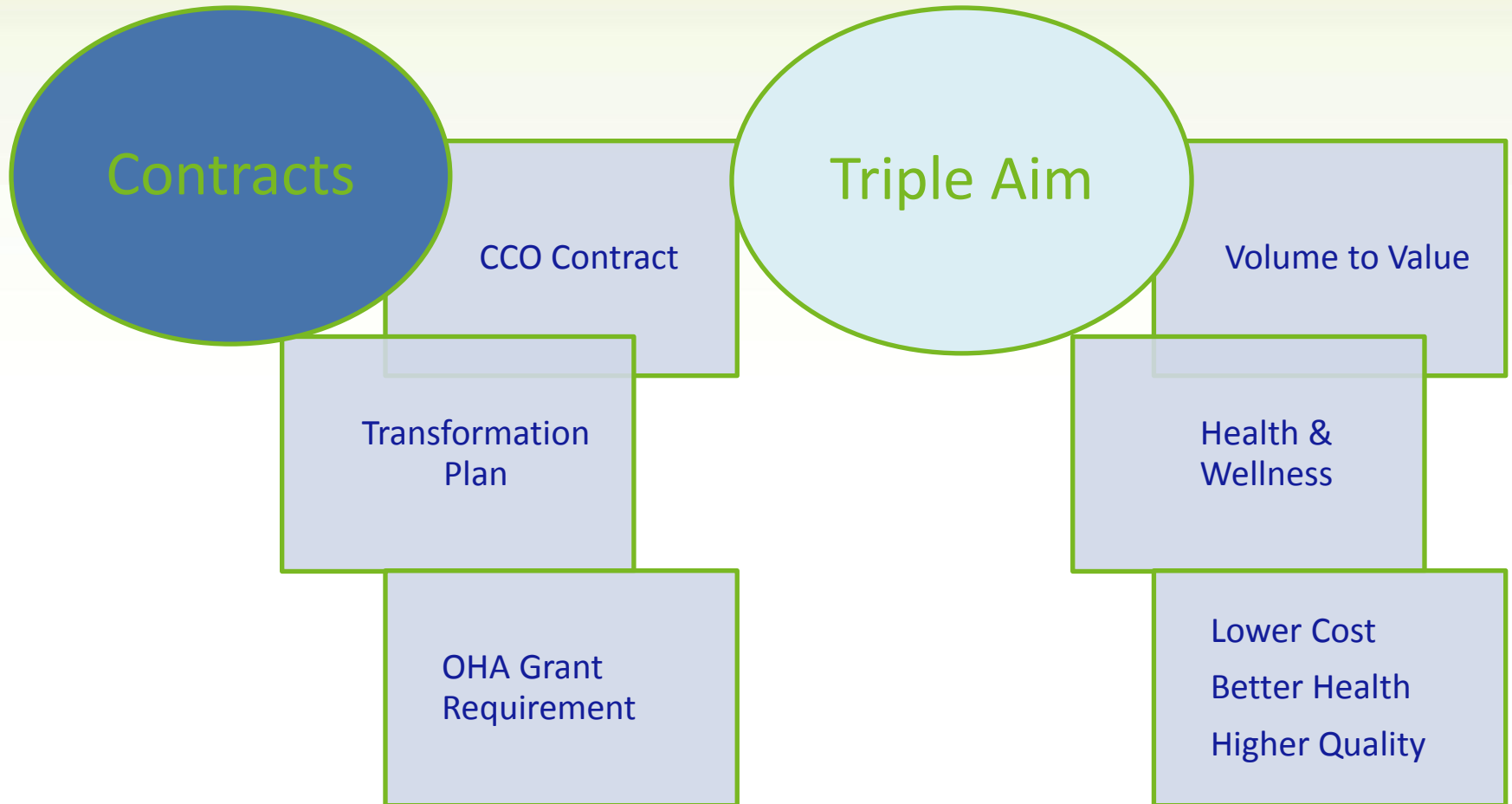


AllCare Alternative Payment Model

Cynthia Ackerman, RN CHC, VP Community Engagement & Government Programs
Michelle Vest, APM Project Director

Why are we doing this?



