Provider Payment Mechanism & Evaluation

Collaborative Health Systems (CHS) has created an opportunity for REACH Participant Providers to earn payment enhancements beyond the standard Primary Care Capitation Fee-For-Service Medicare reimbursement. Payment enhancements include the Quality Incentive Bonus, Care Coordination Compensation and Shared Savings. See the *Provider Payment Streams* tip sheet for greater detail on each enhancement.

Check your contract with CHS to determine if you qualify to receive the payment enhancements.

Metrics of Good Standing

Providers must comply with CHS metrics of good standing to earn payment enhancements. The metrics are detailed in the table on the next page and were designed to:

▸ **Be Transparent** to establish practical implementation, replication and assessment

▸ **Align with best practices** to encourage initiatives and improve infrastructure

▸ **Support stakeholder materiality** to ensure the financial impact is meaningful and sustainable

▸ **Focus on patient outcomes and quality improvement** to incentivize the delivery of high-quality, patient-centered care at a reduced cost

Metric Tracking & Evaluation

Metrics are tracked and reported through the CHS population health platform, HealthyImpact 360. Pending approval from the ACO Governing Body, participating providers will be held accountable for maintaining compliance with metrics of good standing.

Access the HealthyImpact 360 scorecard for metric performance

▸ Training sessions will be offered before the launch of the HI360 payment enhancements scorecard

▸ Providers will be able to review their activity and status, and reports will be available for download by CHS managers to evaluate statuses at a more global view

▸ Payment enhancement status will be shown in aggregate, as well as for each individual metric that make up the evaluation process

▸ Scorecard data will update on a monthly basis to encourage providers and CHS staff to review and discuss performance

Impact on Payments

Metrics of good standing will be evaluated monthly, and providers can access performance via the scorecard in HealthyImpact 360. Each metric will clearly indicate if a provider is compliant/in good standing or not. The scorecard is intended to provide a clear understanding of metric performance and ensure communication between CHS and participant providers.

Although metrics are tracked and updated monthly in HealthyImpact 360, **changes to payment structures will be made on a quarterly basis**. This schedule provides ample time for providers to be aware that metrics have not been met and receive communication before the reduction of payment enhancements. Once providers improve performance and meet metrics of good standing over the following quarterly period, payment enhancements will resume.

Metrics of Good Standing for Payment Enhancements

Domain	Measure Definition & Method	Enhanced FFS Pricing	Quality Incentive Bonus	Care Coord. Comp
Training	✓ Completion of Assigned Mandatory Trainings within 60 days	Required*	Required*	Required*
Healthy Impact 360 (HI360) Utilization	✓ HI360 Login on at least a bi-weekly (twice per month) basis	Required*	Required*	Required*
	✓ Successful EMR Integration with HI360 ✓ EMR Integration considered active once integration has been completed. If the refresh doesn't occur within 14 days due to a break, warning status. After 60 days, will be considered in-active.	Required*	Required for Payment	Required*
	✓ Completion of Health Risk Assessments in HI360 ✓ Potential trigger event depending on contract specifics	N/A	Payment Trigger Event	N/A
Care MGMT	✓ Care plans created on patients in HI360's grid (top priority patients) ✓ Compliance threshold = 65% of all by year end (5.5% above prior month)	N/A	N/A	Required*
	✓ Plan of care created in TCM application within 72 hours of ER discharged patients ✓ Compliance threshold = 75%	N/A	N/A	Required*
	✓ Plan of care created in TCM application within 48 hours of IP discharged patients ✓ Compliance threshold = 75%	N/A	N/A	Required*
PTC Meeting Attendance	✓ MD participant attendance required at 50% of Meetings	Required*	Required*	Required*
	✓ Practice admin/support staff attendance required at 90% of meetings	Required*	Required*	Required*

*Timing is subject to change.