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| Program | Description | Operational Model | Financial Model | Recipients | Investment Amount |
| **Value-Based Incentive Fund** | * Fund to reward/incent high quality performance on program metrics | * ACO sets aside funds from TCOC targets to pay to network on quality performance * Funds not distributed are retained toward QI efforts by ACO and its communities | * 1.5% of TCOC for VMNG * 0.5% for Modified Medicare Next Generation * 0.5% for BCBSVT XSSP2 | * Distributed 70% to PCPs and 30% to all other providers | * $5,559,260 |
| **Basic OCV PMPM** | * Broad based basic payment for OCV overall PHM/quality model | * Monthly payments per attributed patient to any program | * $3.25 PMPM * NOTE: This is on top of any Blueprint payments | * Attributing providers for each patient attributed to any OCV program | * $5,348,694 |
| **Complex Care Coordination Program** | * Focused program and supplemental payments for highest risk/complexity patients   **Section 4**  **Attachment D** | * Monthly payments to key care team members and lead care coordinator * Some community program organization support | * Attributing PCP always receives $15 PMPM * DA, HH, AAA also receive $15 PMPM if involved in patient’s care * Additional $10 PMPM and $150 one time activation to whichever Care Team Member is selected by Patient\* to be Lead Care Coordinator * $25K per year to each community for organizer | * Attributing PCP and DA, HH, AAA * Community program organizing entity | * $7,580,109 |
| **PCP Comprehensive Payment Reform Pilot** | * Multi-payer blended capitation model for primary care services | * Monthly PMPM prospective payments to cover primary care services delivered to attributed population by the practice | * Exact model to be developed in summer 2017 | * For 2018, this is a voluntary program offered and piloted in Independent PCP practices with at least 500 attributed patients across programs | * $1,800,000 |

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| RiseVT Program | * Community-Based Primary Prevention Program | * Designed as coordinated, collective-impact model with branded template program and support but with significant community flexibility and leadership | * Total of $1.2M for community implementation financial support and program development and support for OCV-RiseVT partnership | * Communities committed to implementing RiseVT program (leadership entity/entities determined by community) | * $1,200,000 |
| **CHT Funding Risk Communities** | * CHT funding formerly provided under MAPCP by Medicare for OCV Risk Communities | * Either direct contract between OCV and risk-community CHT entity/entities <or> through contract with AHS to include in unified CHT contract from Blueprint | * Varies by community based on formula of Blueprint attributed claims volume * Will be budgeted at 2017 level for each community plus 3.5% | * CHT Administrative entities in OCV risk communities | * $1,746,360 |
| **CHT Funding Non-Risk Communities** | * CHT funding formerly provided under MAPCP by Medicare for non-OCV Communities | * Will be through contract with AHS to include/distribute in CHT contract from Blueprint | * Varies by community based on formula of Blueprint attributed claims volume * Will be budgeted at 2017 level for each community plus 3.5% | * CHT Administrative entities in non-risk communities | * $772,538 |
| **SASH Funding Risk Communities** | * SASH funding formerly provided under MAPCP by Medicare for OCV Risk Communities | * Provides senior housing onsite and some home-based care management and coordination for Medicare FFS beneficiaries * Likely through master contract with SASH from OCV or contract through AHS/Blueprint | * $72,450 per 100 person panel (2017 payment model of $70,000 per 100 person panel plus 3.5%) | * SASH Program entities in OCV risk communities | * $2,417,942 |
| **SASH Funding Non-Risk Communities** | * SASH funding formerly provided under MAPCP by Medicare for non-OCV Communities | * Provides senior housing onsite and some home-based care management and coordination for Medicare FFS beneficiaries | * $72,450 per 100 person panel (2017 payment model of $70,000 per 100 person panel plus 3.5%) | * SASH Program entities in non-risk communities | * $852,012 |
| **Blueprint Medicare PCP Payments Risk Communities** | * CHT funding formerly provided under MAPCP by Medicare for non-OCV Communities | * PCP PMPM Payments for attributed Medicare FFS beneficiaries | * $2.59 (2017 payment of $2.50 PMPM plus 3.5%) | * NCQA Medical Homes in Blueprint for Health | * $1,319,336 |
| **Blueprint Medicare PCP Payments Non-Risk Communities** | * CHT funding formerly provided under MAPCP by Medicare for non-OCV Communities | * PCP PMPM Payments for attributed Medicare FFS beneficiaries | * $2.59 (2017 payment of $2.50 PMPM plus 3.5%) | * NCQA Medical Homes in Blueprint for Health | * $654,313 |