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
  o 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