# **Colorado SIM Models by Payer**

### **Anthem Blue Cross Blue Shield**

Enhanced Personal Healthcare (EPHC) or looking at individual provider's fee schedule if EPHC is not available in their geography.

HCPLAN Framework level: 3

EPHC is a payment structure whereby practices are given a PMPM for population health management activities with shared savings opportunity. Practices also receive FFS for services provided in EPHC/CPCi. If EPHC is not available in the provider's geography (panel size needs to meet a certain member threshold), Anthem will be enhancing a FFS model until we are able to get an adequate member threshold met for an EPHC model in that area.

### Cigna

#### **PMPM with Share Savings Opportunity**

HCPLAN Framework level: 3

Some payment is linked to the effective management of a population or an episode of care. Payments still triggered by delivery of services, but opportunities for shared savings or twosided risk.

# **Colorado Medicaid (Colorado Department of Health Care Policy and Financing)**

#### Accountable Care Collaborative Behavioral Health Integration Program

HCPLAN Framework level: 2

Phase I of the Accountable Care Collaborative (ACC) is a Primary Care Case Management model which overlays quality/incentive payments over a managed fee-for-service system. Regional Care Collaborative Organizations (RCCOs) provide care coordination, practice support, and infrastructure-development. RCCOs, as well as primary care medical homes, are reimbursed a per-member per-month payment for care coordination and other activities; both are also able to earn incentive payments based on their performance on certain key performance indicators. To facilitate the integration of behavioral and physical health, the RCCOs will make a prospective infrastructure-building payment to participating practices. Practices will also be eligible to receive a retrospective payment if they meet the milestones they outlined in their SIM proposals. The next phase of the ACC Program, expected to be implemented in 2017 through 2018, will transition increasingly to value-based payments for behavioral health and physical health services.

#### **Kaiser Permanente**

# Fee for Service, Fee for Service – Link to Quality & Value & Population Based Payments – MOU with Colorado Permanente Medical Group

HCPLAN Framework level: 3

*Kaiser Permanente will support the intended SIM practices, including practice transformation and integration activities, by maintaining appropriate payment models* 

associated with the types of relationships and contractual models established with provider groups. These payment models include Fee for Service, Fee for Service with a Link to Quality, and Population Based Payments – exclusive to Colorado Permanente Medical Group.

## **Rocky Mountain Health Plans**

# Enhanced Fee-For-Service with shared savings/upside arrangements; Population Based Payments; Enhanced Global Payments

HCPLAN Framework level: 3 & 4

Rocky Mountain Health Plans has implemented a comprehensive strategy that includes (but is not limited to) a range of value based payment models for comprehensive primary care and integrated behavioral health – all of which can be categorized as Level 3 or 4 methods within the Alternative Payment Model (APM) Framework established by CMS' Health Care Payment Learning and Action Network (HCP-LAN). Specifically, our methods include:

□ FFS payment enhanced with non-volume, non-encounter, risk adjusted supplements, shared savings and/or upside arrangements for averted events and total cost performance. (APM Level 3).

□ Population based payment, in which fees for evaluation and management have been fully replaced with enhanced, risk-adjusted capitation for attributed members, with downside and upside financial potential. (APM Level 4).

□ Enhanced, global payment for integrated behavioral health, which is not dependent upon coding volume, and in which practice based behavioral health personnel are employed and fully sustained by a practice in a team-based model of care. (APM Level 4).