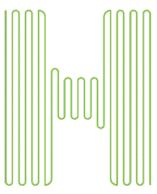
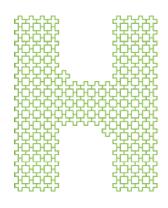


# PCP Quality Recognition Program (PCP QRP) 101





# Agenda

- 01 | Welcome
- 02 | Team Structure
- 03 | What is Value-Based Care?
- 04 | PCP QRP Overview
- 05 | Resources
- 06 | Q&A and Survey



# PCP QRP 101 Course Objectives

### Associates can expect the following:

- To understand the PCP Quality Recognition Program team structure and departmental responsibilities
- To obtain high-level knowledge of value-based care
- To be introduced to the PCP Quality Recognition Program portfolio, which includes all lines of business
- To know where to locate internal and external resources





# Team Structure



# Matt Flagg PCP QRP Director



Open Position
Value-Based Programs Lead
Growth & Change



Stephanie Davis

Value-Based Programs Lead

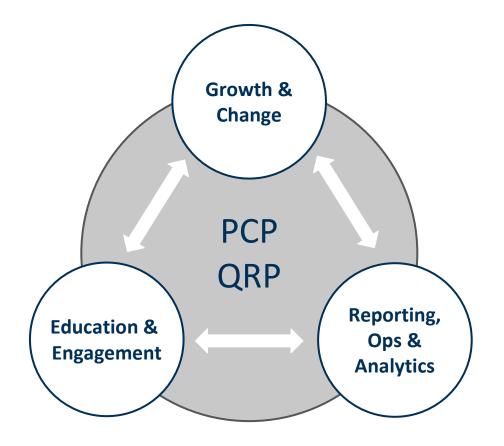
Education & Engagement



Jason Dillingham

Value-Based Programs Manager

Reporting, Operations & Analytics





# Open Position Growth & Change Lead

### Team Responsibilities

- Manage PCP QRP contract language changes and updates
- Align program strategy across all lines of business and integrate new programs into existing program portfolio
- Manage the annual program change process and collaborate with Value-Based Contracting to ensure contract changes are loaded in Merlin/Icertis
- Lead the Pilot Program process to ensure any new suggested programs align with the PCP QRP Strategy
- Manage the launch of new programs



# Stephanie Davis Education & Engagement Lead



Greg Lariviere
Value-Based Professional II
Engagement



Amber Boisen
Senior Value-Based Professional
Education



Vanessa Suarez
Senior Value-Based Professional
Engagement

### Team Responsibilities

- Provide education to associates related to the PCP Quality Recognition Programs
- Create and make available provider-approved PCP QRP resources, such as program summaries, flyers, and FAQ's
- Manage market relationship through engagement meetings and open-forum sessions
- Serve as the primary resource for program questions and requests
- Communicate program-related information, such as updates or changes (e.g. email, newsletter, podcast)
- Collect and share feedback from associates and/or providers
- Manage SharePoint site content



# Jason Dillingham Reporting, Ops & Analytics Manager



Open Position
Senior Value-Based Professional
Data Management



Michelle Roberts

Value-Based Professional II

Payments & Settlements



Randy Bryar
Senior Value-Based Professional
Reporting & Contract Data



Caleb Jenkins
Senior Value-Based Professional
Data Management

## Team Responsibilities

- Manage PCP QRP program operations for all lines of business
- Create provider-facing and internal ad-hoc reporting and analytics
- Provide data management and coordination with various internal stakeholders
- Manage PCP QRP contract data
- Oversee payment/settlement processes
- Administer pilot/non-standard programs



# What is Value-Based Care?

# Value-Based Care vs. Fee-for-Service

In the traditional fee-for-service reimbursement model, healthcare providers are paid for each service they perform. This may incentivize many providers to perform more tests and procedures and manage more patients, as a means to increase overall reimbursement.

In contrast, providers in a value-based care reimbursement model are paid based on how well they manage their patients' health outcomes and control cost.



# How Value-based Care Is Different

# Patient Experience



Data and **Analytics** 

Coordination of Care

Cost

## Fee-for-service

A complicated healthcare system may confuse, isolate and frustrate patients.

Care is often reactive and delivered in response to illness or injury.

Overwhelming amounts of data may lead to practices lacking sophisticated analytics to generate and leverage insights.

The provider may not have access to the technology and support needed to proactively coordinate care.

With a payment system incentivized by volume, correspond to health improvement.

### Value-based

An integrated approach puts the patient at the center of care. The primary care provider (PCP) acts as the quarterback, coordinating all aspects of the patient's care.

Care is proactive and emphasizes a preventive approach to get and stay healthy.

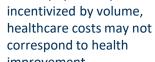
Advanced data analytics are leveraged to identify health risks and coordinate care at a patient-centric level.

Providers have access to new technology, data and support to more effectively coordinate care, inclusive of clinical and social aspects of care.

A compensation model focused on quality leads to improved patient health, while lowering the cost of healthcare.







