Delaware Primary Care Payment Model: Initial Design Framework

**Panel Size Considerations**

- Prospective monthly payment (not to exceed quarterly)
- Provider/payer agree on a narrow set of primary care services excluding chronic care management
- Limit the number of quality measures; consider member demographics
- Avoid overly complex or administratively burdensome methods
- Payer/provider can negotiate CQI add-on based on value proposition and return on investment
- Vary services component using objective and reasonable methodologies for assessing members’ risk/needs
- Include a continuous quality improvement (CQI) add-on for primary care investment/infrastructure
- Minimize reporting burden; align with other initiatives
- Payers/providers use existing/new methods as mutually agreed to
- Payers provide methodological transparency and timely/useful information to PCPs
- Providers manage attributed member lists and collaborate with payers
- 250 minimum panel size
- No maximum panel size

**Payment to PCPs**

- Varying payment based on members’ needs or practice infrastructure
- Prospective monthly payment (not to exceed quarterly)
- Include a continuous quality improvement (CQI) add-on for primary care investment/infrastructure

**Quality Measures**

- Limit the number of quality measures; consider member demographics
- Avoid overly complex or administratively burdensome methods
- Payer/provider can negotiate CQI add-on based on value proposition and return on investment
- Vary services component using objective and reasonable methodologies for assessing members’ risk/needs
- Include a continuous quality improvement (CQI) add-on for primary care investment/infrastructure
- Minimize reporting burden; align with other initiatives
- Payers/providers use existing/new methods as mutually agreed to
- Payers provide methodological transparency and timely/useful information to PCPs
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