



## **Operational Efficiency & Quality Committee**

### **Research on Provider Incentive Programs**

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**May 4, 2021**

# Provider Incentives & the Pandemic

## Recent Events that Focused FHKC on Value-Based Payments:

- March-April 2020 Governor Executive Orders
- April 2020 Survey by the Primary Care Collaborative
- April 2020 Discussions with FHKC Carriers
- April Meeting with FCAAP
- Federal Relief: Cares Funding, Paycheck Protection Program
- Coronavirus Relief Measures – Coordination with AHCA

# Goal of Value-Based Payments

## Modern Payment Reform Movement\* Had Three Goals:

- 1) Improved Care for Individuals
- 2) Improved Population Health
- 3) Reduce Costs of Care

- \* Payment Systems should Align Incentives with Positive Outcomes
- \* Move Away from “More Care is Better” / Volume Metrics
- \* Payments should Reward Most Effective Treatment Decisions
- \* Coordination and Incentives Across Providers is Important
- \* Large Volume of Patients are Needed for Statistical Reasons  
*[Explains large growth among Medicare, Medicaid, and State Employee Systems]*

*[\*Many attribute modern payment reform to: “The Triple Aim: Care, Health and Cost,” Health Affairs, May 2008, 27:3 759-769 by DM Berwick, TW Nolen, & J. Wittington]*

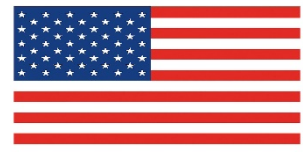
# Federal Models – Value-Based

## **Current CMS Model and Programs:**

1. Comprehensive Primary Care Plus (CPC+) – (Medical Home Model)
2. CMS awarded SIM grants
3. Affordable Care Organizations (ACOs)
4. Evidence of Coverage Models (ECOs)

## **With Section 1115 Waivers:**

5. Delivery System Reform Incentive Payments or DSRIP
6. Regional Care Organization (RCO)



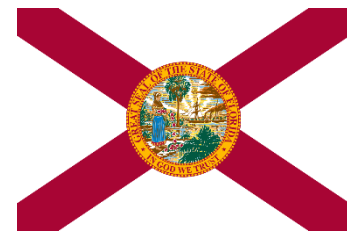
# Value-Based Payment Reform - USA

## CMS Models and Programs:

- **18 States - Comprehensive Primary Care Plus (CPC+) –**  
Medical Home Model (Leaders: NY, PA, VT)
- **36 States – Awarded SIM Grants**
- **21 States – ACO Programs**
- **16 States – EOC Programs**

*Source: 2019 Change HealthCare Research Study – Value-Based Care in the United States: State-by-State Study*

# Value-Based Payment in Florida



- Florida has a “limited strategy” to embrace value-based payments
- AHCA has established a Physician Incentive P4P for Medicaid Providers, beginning with pediatricians and obstetricians in 2016; expressed an interest in adding more provider groups
- 1115 Demonstration Waiver allows utilization of provider service networks (PSNs) which are similar to ACOs; the current waiver does not add performance-based or other value-based requirements on PSNs

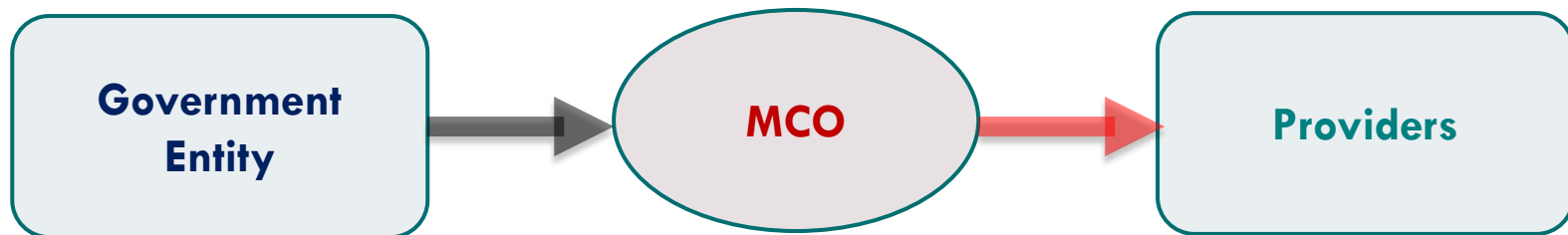
*Source: 2019 Change HealthCare Research Study – Value-Based Care in the United States: State-by-State Study*

