2021 Primary Care Program of Payments

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- Primary care is foundational to the model and their actions working in coordination with the rest of the system can impact costs and outcomes: through primary prevention, chronic care management and avoidance of ER and high cost hospital visits.
- OneCare has taken steps to create a glide path to payment and delivery reform, including making capacity payments to primary care and creating a program to specifically address the needs of independent primary care.
- The All-Payer ACO Model is preparing to head into year four of a five year model and must demonstrate success to the federal government- both in costs and quality.



- This payment change impacts all primary care, not only independents. The program of payment change will not occur until 2021 and does not include shared savings only programs.
- There is no risk to primary care, meaning they (unlike the hospitals and ACO) will not have to write a check back to the payers if the health care system does not meet our cost and quality targets.
- This payment is extra money on top of their normal fee for service (FFS) revenues.
- This is not an absolute cut to primary care, they can actually do better under this approach as now they can share in the savings.



- We developed a special program (Comprehensive Payment Reform Program) that is only available to independents that remains the same. They get a guaranteed fixed monthly revenue, regardless of services billed, plus an extra \$5.00 incentive to support their population health efforts. This is in addition to the PHM payment that is the topic of the discussion.
- In 2020, that fixed payment offered through the Comprehensive Payment Reform Program is estimated to be \$850,000 more in revenue than what they would have received in FFS due to the stay in place orders.
- These extra incentives are provided on top of the FFS revenue, regardless of performance, is unique to OneCare. Other ACOs only provide money if the system achieves savings.

