

South Carolina

# BCBSSC Patient Centered Medical Home Program

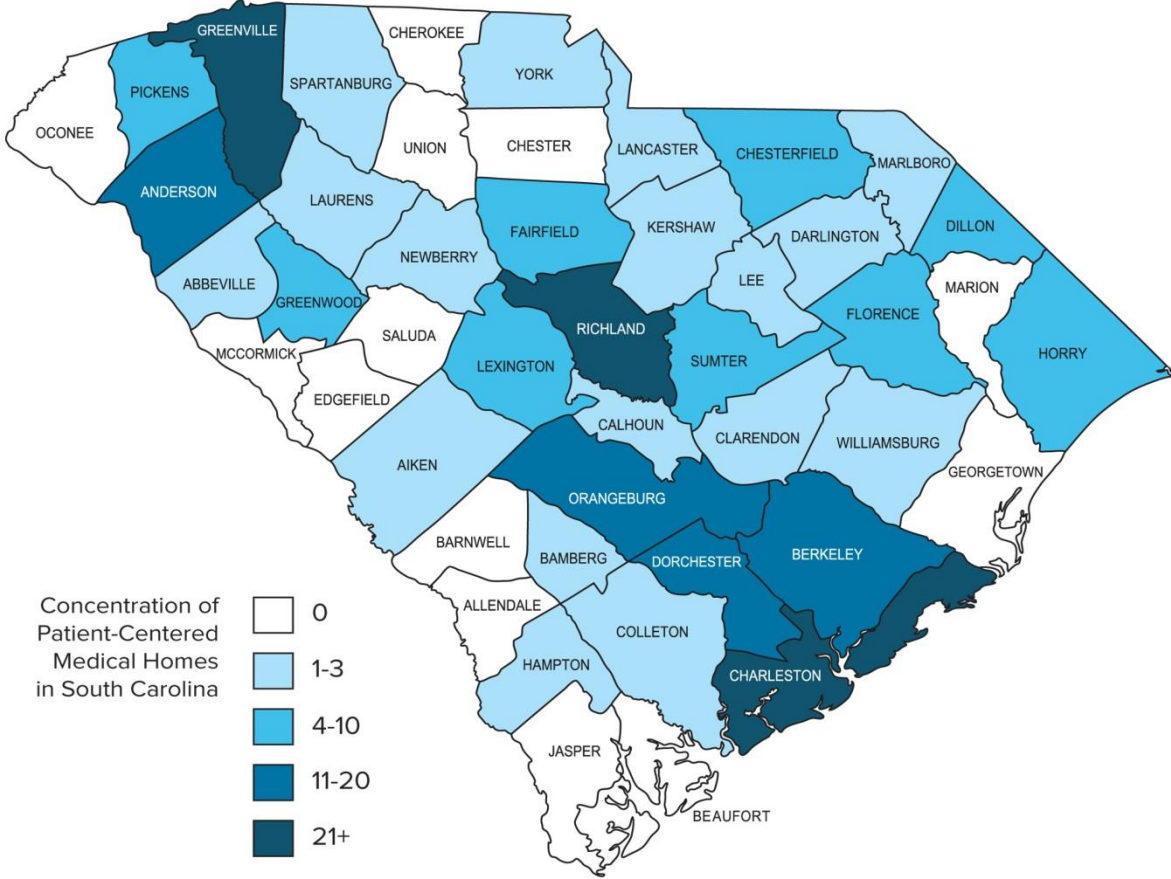
Noreen O'Donnell, November 2017

# BCBSSC PCMH Program

- 246 adult primary care practices
- 24 pediatric practices
- >450,000 members, >130,000 members in target condition suites
- Adult PCMH Program: Diabetes, congestive heart failure and hypertension
- Pediatric PCMH Program: Pediatric asthma and pediatric wellness



# BCBSSC PCMH Providers



# Transition to BCBSSC PCMH+ Model

	<i>Current PCMH</i>	<i>PCMH+ Track 1</i>	<i>PCMH+ Track 2</i>	<i>PCMH+ Track 3</i>
<i>Monthly Care Coordination Fees</i>	Care coordination fees for members with diabetes, CHF and hypertension.	Risk stratified care coordination fees for <b>all</b> attributed members.	Risk stratified care coordination fees for <b>all</b> attributed members.	Risk stratified care coordination fees for <b>all</b> attributed members.
<i>Annual Performance-based Incentives</i>	Year end up or down adjustment to CCFs based on quality.	<b>Shared Savings</b> -- Year end performance incentive opportunity based on quality, cost and utilization. <u>Upside risk only</u>	<b>Shared Savings</b> -- Year end performance incentive opportunity based on quality, cost and utilization. <u>Bi-directional risk</u>	<b>Shared Savings</b> -- Year end performance incentive opportunity based on quality, cost and utilization. <u>Bi-directional risk</u>
<i>Fee For Service</i>	Standard periodic fee for service increases.	No additional fee for service increases. Any increases come from annual, performance-based incentive opportunities.	No additional fee for service increases. Any increases come from annual, performance-based incentive opportunities.	<b>Quarterly, prospective lump sum payments</b> based on prior year costs. Decrease in fee for service rate to account for lump sum payments <b>(FFS-hybrid)</b>

