CARE COORDINATION

Tier 1 Practices

Foundational Medical Home
(Minimum Requirements)

Scoring ≤33 points using HCPFs Practice Assessment Tool. Tier 1 represents baseline primary care/medical home responsibilities that support coordination, not true care coordination infrastructure.

Tier 1 payment supports access, attribution, and basic care delivery within a medical home.

Access & Attribution

- Maintain assigned member panel
- Provide timely access to care
- Ensure members are assigned to a PCMP/Clinician

Basic Care Management within Visits

- Address chronic conditions during visits
- Provide preventative care and screening
- Use clinical judgment to manage 'stable' members

Referrals

- Initiate referrals to specialists, BH, and community resources
- Provide members with referral information

Transitions of Care

- Be available for follow-up after hospitalization if member presents or is contacted
- Schedule follow-up visits when aware of discharge

Member Engagement

- Provide education and self-management guidance
- Use interpreter services and culturally appropriate materials

Activities not Expected

- No requirement for longitudinal care coordination
- No requirement for monthly outreach
- No requirement for closed-loop referral tracking
- No requirement for active care plans
- No expectations of managing complex population

Online Referral Form: https://site-emju3.powerappsportals.com/en-US/