



Primary Care Reimagined: Hybrid Payment Model

Provider webinar
February 3, 2022



Agenda

- Primary Care Reimagined overview
- Primary Care Reimagined Pay-for-Value Hybrid Model
 - Q&A
- Value-Based Reporting platform demonstration
 - Q&A
- Benefits of participation
 - Q&A



Today's presenters



Nina Birnbaum, MD
Medical Director
Health Transformation Acceleration



Laura Fox, MPH
Director
Payment Innovation



Phillip Ruehl, PMP, CSM
Senior Project Manager

**Primary
Care:**
The
foundation
of the
healthcare
system



Blue Shield is investing in primary care to support a healthcare system worthy of our family and friends

Support primary care's strengths



Support care coordination and continuity to reduce medical spend.



Align incentives to quality and utilization outcomes.

Provide novel support



Provide timely, actionable data.



Risk adjusted payment based on primary care-oriented factors.

Create a better experience



Shifting clinical work to what is more meaningful: Coordinating care, communicating with patients, leading the care team



Members receive improved continuity of quality-driven care.



Primary Care Reimagined pay-for-value hybrid model amendment & contract highlights

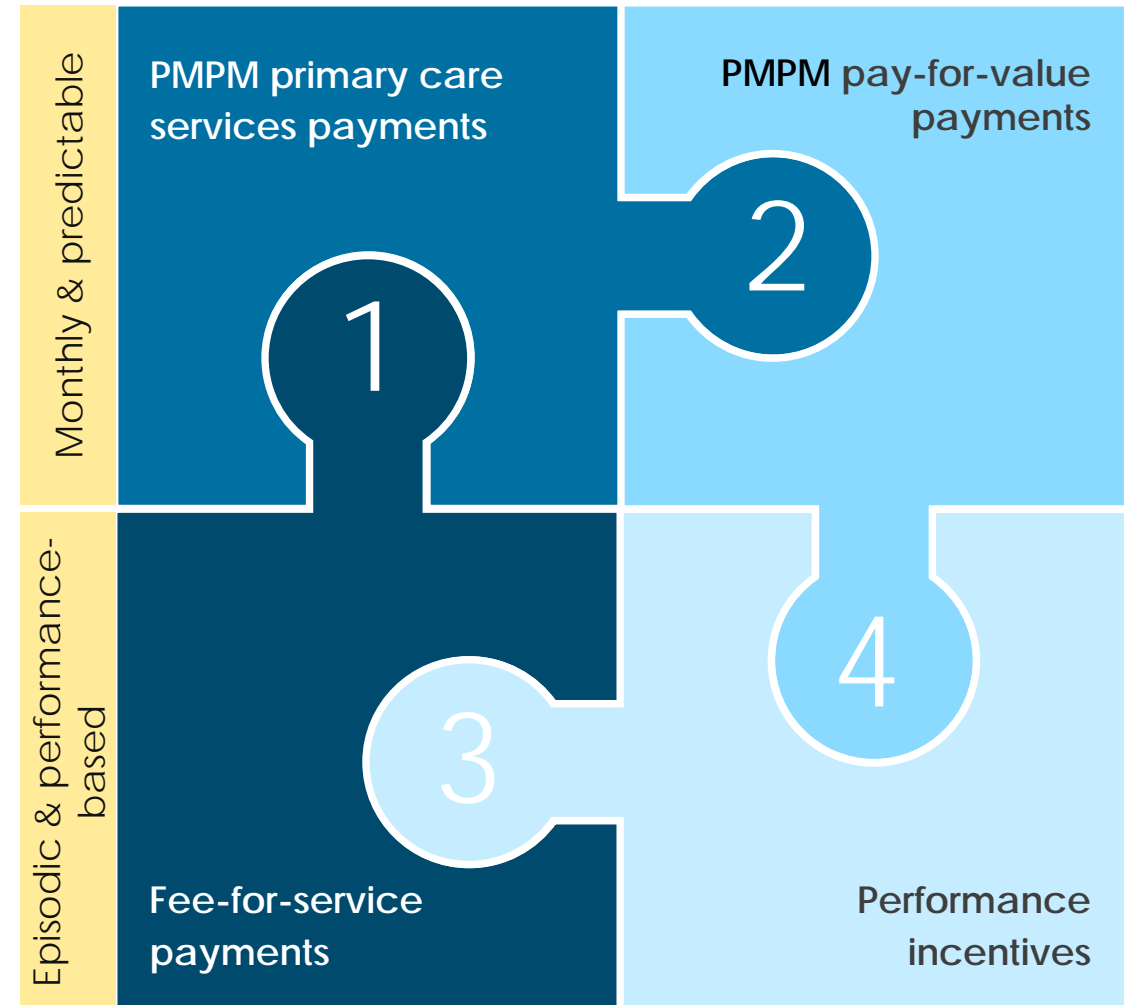
Laura Fox
Director, Payment Innovation



Primary Care Pay-for-Value Hybrid Model

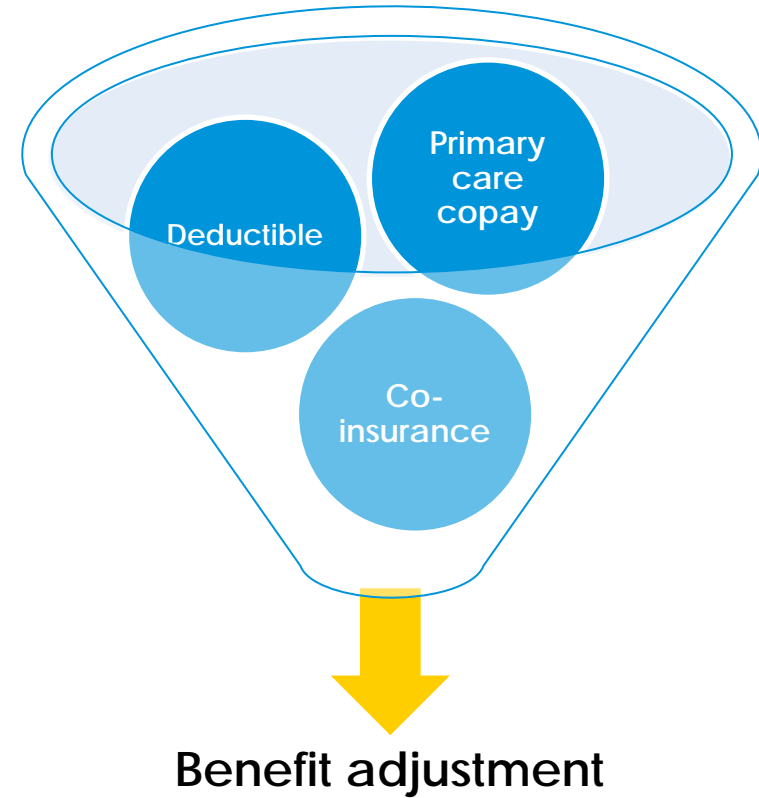
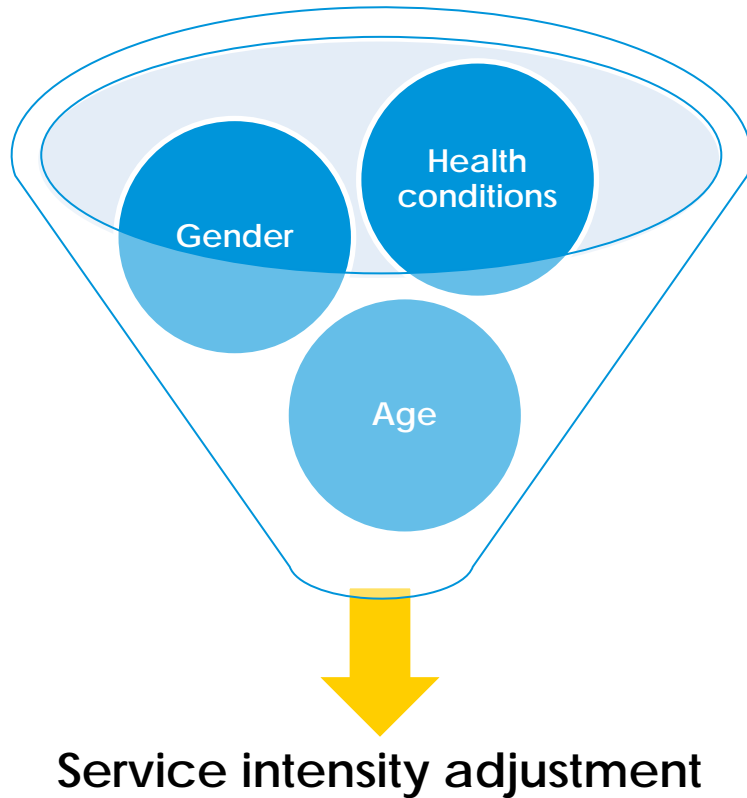
Effectively transitioning practices from pay-for-volume to pay-for-value reimbursement with a simple and easy-to-implement model

- Created for Commercial PPO network providers
- New payment types to ensure expanded and predictable revenue
- Key performance measures for Adult and Pediatric members
- No changes to existing claim submission processes
- Improved data and information transparency to practices
- Investment in primary care practices

