

# UPDATES

## Primary Care Reform Collaborative

Dr. Nancy Fan  
DHCC chair



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# APRIL 2022 PCRC MEETING

- The Office of Value-Based Health Care Delivery presented updates on their 2023 rate filing requirements
  - Carriers must spend an average of 8.5% medical TME in 2023 on Primary Care Services in cooperation with SSI for SBI20
- Dr. Robert Phillips presented on the recent NASEM report titled “*Implementing High Quality Primary Care: Rebuilding the Foundation of Health Care*”
- Dr. Nancy Fan presented an update on the recommendations of the Payment and Attribution workgroup for the PC Model, as well as plans for the Care Coordination workgroup



# PAYMENT & ATTRIBUTION WORKGROUP – INITIAL PC MODEL RECOMMENDATIONS

The Payment and Attribution Workgroup has met three times and has a fourth meeting scheduled for May 11th. They have made the following recommendations:

1. Patient Attribution: No specific attribution methodology recommended. Payers/Providers continue to use established and familiar attribution strategies.
2. Payer recommendations:
  - Transparency
  - Timely data
  - Responsive to PCP needs
3. PCP recommendations:
  - Monitor attribution list/roster



# PAYMENT & ATTRIBUTION WORKGROUP – INITIAL PC MODEL RECOMMENDATIONS

4. Minimum patient panel size to participate in PC Model
  - Minimum 250 attributed members
5. Maximum patient panel size to participate in PC Model
  - None
6. How the payment will be made
  - Prospectively
  - Monthly, not to exceed quarterly
7. What to include in the monthly/quarterly payment
  - Recommended to not use CPT codes and to instead use word descriptions of services. List of services is currently being finalized.
  - A “Continual Quality Improvement” Fee (i.e., Care Coordination)



Next meeting will discuss risk adjustment and final core service recommendations

# CARE COORDINATION WORKGROUP

- Met for the first time on April 14th, next meeting May 6th
- Reviewed the current recommendations of the Payment and Attribution Workgroup
- Discussed the difference between Care Coordination and Care Management
- Discussed a potential MD-PCP style for monthly/quarterly payments as some primary care facilities are more advanced in Care Coordination/Management than others
  - Potential 70/30 and 50/50 Splits
- Building a Community Health Team plan may not be feasible for the first year, though this will be discussed further at future meetings.

