



Accountable Care Collaborative: Enhanced Primary Care Medical Provider

Updated August 2016

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 (August), 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



developmental screening for children (newborn to five years of age) using a Medicaid approved tool. In addition, the practice has a procedure 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 FY 2014-2015, a total of **269** practices were awarded incentive payments for being an Enhanced Primary Care Medical Provider (EPCMP)--meeting at least 5 enhanced primary care factors, serving 456,761 attributed clients. The breakdown by RCCO:

- Rocky Mountain Health Plans (RCCO 1): 48 practices
- Colorado Access (RCCOs 2, 3, 5): 127 practices
- Integrated Community Health Partners (RCCO 4): 39 practices
- Colorado Community Health Alliance: 13 practices
- Community Care of Central Colorado: 42 practices

Factors:	F1	F2	F3	F4	F5	F6	F7	F8	F9
# of Times the factor was Reported	137	254	209	145	191	152	202	184	108
% of Practices Reporting this factor	51%	94%	78%	54%	71%	57%	75%	68%	40%

# Factors Met:	5	6	7	8	9
# Practices Meeting Factors	139	60	43	21	7
% of Practices Meeting Factors	52%	22%	16%	8%	3%