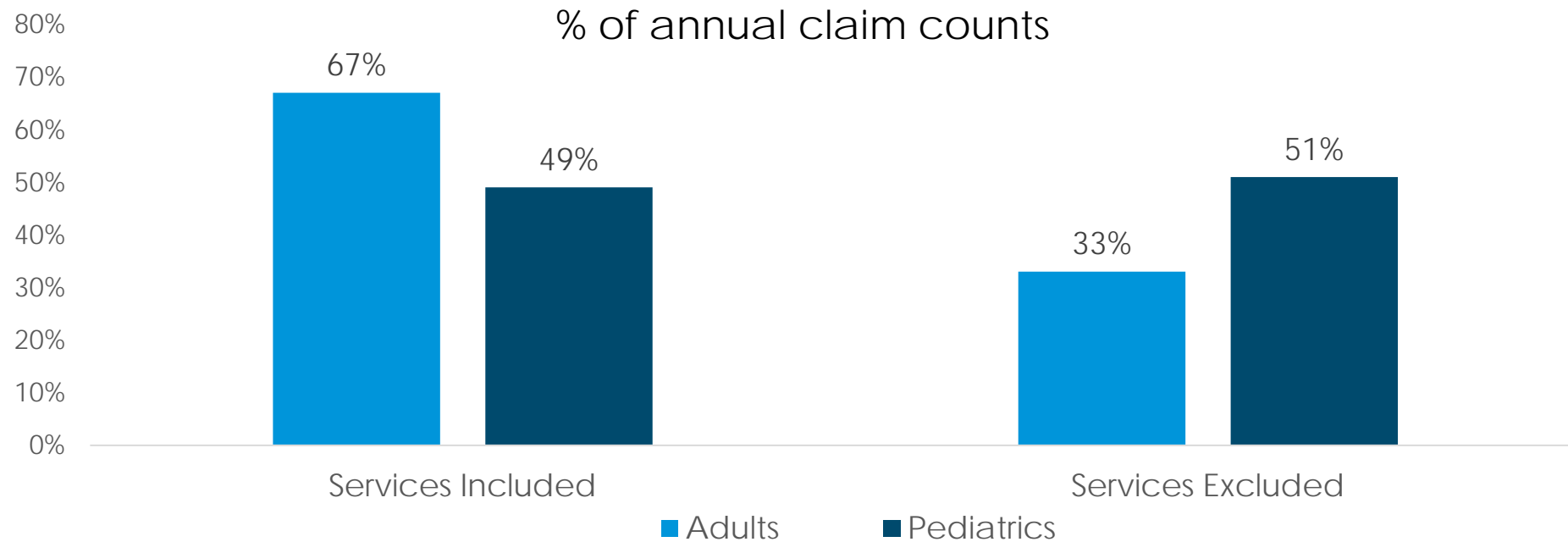


Base PMPM member-level adjustments

Applying an adjustment to the PMPM amount accounts for differences in patient risk and cost share.



Base PMPM inclusions and exclusions



Standard inclusions:

- E&M
- Pathology and lab
- Drugs, non-oral

Standard exclusions:

- Immunizations
- Annual wellness visits
- DME
- Surgery
- Radiology
- Prior authorization procedures
- Expensive injectable medications
- Chemo

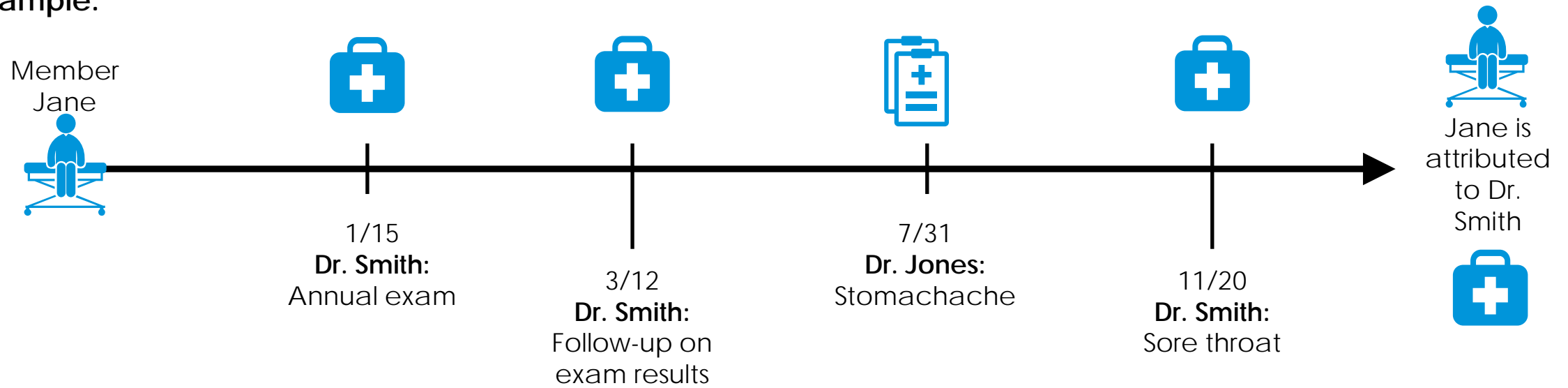


How are members assigned to my practice?

