

ACP Selection - Alternative Payment Models Template
Alternative Payment Models

Instructions:
 - Please complete this table for all major ACP partners (hospitals and medical groups).
 Create a new tab for each major ACP partner.

Ref.	Strategy	Percentage of Current Business & Providers Covered Under this Model	Defined Population and # Served (Medicaid, Medicare, PEBB, commercial etc.)	How Payment is Tied to Quality/ Performance	Experience (years payment strategy in place)	In Place Now?	Actively Engaged in Planning Efforts to Implement in the next 5 Years, please explain	Comments
1	Fee for Service (FFS) Payment for unbundled and separate services.							
2	Pay for Performance (P4P) Incentive payments built on a FFS base to reward structure, process, or health outcome achievements.							
3	Patient Centered Medical Home Payment Activities and functions related to care management, data/utilization management, and population health are reimbursed by an extra fee that may be capitated or FFS based.							
4	Shared Savings (upside and downside risk) A payment strategy that offers incentives and disincentives for provider entities to reduce health care spending for a defined patient population by offering or penalizing them a percentage of any net savings realized as a result of their efforts.							
5	Bundled Payment A set amount for all services rendered during a defined "episode" of care.							
6	Warranty A defined guarantee for a procedure.							
7	Reference Pricing A set price for a drug, procedure, service or bundle of services, and generally requires that health plan members pay any allowed charges.							
8	Traditional Capitation A set amount payment for each enrolled person assigned to them, per period of time, whether or not that person seeks care, regardless of quality of care delivered.							
9	Total Cost of Care A risk-adjusted payment that captures all costs of care for a defined population, including all professional, pharmacy, hospital, and ancillary care.							
Other Alternative Payment Models:								
	Provide and describe other payment models as needed.							
10								
11								
12								
Other Requested information:								
13	What percentage of your overall revenue is linked to alternative payment models?							
14	What percentage of members are receiving care from a provider who is paid based on value, not volume?							