



# Primary Care Investment Opportunity

Total primary care investment is approximately **\$19 million** on top of their fee-for-service (FFS) or fixed payments.

## ADDITIONAL OPPORTUNITIES

- Opportunity for shared savings
- 5% bonus on all Medicare Part B for participating in APM
- CPR gets fixed, predictable monthly payments

## Example Practice Transitioning to Value-Based Care

FFS BASE ESTIMATE IS BASED ON AVERAGE OF ONECARE PRACTICES



- Avg. Base FFS PMPM (Based on Payer Rates)
- Base Primary Care Investment
- Shared Savings Opportunity
- Care Coordination Opportunity
- Value Based Incentive Fund Opportunity
- CPR Program Supplement



## KEY

### ■ **Non-OneCare:**

A primary care practice that is not participating in any OneCare health reform programs.

### ■ **OneCare Conventional *without* Shared Savings:**

Primary care practice who is participating in OneCare programs and is still receiving their fee-for-service revenues from the payers. In this model, the practice also receives enhanced revenues from OneCare (PHM care coordination, VBIF, etc.) on top of their fee-for-service that are tied to outcomes in alignment with the All Payer Model (APM) Accountable Care Organization (ACO) cost and quality targets. This model presumes that the ACO does not at the very least meet its cost targets as defined by the payers and therefore does not earn shared savings.

### ■ **OneCare Conventional *with* Shared Savings:**

Same as the previous; however, this model presumes that the ACO does either meet or beat its cost targets as defined by the payers. If the ACO meets its cost targets, the Population Health Management (PHM) payment is adjusted upwards from \$1.75 per member per month (PMPM) to \$3.25 PMPM. If the ACO beats the cost targets as defined by the payers and earns shared savings, the first dollars go to primary care up to an additional \$1.50 PMPM for a total of \$4.75 PMPM.

### ■ **OneCare Comprehensive Payment Reform *without* Shared Savings:**

This program is only available to independent primary care (not FQHC or hospital). For this model, OneCare replaces payer fee-for-service payments with a fixed predictable monthly payment from OneCare that is not tied to billable services. The approach combines payer-paid fixed payment dollars with an extra \$5.00 supplemental investment. This is in addition to the enhanced revenues offered under the conventional models. The CPR fixed payment continues to provide predictable cash flow and financial resources to facilitate quality and care delivery improvements. This model presumes that the ACO does not at the very least meet its cost targets as defined by the payers and therefore does not earn shared savings.

### ■ **OneCare Comprehensive Payment Reform *with* Shared Savings:**

Same as previous; however, this model presumes that the ACO does either meet or beat its cost targets as defined by the payers. If the ACO meets its cost targets, the one PHM payment is adjusted upwards from \$1.75 per member per month (PMPM) to \$3.25 PMPM. If the ACO beats the cost targets as defined by the payers and earns shared savings, the first dollars go to primary care up to an additional \$1.50 PMPM for a total of \$4.75 PMPM.