PMPM payments are based on number of Blue Shield PPO members attributed to each practice.

- Attribution methodology looks at medical claim history for previous 18 months and attempts to determine which primary care doctor the member is most closely affiliated/identified.
- Attribution encourages doctor-patient relationships, which in turn reduces patient attrition. It also helps providers identify segments of their patient population requiring focused interventions.

Example:



Pay-for-value hybrid model performance metrics

- Practices have opportunity to receive additional revenue based on clinical quality outcomes, resource use, and member experience for their eligible attributed members.
- The maximum amount providers are eligible to earn is based on the monthly member attribution multiplied by a standard incentive PMPM amount for each measure.

Adult practices

Measure type	Measure name
Clinical quality	Hemoglobin A1C >9.0%
	Controlling high blood pressure
	Breast cancer screening
	Colorectal cancer screening
	Use of opioids at high dosage
Resource utilization	Emergency room (ER) visits per 1,000 members
	Inpatient admits (IA) per 1,000 members
Member experience	Member experience survey administered by Blue Shield

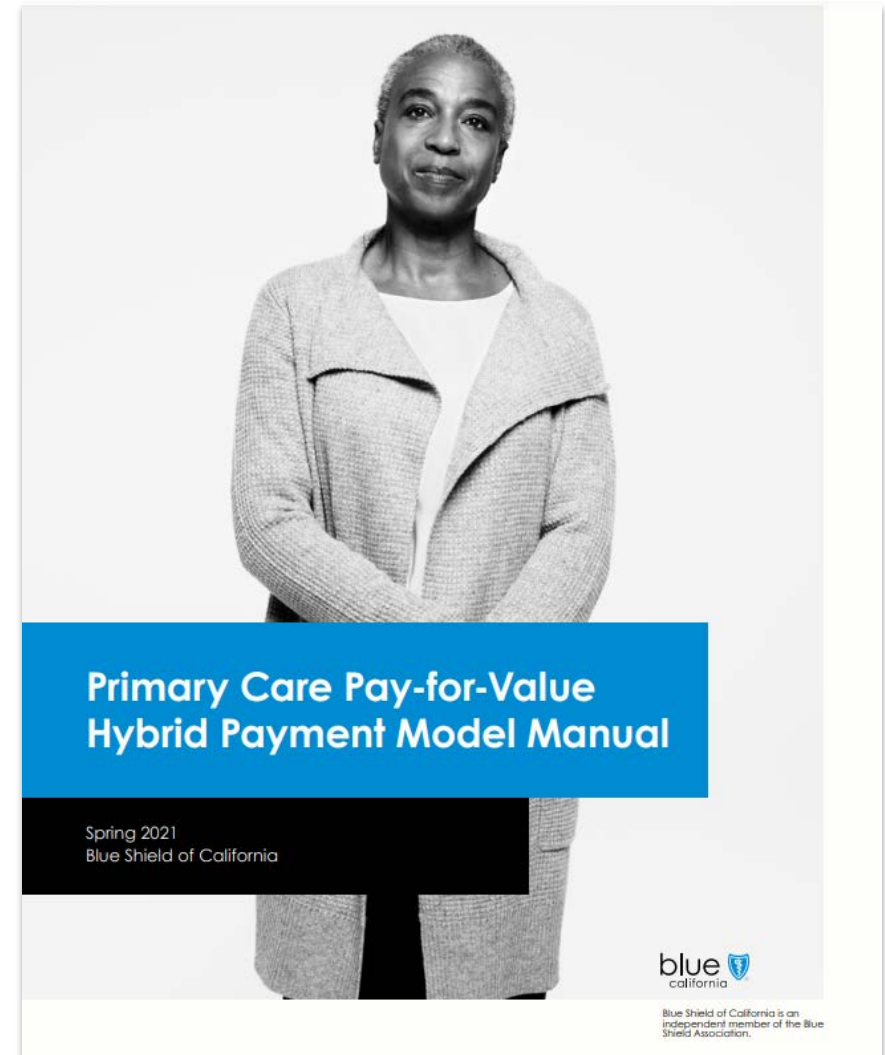
Pediatric practices

Measure type	Measure name
Clinical quality	Childhood immunization status: Combo 10
	Immunizations for adolescents: Combo 2
	Weight assessment and counseling for nutrition and physical activity
	Asthma medication ratio
	Follow-up care children prescribed ADHD medication
Member experience	Member experience survey administered by Blue Shield



