

BlueAlliance

The next generation of
patient-centered medical home
with a wider audience and
deeper impact on the quality
and cost of health care



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BETTER HEALTH, TOGETHER

Clinics, hospitals, Blue Cross Blue Shield of North Dakota (BCBSND)—we all share concerns about operating in a health care environment that offers great promise on one hand, while on the other hand, is unsustainable in its current state.

The answer isn't simply to cut costs. Rather it's to encourage changes in the way care is delivered. And the most effective route to a more viable system is to work together.

Such a solution is underway.

BCBSND worked with North Dakota providers to design BlueAlliance, a program that allows us to go deeper into partnership with clinics and hospitals across the state. Leveraging our wealth of health intelligence and the expertise of the provider community, BlueAlliance facilitates improved care outcomes and promotes members to live healthier lives.

BlueAlliance

WHAT IS BLUE ALLIANCE?



BlueAlliance is a value-based program that supports the provider community in our collective efforts to deliver a sustainable, meaningful and reliable health care experience for your patients—our members. Enabled by health intelligence, BlueAlliance will drive contracts with BCBSND participating providers. It's built on four principles:



Members come first

Because our members are at the center of all we do, the patient-centered medical home (PCMH) is the foundation of BlueAlliance. Using meaningful data, their caregivers can focus on providing the right care, at the right time, at the right place and by the right health care provider.



Deeper partnerships with providers

Through actionable health intelligence, we're adding more value to provider relationships. Where sharing data was once only a path to paying claims, BCBSND now uses data for predictive analytics to influence care delivery for population health management and value-based programs. And we're sharing that intelligence with participating providers to guide decision making.



Pay providers for outcomes

BlueAlliance allows the gradual transition from a fee-for-service contracting model to one that pays for quality of care metrics and success in patient outcomes. The program leverages a flexible mix of payment arrangements to accommodate the wide range of providers in our network (rural to urban, small to large, integrated or independent).



Address key cost drivers

BlueAlliance provides information that allows us to collaborate on addressing key cost drivers so together we can ensure an affordable, sustainable health care system in the future.



THE BLUEALLIANCE DIFFERENCE



BlueAlliance represents a paradigm shift in care delivery, contracting and patient outcomes—a shift in which we all share the responsibility for improving the quality of care and reducing the cost growth.

Traditional Fee-for-Service

- Rewards volume not value
- Does not support coordinated care
- Focused on episodic care
- System is challenging for individuals to navigate
- Often unfulfilling for health care practitioners

BlueAlliance

- Aligns reimbursement with results
- Providers empowered with data
- Focused on overall health
- Shared decision-making and risk
- Allows providers to invest in practice transformation

A COLLABORATIVE APPROACH



BlueAlliance rewards patient outcomes and is grounded in providing value for all stakeholders.



Providers

Receive information they need to be proactive in care and earn incentives for outcomes that contribute to better health for their patient populations.



Members

Have access to care that supports them in being healthy and guides them through illness or injury.



Employers

See that unsustainable cost increases are being mitigated and employees are healthier.



BCBSND

Plays a role in improving health outcomes and pays for services that clearly contribute to the health of our members and our communities.

**NEXT GENERATION
...VALUE-BASED
PROGRAMS**



BlueAlliance

Next generation of PCMH

- Aligned with updated national industry standards
- Impacts a broader range of patients—all attributed BCBSND members
- Integrates behavioral health
- New data analytics
 - Provides comprehensive information from industry leading partner
 - Claimed based analysis to support population health efforts
- Supports the new PCMH standards
 - Total population health
 - Prevention
 - Chronic disease management
- Flexible contracting and reimbursement options

PROVIDERS PARTICIPATE AT DIFFERENT LEVELS



Understanding that transforming care takes time and providers are at different points in the process, BlueAlliance offers flexibility. A three-level payment structure allows for varying levels of engagement from providers with a variety of payment programs:

LEVEL 1

Patient-Centered Medical Home (PCMH)

Encourages a PCMH structure that can evolve to a population health model, aimed at affecting health outcomes of specific groups. Includes care management payments for meeting specific population health quality metrics.