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What are we doing:

Analysis

- Establish Baseline Provider Profile - Claims Data
- Analyze Variation by Provider and By Specialty
- Share Profile Data with Providers - Ongoing

Options

- Evaluate Compensation Options
- Establish Criteria / Incentive Goals
- Draft AllCare Compensation Model by Provider Type

Test

- Test the AllCare Compensation Model Retroactively
- Revise and Refine the Model to Address Criteria and Incentive Goals
- Introduce the Model to the Board for Input/Recommendations

Launch

- Launch Compensation Model (Pilot site >>>>> Spread)
- Train Providers and Staff in Proper Coding
- Create Reports for Ongoing Monitoring
- Share with Individual Providers Monthly or Quarterly

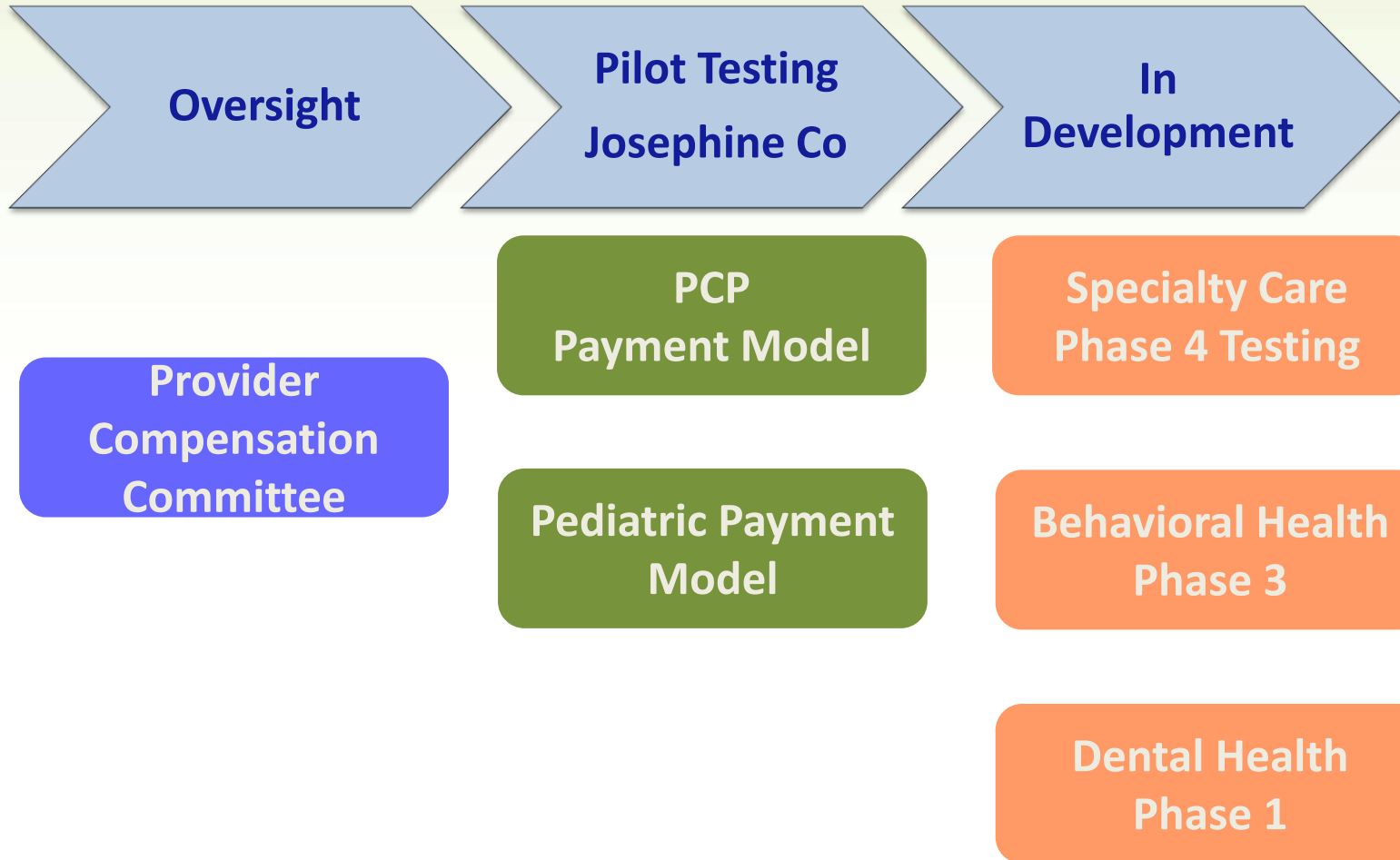


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Where are we today:



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Where are we going?



