking for a three-month period
  a. Denominator = # patients referred to specialty care providers
  b. Numerator = # of referrals with the clinical reason and pertinent clinical information

*Factor 7: PCMP attests that they have provided this service/met this factor since _____(Date).*

**8. The PCMP accepts new Medicaid clients for the majority of the year.**

RCCO ***reviewed one of the following forms of documentation*** of the PCMP's willingness to accept new Medicaid clients:

☐ Written agreement with RCCO
☐ Monthly Provider Directory shows PCMP was "open" for at least seven of 12 months

*Factor 8: PCMP attests that they have provided this service/met this factor since _____(Date).*

**9. The PCMP and patient/family/caregiver collaborate to develop and update an individual care plan.**

RCCO ***reviewed one of the following documentation*** of the PCMP care planning process:

☐ Documented process: policy, procedure, or workflow for creating individual care plans with date of implementation
☐ Sample (two) of care plans

***PLUS*** *the care plan must include documentation of three of the following:*

☐ Incorporates patient preferences and functional/lifestyle goals
☐ Identifies treatment goals
☐ Assesses and addresses potential barriers to meeting goals
☐ Includes a self-management plan
☐ Is provided in writing to the patient/family/caregiver

*Factor 9: PCMP attests that they have provided this service/met this factor since _____ (Date).*