



# Community Care Plan

**Value-Based Incentive Program**

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# Overview

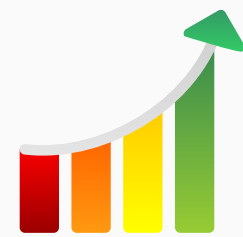
Welcome to our training on Value-Based Care! This training will cover the fundamentals of value-based care models offered by CCP, which focus on delivering high-quality, patient-centered care while managing costs. By transitioning to value-based contracting, providers are incentivized for achieving positive health outcomes, improving patient satisfaction, and promoting efficient care delivery, all of which are central to the future of healthcare.

Our goal is to provide you with the knowledge and strategies you need to thrive in a value-based environment, creating better health outcomes for your patients and building a stronger partnership with us.

# Value-Based Care Programs



Community Care Plan (CCP) offers innovative Provider Programs, including Value-Based Care (VBC) initiatives, aimed at improving care quality and health outcomes.



VBC programs incentivize providers for delivering efficient, patient-centered care by aligning reimbursement with health outcomes and quality metrics.



These initiatives emphasize care coordination, preventive services, and chronic disease management, with a focus on models like the Patient-Centered Medical Home (PCMH), which integrates and enhances patient engagement.

# Paid for Performance (P4P)



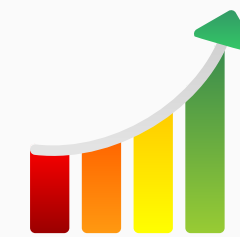
## Earn Rewards

Recognizes and rewards providers who deliver exceptional care, superior patient outcomes, and maintain operational efficiency, thus enhancing the overall quality of the SMMC program.



## Evaluation

Providers are evaluated annually based on quality of care, access, compliance with regulations, and operational efficiency. Monthly reports are provided to track performance. Key performance indicators (KPIs) include adherence to clinical guidelines, delivery of preventive care services, effective management of chronic conditions, timely access to care, and maintaining low rates of hospital readmissions and emergency department visits.



## High-Performing Providers

Acknowledged through incentives such as financial bonuses, enhanced reimbursement rates, and public recognition on websites and directories. They may also receive awards, certificates of excellence, and invitations to participate in advisory committees.

# Shared Savings

In a shared savings model, providers and payers share the savings achieved from reducing healthcare costs while maintaining or improving quality of care.

**Financial Implications:** If the cost of care is lower than a predetermined benchmark, the savings are shared between the provider and the payer. If costs are higher, the payer usually bears the excess cost, and providers do not face financial losses.

Providers do not bear financial risk for exceeding cost benchmarks but are incentivized to reduce costs and improve care quality to share in the savings.

# Shared Risk

In a shared risk model, both the payer (such as an insurance company) and the provider (such as a healthcare provider or hospital) share the financial risk associated with patient care.

**Financial Implications:** Providers may receive a set amount of money to manage patient care. If the cost of care exceeds this amount, the provider absorbs the excess costs. Conversely, if the cost of care is less than the set amount, the provider may keep the savings.

Providers bear some of the financial risk, meaning they could lose money if patient care costs are high.

# Primary Care Providers Incentives

We provide a range of Value-Based Care programs aimed at motivating providers in various sectors.

Earn incentives by meeting HEDIS measures and addressing care gaps in specific measures on a quarterly basis.

Patient-Centered Medical Home (PCMH) incentives to back PCMH practices and those striving for PCMH recognition, including covering consultant fees.

Social Determinants of Health (SDOH) incentives are accessible for providers achieving a 90% patient assessment rate annually using G and Z codes.

Health Risk Assessments (HRA) receive incentives by offering payments for new patient assessments once an 80% rate is reached, with data sharing with Community Care Plan as a requirement.

Behavioral health integration is promoted, providing incentives to practices offering behavioral health services.

Risk adjustment incentives for completing assessments, with quarterly payouts.

# OBGYN Providers Incentives

We provide a range of Value-Based Care programs aimed at motivating providers in various sectors.

Incentives are granted for Screening, Brief Intervention, and Referral to Treatment (SBIRT) upon achieving a 90% assessment rate.

Bonuses are available for Medication-Assisted Treatment (MAT) based on eligible patients receiving care.

Utilization metrics like NICU and C-section rates are assessed, with bonuses awarded for meeting set goals.

OB/GYN practices can also earn HEDIS measure incentives for closing care gaps.

# Behavioral Health Incentives

We provide a range of Value-Based Care programs aimed at motivating providers in various sectors.

To maximize financial incentives and achieve recognition, providers are encouraged to meet HEDIS performance standards.

Incentives for providers to integrate behavioral health services within primary care practices.

Performance bonuses for effectively integrating behavioral health services into their practice and fostering a holistic approach to patient care.



# Monitoring and Evaluation

A strong evaluation process actively tracks provider performance. This involves consistent assessments of clinical outcomes, patient satisfaction surveys, and compliance audits. Providers are given feedback and support to assist them in maintaining or enhancing their performance.

# Preferred Provider Program(PPG)

Providers can qualify as a Preferred Primary Care Group (PPG) by meeting at least one of the following criteria:

- **PCMH Status:** The practice is recognized as a Patient-Centered Medical Home, delivering coordinated, comprehensive care.
- **High Patient Volume:** The provider demonstrates a high volume of patient visits, indicating broad access to care.
- **Extended Service Hours:** The practice offers after-hours care, improving patient access and availability.
- **Participation in Value-Based Programs:** The provider shows interest in engaging in Value-Based Payment (VBP) models, such as Pay-for-Performance (P4P) or Shared Savings.
- **Behavioral Health Integration:** The practice includes at least one Medicaid-enrolled mental health provider, supporting integrated care for both physical and behavioral health needs.

# Provider Responsibilities

To achieve recognition as a high-performing provider within the Medicaid MMA network, providers must:

- Keep patient records accurate and current
- Actively participate in quality improvement programs and initiatives
- Engage in continuous professional development and training
- Collaborate with CCP and other healthcare providers to improve care coordination
- Follow best practices and clinical guidelines

# THANK YOU