# Graphical Relationships

## Fee-for-Service



## Managed Care



# Health Plan Requirements

**6-2 Health Information System**

**18-2-3-3 Health Risk Assessments + Incentive**

**24-7-2 Capitated Arrangements**

**26-2 Quality Assessment and Performance Improvement**

**26-3 External Quality Review**

**26-6 FHKC Quality Initiatives**

**26-6-1 Value Based Payments**



# Aetna Initiative



Information	Response
<b>Program</b>	Quality Incentive Program – Pay for Performance
<b>Start Date</b>	Q2 – 2021
<b>Provider Types</b>	Primary Care Physicians
<b>Participation Target</b>	5% of FHKC Membership
<b>Reimbursement Trigger</b>	Annual Measurement
<b>Reimbursement Type</b>	Dollar Amount Increase
<b>Measure of Success</b>	Value-Based-Score (VBS) scorecard

# CCP Initiative



Information	Response
<b>Program</b>	Pay for Performance
<b>Start Date</b>	By December 2021
<b>Provider Types</b>	PCP-Pediatrics
<b>Participation Target</b>	70% of FHKC Membership
<b>Reimbursement Trigger</b>	Quarterly Measurement
<b>Reimbursement Type</b>	Fee for service/bonus payments based on quality measures
<b>Measure of Success</b>	Cost of care reduction and improved quality scores

# Simply Initiative # 1



Information	Response
<b>Program</b>	Behavioral Health Pay-4-Performance (BH P4P) Program
<b>Start Date</b>	End of Q1 2021
<b>Provider Types</b>	Behavioral Health Providers
<b>Participation Target</b>	FHKC Membership Associated with 7 Community Health Facilities
<b>Reimbursement Trigger</b>	Annual Measurement
<b>Reimbursement Type</b>	Withhold
<b>Measure of Success</b>	Improvement in Identified HEDIS Measurements

# Simply Initiative # 2



Information	Response
<b>Program</b>	Obstetrical Quality Incentive Program (OBQIP)
<b>Start Date</b>	Already Fully-Implemented
<b>Provider Types</b>	Obstetricians
<b>Participation Target</b>	Currently 19 out of 376 provider groups
<b>Reimbursement Trigger</b>	Annual Measurement – Payment Six Months After Measurement Period
<b>Reimbursement Type</b>	Upside-Only Incentive Program
<b>Measure of Success</b>	Improve Clinical Indicators, Maternity Outcomes, Improved Access, Improved Utilization of Benefits

# Simply Initiative # 3



Information	Response
<b>Program</b>	Share Savings Program / Risk Sharing Contract
<b>Start Date</b>	Already Implemented – Expect 100% by Q3 2021
<b>Provider Types</b>	Primary Care Physicians – in network for one-year + >500 FHKC members
<b>Participation Target</b>	100%
<b>Reimbursement Trigger</b>	Quarterly & Annually
<b>Reimbursement Type</b>	Percent of savings increase
<b>Measure of Success</b>	Retention, Improved Outcomes, Increased Engagement, Efficiency, Medical Cost Management

# Simply Initiative # 4



Information	Response
<b>Program</b>	Provider Quality Incentive Program (PQIP)
<b>Start Date</b>	Already Fully-Implemented
<b>Provider Types</b>	Primary Care Physicians or Groups with 1,000 Assigned Members
<b>Participation Target</b>	Not Clear
<b>Reimbursement Trigger</b>	Quarterly
<b>Reimbursement Type</b>	Dollar Amount Increase
<b>Measure of Success</b>	HEDIS Scores: Well-Child visits, Adult Access to Preventive Care, Children with Upper Respiratory Infections, Diabetic HbA1c Testing, Others

# Questions?

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