



PHP VBP Successes

MONDAY, APRIL 23, 2018



Presbyterian's VBP Programs

Level 1

- Provider Quality Incentive Program – a bonus based on achievement of physician quality measures tied to HEDIS and HSD requirements
- Obstetrics Gainsharing – This is a shared savings program with facilities to incent improvement in cesarean section rates

Level 2

- PCMH with Shared Savings – an upside only shared savings model that also includes monthly financial support payments and requirements around quality and utilization
 - This program is similar in many ways to the Medicare ACO Advanced Payment and Shared Savings Model (Tier 1)

Presbyterian's VBP Programs

Level 3

- Multi-Specialty Sub-Capitation – PHP's global risk capitation programs for primary care provider groups; currently in operations for a related medical group and large FQHC
- Behavioral Health Provider Two-Sided Risk Sharing – Program that exchanged enhanced payments to a struggling BH provider in exchange for two-sided risk; thus far results on both sides have been positive.

Data Sharing

Level 1

- Provider Quality Incentive Program – data shared consists of monthly reports of quality levels for imputed members against target and lists of members who can improve numerator
- PCMH with Shared Savings – full report provided monthly on quality and utilization statistics for assigned members, as well as detailed rosters; financial data provided quarterly
- Obstetrics Gainsharing – quarterly report on progress against annual targets

Data Sharing

Level 3

- Multi-Specialty Sub-Capitation – All data provided to PCMH; monthly claims extracts for all assigned members; related party delivery system Admission Discharge Transfer files provided daily
- Behavioral Health Provider Two-Sided Risk Sharing – Monthly attributed member rosters and claims summaries at the member level for attributed members

VBP Successes & Challenges

Successes

- Large sustained PCMH volume of providers; general provider satisfaction and feeling of alignment with the PCMH program
- Extremely large claims volume covered by capitated programs
- Expansion of risk for FQHC capitation based on financial success under the program
- Technical assistance in data and system setups coupled with clear expectations on deliverables

Challenges

- Reaching final data share agreements with providers: various legal/compliance barriers that had to be worked through
- Teaching provider groups some of the more technical concepts of managing and accounting for risk month to month with the more advanced VBP levels – IBNR accruals, stop loss, premium adjustments, trend over time, etc

Lessons Learned in 2017 to Apply in 2018

Standardization of data sharing

- We have created standard data sharing agreements that provide all data that capitated providers could reasonably need – we are requiring all capitated partners (including related parties) to accept this format and depth of data to keep IT processes and protocols simple

Standardized training

- We are working on training materials regarding some of the technical aspects of VBPs and their accounting, along with targeted training on how to view a risk VBP different from fee for service
- To be integrated in standard provider training

2018 Thus Far

Capitation – Medical Center Affiliated

- Frequent discussions, working to finalize division of financial responsibility
- Moving forward with a capitated program as quickly as possible

PCMH

- We have brought on a new provider group in southern NM

BH Two-Sided Risk

- Measuring initial results for this program, initially very positive
- Will be considering how/if this could be moved into a capitated or capitation-like approach as we approach Centennial Care 2.0

Discussion