LEVEL 2

PCMH + Shared Savings

Actual patient care costs are compared to budgeted costs. When actual costs are less than budgeted, providers share in the savings by receiving a percentage of the difference, based on quality outcomes. As with all levels, PCMH is the basis of this model.

LEVEL 3

PCMH + Risk Sharing

In exchange for sharing the risk, providers can earn higher rewards. As with level two, actual patient care costs are compared to budgeted costs. With PCMH as the base, providers are incentivized to hit quality and cost targets but risk a portion of their incentive if targets are not met.



PCMH—the foundation of all levels

Why PCMH?

The PCMH care model depends on primary care to both proactively direct patients toward prevention and wellness and to holistically manage chronic disease.

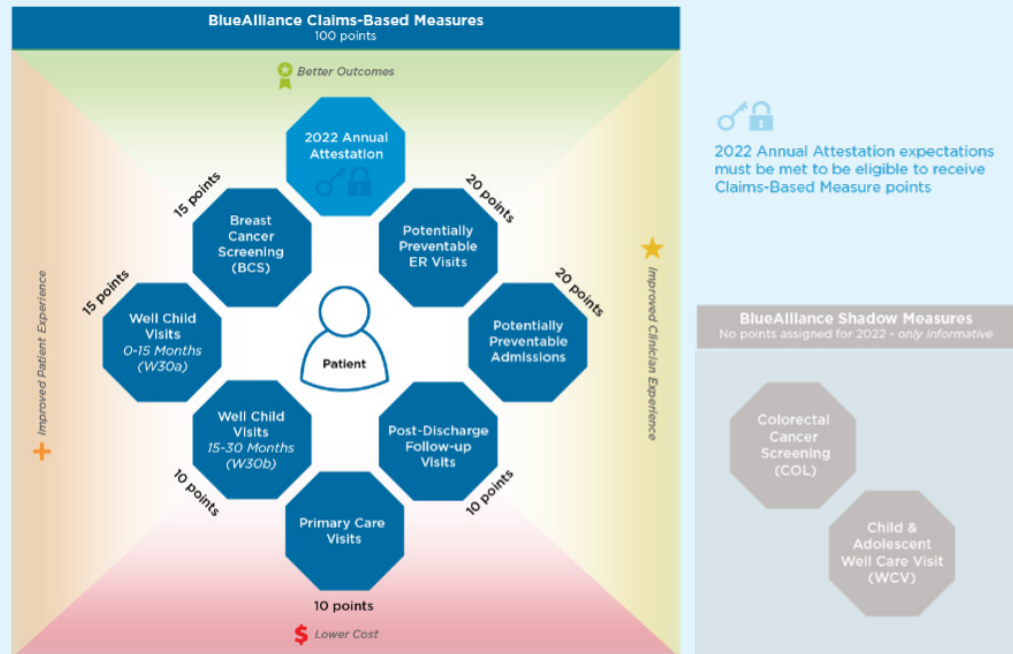
Coordinating that kind of care is critical to patient success, but takes time. These activities are supported by care management payments.

HOW ARE PROVIDERS MEASURED?



Quality Measures

Quality metrics are identical across providers to ensure consistencies in care from provider to provider.



Care Management and Shared Savings

- LEVEL 1** > Care Management payments
- LEVEL 2** > Care Management payments + Shared Savings (up to 40% of Savings Pool*)
- LEVEL 3** > Care Management payments + Shared Savings/Loss (up to 60% of Savings/Loss Pool*)

*For levels 2 & 3, if the medical and pharmacy costs are lower than the projected trend, the provider takes a share of the savings. The higher the scores on quality measures, the higher the percentage of shared savings paid to the provider.

