

# THE PRIMARY CARE PAY-FOR-VALUE HYBRID PAYMENT MODEL

focuses on improved Commercial PPO members' health outcomes and pays in a variety of ways:





Per Member Per Month Payments (PMPM)



Fee-for-service (FFS)



Added revenue to support care coordination and management activities



Performance incentive payments

PMPM payments are adjusted monthly based on primary care-oriented factors below:



Service intensity adjustment

Benefit adjustment

# **Benefits**

- Clinician autonomy in provision of care
- Predictable payments independent of member visits
- No change to claims submission process

## **Tools for success**

Access Blue Shield's new value-based reporting and analytics tool to retrieve key information about Commercial PPO members and track performance



### Member panel lists

Retrieve information about adult and pediatric members



### Care gap reports

Identify members for whom outreach and/or tailored interventions may be appropriate based on their current health status



### **Payment history**

View PMPM and incentive payment history



### Performance dashboards

View practice-level performance against resource utilization, clinical quality and member experience metrics

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