Pay-for-Value Hybrid Payment Model Manual

- Detailed descriptions of the model elements
- Examples of how the PMPM is calculated
- Performance metric definitions
- PMPM code inclusion and exclusion categories



[Primary Care Pay-for-Value Hybrid Payment Module Manual](#)



Highlights: Pay-for-Value Hybrid Model contract

1. This contract is an amendment to your existing contract. It provides an alternative payment methodology: Some services will be reimbursed via the PMPM model, and other services will continue to be reimbursed as FFS in accordance with your current FFS contract.
2. It does not change current FFS reimbursement for services that are not included in the PMPM.
3. Specific services that will be reimbursed via PMPM vs. FFS are mentioned in the provider manual. Please refer to section 3.1-b of the contract to see how reimbursements are made.
4. The termination of this contract has no effect on your provider agreement currently in place. You will simply revert to your preexisting FFS payment model.
5. Section C of the contract details how incentive payments may earn you more revenue.



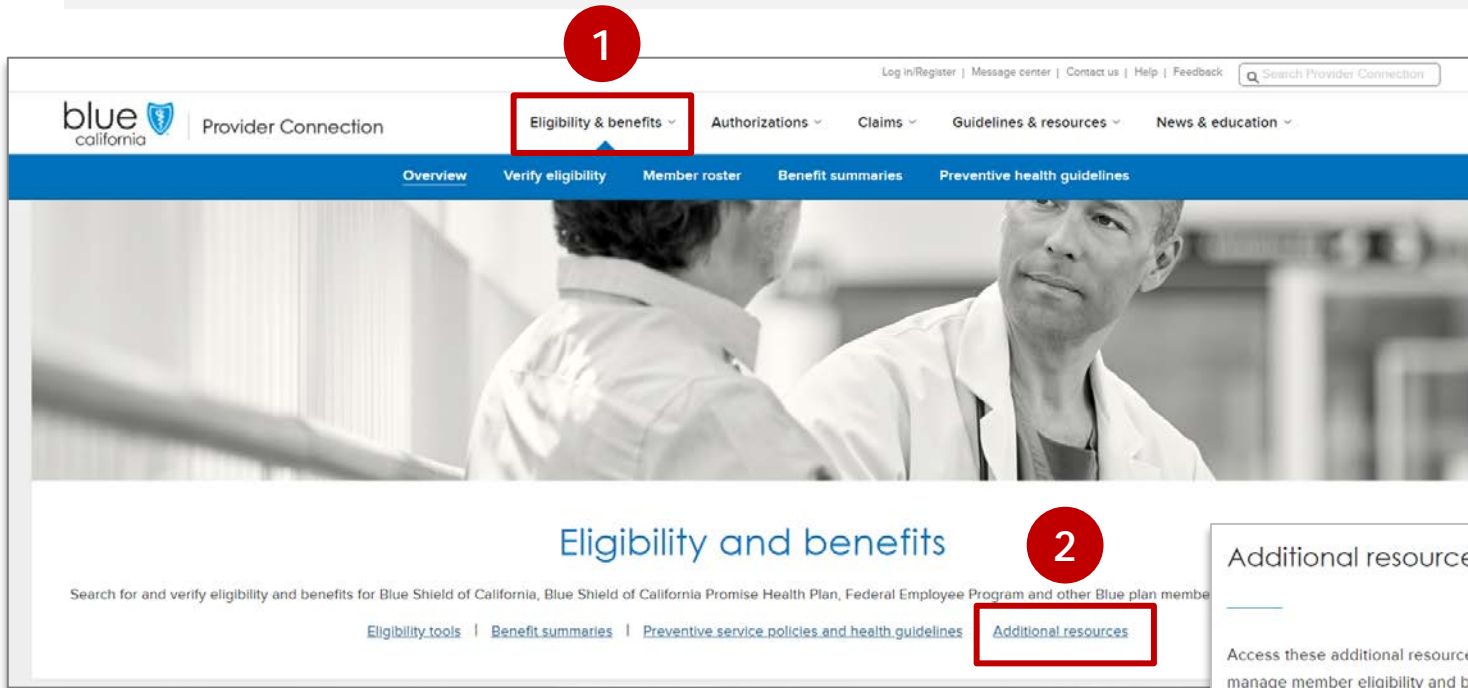
Value-Based Reporting platform

Phillip Ruehl
Senior Project Manager

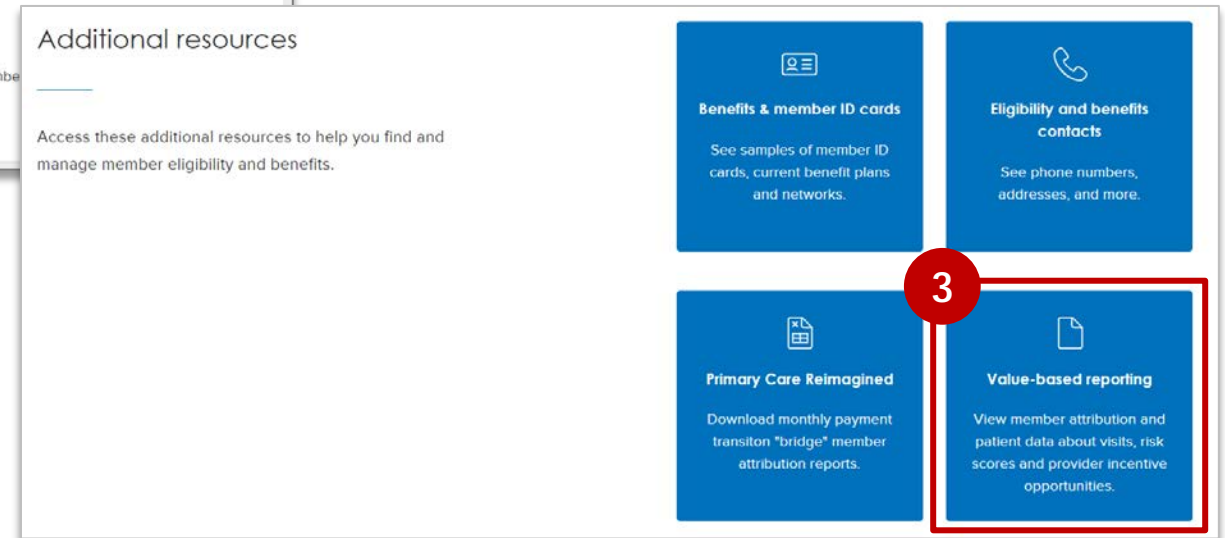


Access the Value-Based Reporting platform

Any practice user in the Primary Care Reimagined Program has single-sign on (SSO) access to the platform if they are associated in Provider Connection with the practice's Tax Identification Number (TIN).



1. Log in to [Provider Connection](#) and click **Eligibility & benefits**.
2. Click **Additional resources** under the section title.