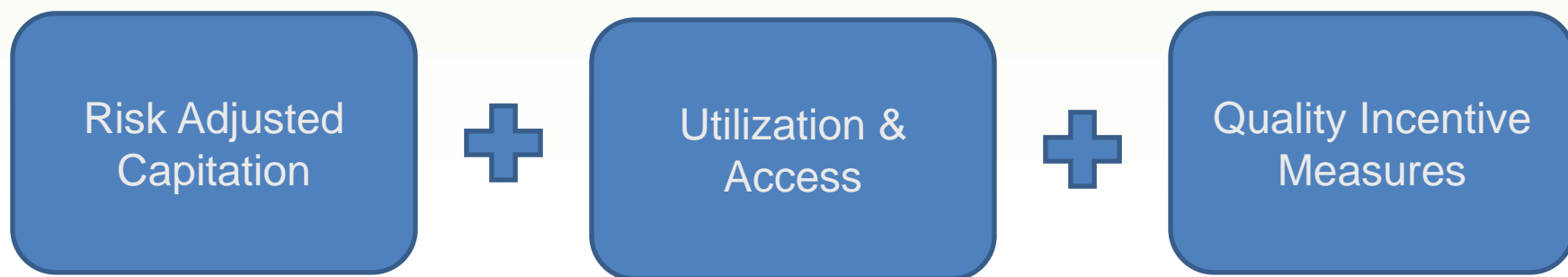
Committee Work	July – Dec 2013	May – Oct 2014	Apr- Dec 2014	Oct - Mar 2014-15
Pilot Launch	Q1, 2014	Q1, 2015	Q2, 2015	Q2, 2015
Spread	Q1, 2015	Q3, 2015	Q4, 2015	Q4, 2015

Oct 1, 2014
Launched
NEMT APM

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PCP & Pediatric Compensation Plan Overview



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Risk Adjusted Capitation

- Age / Sex / Diagnosis Adjusted
 - Diagnosis adjustment is an accumulation of diagnoses for the member
- Paid out in four different risk tiers







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PCP - Utilization & Access

Utilization

- ER Visits: Level 1 & 2 per 1000 member months 
- PCP Visits per 1000 member months 
- Generic RX 
- Preventive Visits per 1000 member months 



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PCP - Utilization & Access

Access

Panel Size

50 – 100

101 – 199

200 +

Must have minimum of 50 assigned AllCare CCO patients to qualify for APM

-- OR --

Net New Patients

1 – 25

26 – 99

100 +

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PCP - Quality Incentives

- SBIRT
- Depression Screening
- Adolescent Wellcare Visits
- Appropriate Asthma Medications
- A1c Testing
- Lipid Profile for Diabetics
- PCPCH Status
- AllCare Satisfaction & Access Survey (based on CAHPS)
- After Hours Access
- Hypertension Control
- A1c Control
- Medication Reconciliation
- POLST

Bonus Opportunities:

- **PMPM fee for PCPCH**
- **Incentive for Electronic Data Submission**

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Specialty Care APM

Metrics for ALL Specialists

Utilization

- Increase use of lower cost settings
- Increase generic drug use

Access

- Reduce wait times to specialty visit
- Increase after hours clinic time
- Increase patient satisfaction with access to care

Quality

- Increase patient satisfaction / overall experience
- Participate in educational collaboratives
- Use EMR



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Specialty Care APM

Metrics for Specific Specialties

Surgery & Chronic Conditions Specialties

- Reduce readmissions within 7 days post discharge
- Reduce ED visits within 7 days post discharge

Medical Specialties

- Co-manage & coordinate care for complex, high cost patients
- Participate in Transitions of Care planning for complex patients

Obstetrics

- Increase the % of expectant mothers in prenatal care during 1st trimester
- Use SBIRT to screen expectant mothers for substance use and increase % of referrals to treatment



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Next Steps

- Complete the Behavioral Health and Dental Health APMs for roll out in 2015
- Continue to test, track and monitor progress on across the three-county service area for:
 - PCP
 - Pediatrics
 - Specialty
- Provide quarterly progress updates to providers