

CAPITATION RATES AND PAYMENTS:

- A. Contractor shall receive a full monthly capitation payment for each enrolled patient beginning from the first month in which a provider has actually seen the patient for a visit which meets the requirements of “vesting” or qualified visit in the VA system (see below for current Evaluation and Management (E&M) codes). (Qualified Visit - The Veteran must have at least one (1) CBOC provider visit per year (12 month period) with comprehensive assessment by the CBOC primary care provider including a history, physical examination and electronic medical record documentation sufficient to meet the criteria for a Current Procedural Terminology (CPT) code 9921 series, level 3. The visit must be coded with at least one of the E&M codes listed below in order for the patient to be “vested”. Changes in vesting requirements shall be conveyed to the contractor and implemented within 30 days. The contractor shall be paid in arrears for the number of patients enrolled in any month.

For dis-enrolled patients, the contractor shall receive payment for the full month in which the date of disenrollment occurred only if a provider treated the patient during that month.

Note: Contractor shall ensure that all patients are “checked-in/out” for scheduled appointments in VISTA and that all check out elements are completed. This shall be monitored by NMVAHCS Health Administration Service (HAS) and shared with the CBOC designated manager. Additionally, the CBOC designee is given instructions on running a monitoring report (Add/Edit Error Report) multiple times a week. All items that are missing or in error for checkouts each week are to be completed by close of business (COB) the following Monday.

- B. Contractor shall not receive payment for an enrolled patient who is a “No Show”. Contractor shall not receive payment for a patient under this contract until a provider has provided a face-to-face visit for meeting the requirements for vesting in the VA system and has entered an authenticated electronic progress note into Computerized Patient Record System-Graphical User Interface (CPRS-GUI) for each visit. The contractor shall receive payment for vested patients for 12 months from the month each patient is vested.
- C. Contractor shall be prohibited from charging enrolled patients for services covered under this contract. If a patient desires services that are not a NMVAHCS benefit, contractor shall notify patient that there shall be a charge for such service and that NMVAHCS shall not be responsible for payment. If a patient requires services not covered under the program but is eligible for these services, contractor shall refer patient to NMVAHCS.
- D. The number of current assigned patients is approximately 1800 per month.
- E. Contractor and NMVAHCS shall comply with all reporting requirements established in this contract and ensure that all reports are accurate and complete and are submitted timely. VA will provide contractor with appropriate reporting format, submission timetables, and technical assistance. Contractor shall maintain a system for recording services, service providers, charges, appointment dates, and all other commonly accepted elements for services rendered to enrolled patients including such records necessary for the evaluation of the quality, appropriateness and timeliness of services performed. Contractor shall provide reports to the Contracting Officer Representative (COR) as listed and required in the Attachment Section.
- F. NMVAHCS reserves the right to audit any and all encounters for compliance with VA regulations and policies.

NOTE: Refer to B.3.41 ADMINISTRATIVE PROVISIONS/CONTRACT ADMINISTRATIVE DATA FOR BILLIABLE ROSTER CONTROLS