3. Click the **Value-based reporting** box.



Access the Value-Based Reporting platform *continued*

4. Your Tax Identification Number (TIN) will display in the *Requesting provider's TIN* field.
 - If you have more than one TIN, click the drop-down arrow to select the appropriate number.
5. Click **Access Portal**.
6. The *Value-Based Reporting Performance Overview* will display for the selected TIN. The *Performance Overview* is the home screen for the platform.

The screenshot displays the 'Value-based reporting' interface. At the top, a blue header reads 'Value-based reporting'. Below it, a text block instructs users to select a TIN from a drop-down menu and click 'Access Portal'. A red box highlights the 'Requesting provider's TIN' field containing '999999999' and the 'Access Portal' button. A red circle with the number '4' is next to the TIN field, and a red circle with the number '5' is next to the 'Access Portal' button. To the right, a 'QUICK LINKS' section contains a link to a PDF manual. Below this, the 'Performance Overview' dashboard is shown. A red circle with the number '6' is next to the 'Performance Overview' link in the left-hand navigation menu. The dashboard includes a navigation bar with filters for 'Practice', 'Model (PC Hybrid)', 'Performance Period (MY 2021)', and 'Reporting Period (01/2022)'. It features three main summary cards: 'Total Monthly Payment - Jan 2022' showing \$1,896.94 with a bar chart for Adult and Pediatric payments; 'Total Performance Incentives Payment - Jan 2022' showing 'Not Applicable'; and 'Total Attributed Members - Jan 2022' showing 187 members with a bar chart for Adult and Pediatric members.