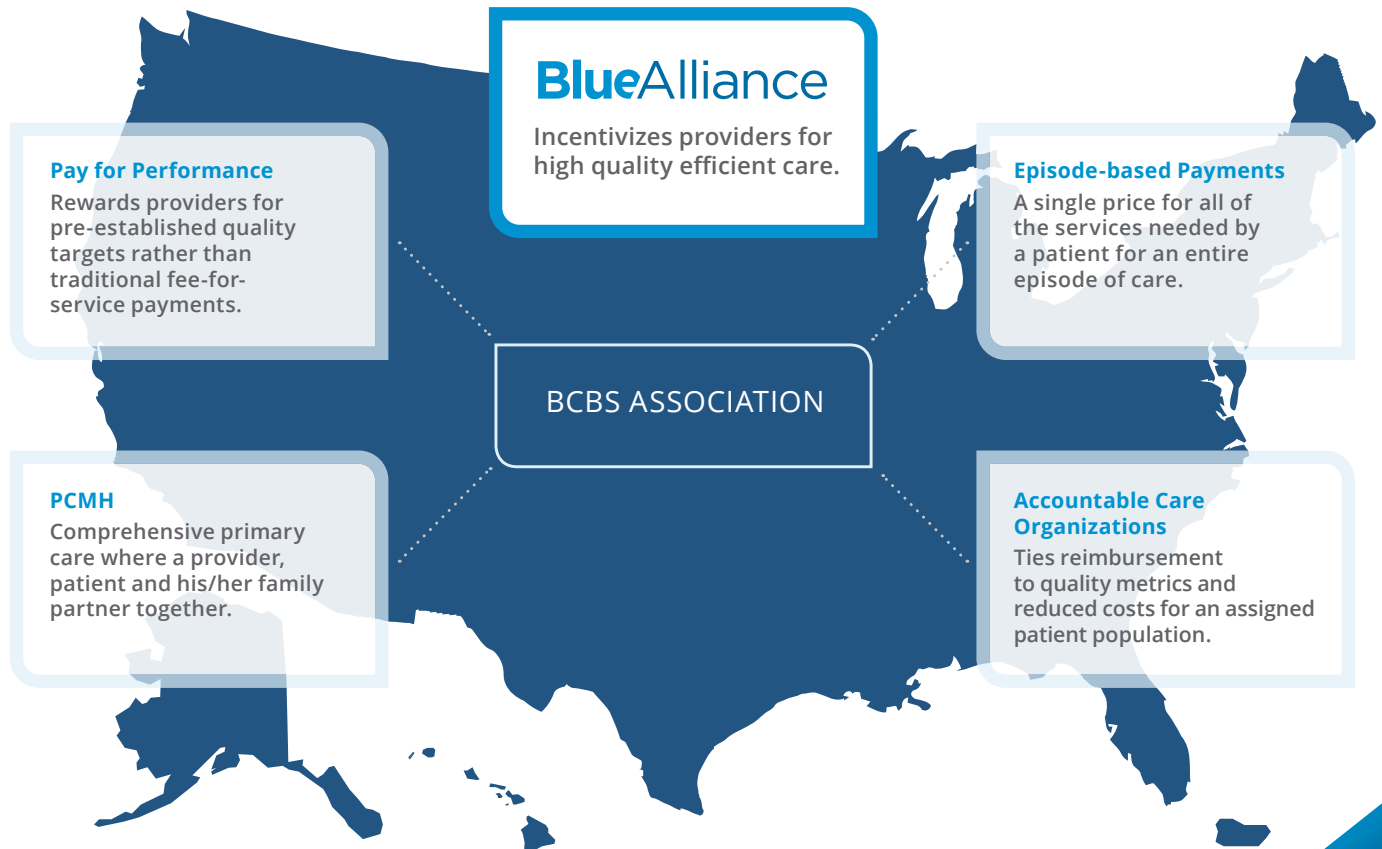
Quality Measures
Care Management Payments
+ Shared Savings*

Maximum Financial Opportunity

IN COLLABORATION WITH THE BLUE CROSS BLUE SHIELD ASSOCIATION

Because health concerns vary from state to state, each Blue Cross Blue Shield plan develops value-based/quality care programs that address local needs. While BlueAlliance is the solution that addresses North Dakota concerns, it is part of a bigger, nationwide effort to collaborate with providers to improve health outcomes while containing costs.

National Value-based Programs



For more information contact
the Provider Partnerships Team
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Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross & Blue Shield Association