Non-value-based
No Risk, Quality Opportunity (FFS+ only)

Fee for Service Plus

Fee for Service
Fee for service only

Fee for service with incentive for quality

MA Star Recognition
Medicaid Quality Recognition

Value-based: Upside Only
No Risk; Increasing Opportunity (\$)

**Quality Bonus** 

Quality bonus

without shared savings

**MA Model Practice** 

**Commercial Model Practice** 

Medicaid Model Practice

#### **Shared Savings**

Upside-only risk terms

MA Medical Home MA Model Practice Commercial Model Practice Medicaid Model Practice

### Value-based: Downside Risk

**Increasing Risk, Increasing Opportunity (\$)** 

### Primary Care Cap

Capitated risk terms with prospective primary care cap

Primary Care First
Other PCP cap structures

#### Comprehensive Risk 1

Downside risk for Part A, B and/or D

Partial – <100% risk for A/B Full – 100% risk for B, ≥50% for A Global – 100% for A/B

### **Provider Financial Opportunity**

<sup>&</sup>lt;sup>1</sup> Downside risk contracts may or may not include the quality programs within the Upside Only portion of the continuum (Medical Home, Model Practice)



# PCP QRP Overview

# 2022 PCP Quality Recognition Programs



# **Quality Recognition Star Recognition**

Annual incentives paid to provider practices for achieving quality measures

Medicare Advantage

Medicaid<sup>1</sup>

#### **Program Highlights**

- Practices are eligible for an incentive based on achieving targets for a subset of measures.
- Program measures are updated annually.

#### Requirements

- Contracted for applicable line of business
- Meet and maintain a membership threshold of 30 paneled patients at the beginning and end of the measurement year



#### **Model Practice**

Quarterly incentives paid to provider practices for achieving quality<sup>2</sup>, clinical and strategic measures

Medicare Advantage Commercial<sup>1</sup>

Medicaid<sup>1</sup>

#### **Program Highlights**

- Practices can earn a permember-per-month (PMPM) incentive per target achieved.
- · Opportunity for shared savings
- Program measures are updated annually.

#### Requirements

- Sign a value-based contract to participate
- Meet a membership threshold of 250 paneled patients



#### **Medical Home**

Quarterly incentives paid to provider practices for achieving quality<sup>2</sup>, clinical and strategic measures

Medicare Advantage

Medicaid<sup>1</sup>

#### **Program Highlights**

- Practices can earn a PMPM incentive per target achieved and are eligible to receive a monthly care coordination payment.
- Opportunity for shared savings
- Program measures are updated annually.

#### Requirements

- Sign a value-based contract to participate and have a location(s) recognized as a patient-centered medical home
- Meet a membership threshold of 250 paneled patients



#### **Primary Care First**

Monthly capitated rate established using performance on a set of industry-recognized quality and outcomes measures

Medicare Advantage

#### **Program Highlights**

 Transitions primary care fee-forservice reimbursement to a PMPM capitation payment rate

#### Requirements

- Provider must provide primary care services to 85% of paneled patients at least once annually
- 75% of primary care providers (PCPs) within the practice must use certified electronic health records technology.
- Meet a membership threshold of 125 HMO/PPO paneled patients

<sup>&</sup>lt;sup>1</sup> Adult and pediatric membership categories are measured separately.

<sup>&</sup>lt;sup>2</sup> Quality measures are paid annually, with Q4 settlements.

# PCP QRP Membership

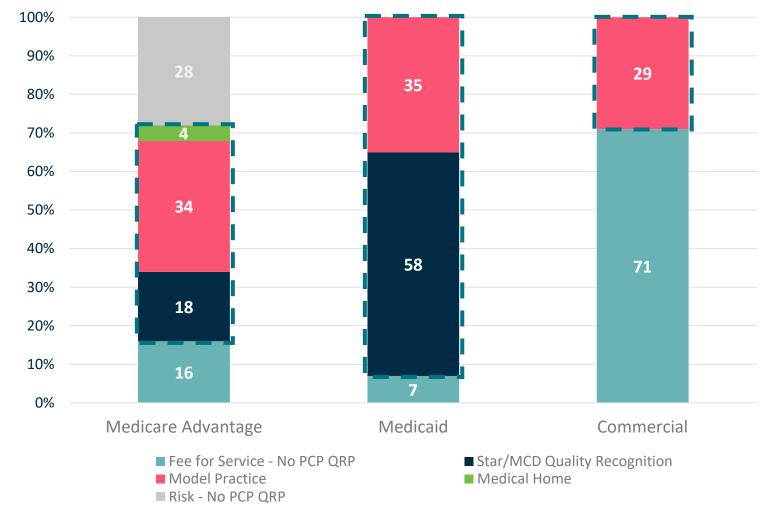




Of all membership\*
participate in
PCP QRPs

+7000

PCP QRP participating practices



# **PCP QRP Partners**



### **Provider Engagement**

To partner with PCPs to improve population health management by owning the strategy to help providers achieve success in the PCP QRPs



# **Provider Development**

To partner with Provider Engagement to identify opportunities for advancing PCPs along the value-based continuum



# Stars/MRA

To partner with Provider Engagement to identify education opportunities for quality compliance and accurate coding



# Resources

# PCP QRP Resources

- go/pcpqrp (PCP QRP SharePoint Site)
  - Submit Questions, Contracts, Requests & More PCP QRP support system
  - Performance Dashboards reports that show PCP QRP performance by each line of business
  - Provider Reports, Notifications & Participation— value-based and non-value-based settlement reports, annual notifications for each program/line of business and verification of PCP QRP participating providers
  - Education Materials & Resources various resources for both internal associates as well as providers to assist in discussions about PCP QRPs.
  - Education Course Catalog list of educational courses provided by the PCP QRP team, ability to enroll in live sessions and access to session recordings
  - SharePoint User Guide
- go/nno & go/vbcontracting for more information related to value-based contracts
- Additional PCP QRP Education Series Courses coming soon!