Self-help tools and resources

Beginning mid-February, new and existing self-help tools will be linked to a new page on Provider Connection entitled, "Primary Care Reimagined Support." What you'll find there:

Value-Based Reporting
user guide &
how-to videos

Primary Care
Pay-for-Value Hybrid
Payment Model Manual

Performance measures
& coding support

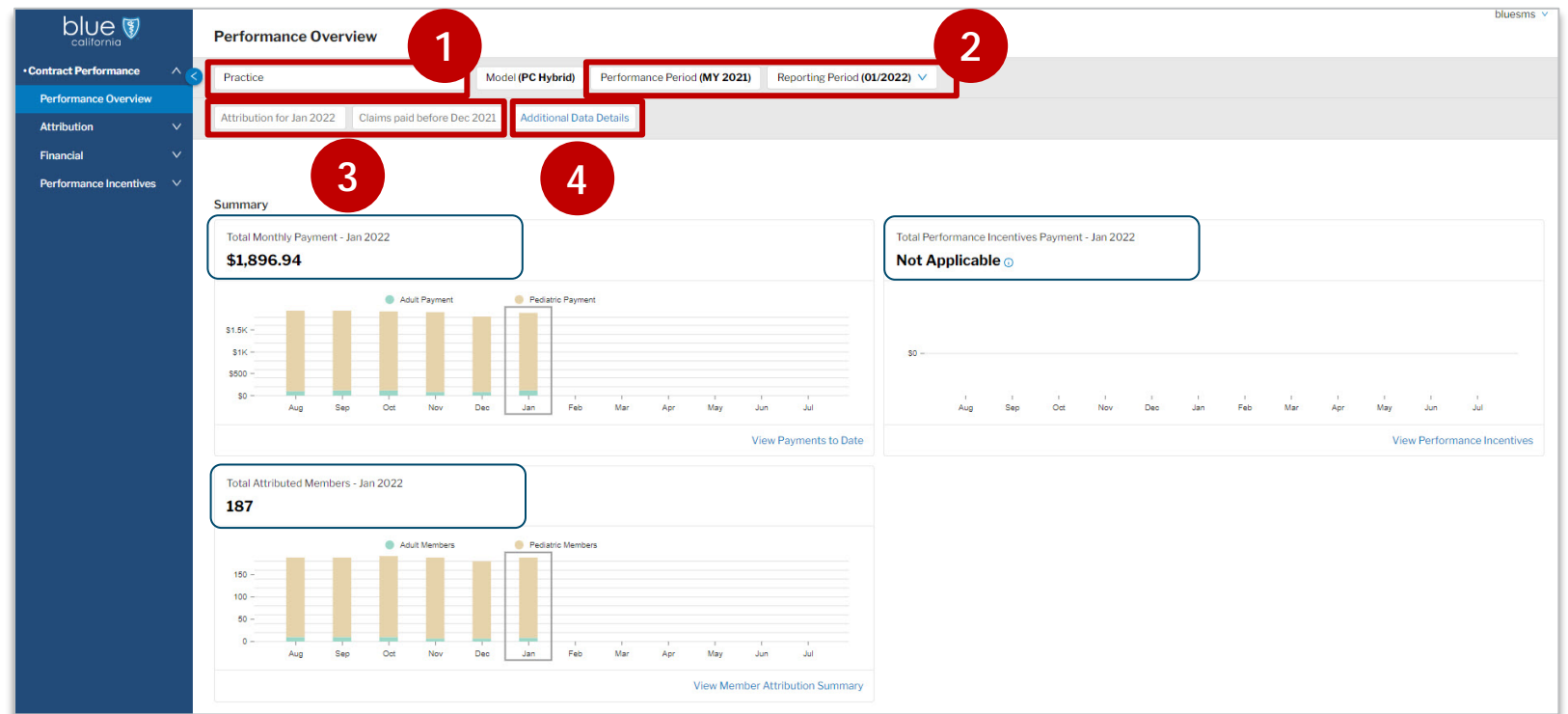
Per Member Per Month
(PMPM) payment
codes



Performance Overview screen and navigation

The *Performance Overview* is the home screen for your practice. It provides year-to-date summary level information on your payments and attribution.

1. Your practice name
2. The *Performance and Reporting Period* filters.
 - The *Performance Period* (i.e., contract period) defaults to most recent.
 - The *Reporting Period* defaults to the most recent month but can be changed.



3. The *Attribution for* and the *Claims paid before* dates.
4. The *Additional Data Details* field. Displays the date of the most recent data feed.

Performance incentives reporting: Incentives Overview

Incentives Overview displays a summary of your practice's quality performance incentive payments by adult and by pediatric members. It provides the ability to drill down into individual measures to help understand and close gaps.

