

Overview of Multi-Payer Presentations

<u>PAYER</u>	<u>PMPM</u>	<u>OTHER INCENTIVE</u>	<u>DX QUALIFICATIONS</u>	<u>MEMBER TOOLS</u>	<u>PROVIDER TOOLS</u>	<u>PRESENT IDAHO PROGRAM & FUTURE IDAHO PLANS</u>	<u>WHAT COMMUNICATION SHOULD BE GIVEN TO THE INTERESTED PROVIDER ABOUT YOUR PAYMENT MODEL OR POSSIBLE "FUTURE" PAYMENT MODELS FOR IDAHO</u>
MEDICAID	Yes Tiered System Planned	Future plans to allow payments for quality outcomes and shared savings.	One tier for basic management with higher pmpm for chronically ill patients. Advanced tiers for different levels of PCMH transformation.		ER reports, quality reports and cost of care reports	Current plan and future plans to enhance the PCMH clinics in Medicaid.	We will continue to reform our PCP payment methodology as clinics are ready for phases 2-4 per the SHIP recommendations.
BLUE CROSS	Yes	Value based payments	Diabetes Asthma Congestive Heart Failure	Yes Transparency tools		*They have the current PCMH program and have future plans to continue and add more PCMH practices. *Expand initiatives	

						with specific provider groups that have the financial ability as well as a demonstrated track record of practice transformation to move from fee-for-service payments to capitated payments where a PCP can be assigned with certainty.	
REGENCE BLUE SHIELD	No	ACO 1.0 "Total Cost of Care." PPO network. Gainshare only, moving to ACO with financial risk. Management of Cost trend target and 16 quality metrics generates shared savings. Program pairs with physician groups or IPAs; minimum attribution 1000 members.	None		Full cost transparency on attributed members. Lumeris provided as analytics software for cost and quality. Ongoing support by team of analysts to identify cost drivers.	Gainshare, moving to full risk and full delegation within 2-3 years.	Value-based reimbursement, which includes TCC for physicians, P 4 P on hospitals, and quality-based reimbursement schedules for ancillary providers.
INTERMOU	Yes	Pay for Performance	No diagnosis		Reporting:	No current Idaho	SelectHealth is supportive of

<p>NTAIN/SELECT HEALTH</p>			<p>restrictions. All patients seen in the practice get a PMPM. Evaluating opportunities to shift to a methodology that includes a risk adjustment.</p>		<p>Online reporting for quality performance, and gaps in care.</p> <p>SelectHealth medical home liaison to provide ongoing program support.</p>	<p>program. They are looking into future Idaho sites.</p>	<p>the medical home model and there is interest in adding Idaho practices to the program once sufficient membership volume is achieved to support pay-for-performance payments.</p>
<p>MEDICARE</p>	<p>TBD</p>	<p>TBD</p>	<p>TBD</p>	<p>TBD</p>	<p>TBD</p>	<p>TBD</p>	
<p>PACIFIC SOURCE</p>	<p>Yes, or lump sum payment towards clinical initiative</p>	<p>Value Based Payments</p> <p>Community Health Excellence Grant Program</p>	<p>No dx restrictions at this time, but potentially in the future.</p>	<p>Treatment Cost Estimator on Member Portal</p> <p>Courtesy Calls for:</p> <ul style="list-style-type: none"> *Medication Adherence *Health Screenings *Post-Hospital Discharge 	<ul style="list-style-type: none"> *Pharmacy Reports *Quality Measures Reports *Cost & Utilization Reports *Complex Member Reports (ER, IP, Risk Score, etc) 	<p>Present: Various models; provide enough flexibility in payment models to support the providers' different capabilities and the needs of the community.</p> <p>Current PCMH – Decrease FFS, PMPM, Incentives for Quality</p> <p>Other models for other levels include upside only incentive programs, grant program, capitation models.</p>	<p>Payment Model will include decreased Fee for Service Payment, PMPM (or other clinical investment), and established Performance Metrics tied to incentives.</p> <p>Must meet minimum membership thresholds to be considered for embedded PCMH model.</p> <p>Contact Hilary.klarc@pacificsource.com for specific inquiries or more information.</p>

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