1. Displays a summary of *Adult and Pediatric Performance Incentives payments* based on the chosen performance period.

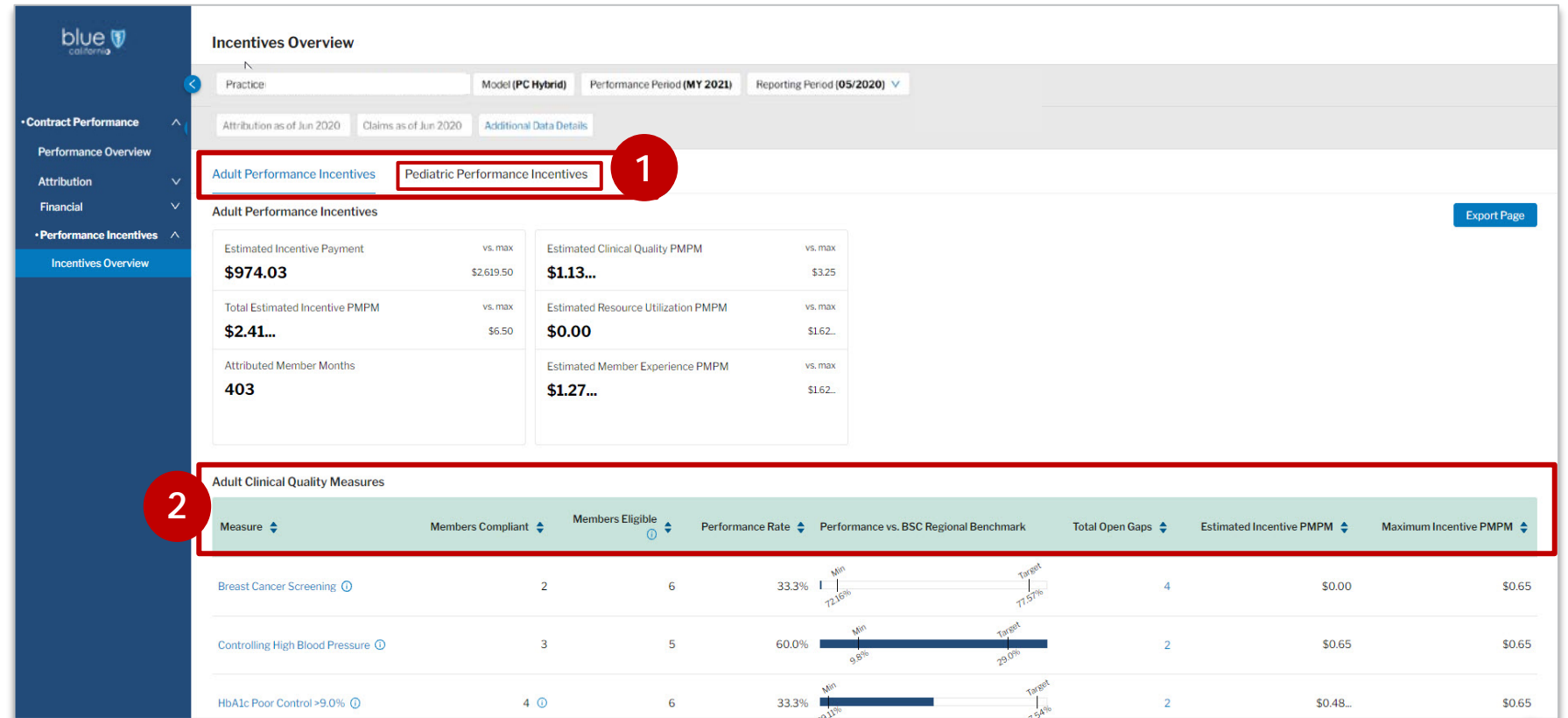
2. To help understand the financial impacts to your practice, tables display an overview of measure performance.

Three tables for adult:

- Clinical quality
- Resource utilization
- Member experience

Two tables for pediatric:

- Clinical quality
- Member experience



Value-Based Reporting platform use cases

Attribution

- Identify members at risk of dropping off attribution

Care gaps

- Identify care gaps in order to increase performance and payment

Member experience

- Identify opportunities for improving member experience measures

Financial

- Review financial payments



Benefits of participation

Nina Birnbaum, MD, Medical Director, Health Transformation Acceleration



Why should I participate in this new payment model?

This new payment model was designed to better enable the provision of primary care, improve physician autonomy, support financial independence, and ultimately drive value over volume reimbursement.

Key benefits to your practice include:

- Payments are predictable and not dependent on patients coming in for services.
- Payments are adjusted to accommodate for number of attributed members and variation in risk and benefit design: Paying more for members that require more support.
- Added revenue to support care coordination and management activities.
- Upside revenue opportunity based on performance on a minimal number of quality metrics.
- No new claim processing requirements.

The average practice will receive a 50% increase in Blue Shield PPO revenue when compared to traditional historical FFS revenue.



Join us!

To talk to a Blue Shield representative about what this model means for your practice, email: primarycarereimagined@blueshieldca.com.

