

Multipayer alignment



RURAL MULTIPAYER MODEL

SYNOPSIS

By redesigning rural health through new financing, population health management, addressing the health care workforce, and using health information technology, Washington State will ensure rural residents achieve greater health and wellbeing and can readily access care.

GOAL

The Rural Multipayer Model will bolster value-based purchasing goals, help practices become ready for new models of care, and remove barriers to health transformation.

DESIRED OUTCOMES

- New infrastructure to support practice transformation
- Improved outcomes for people based on quality performance measures
- Sustainability of the rural health delivery system

HOW IT WORKS

Quality Performance	Total cost of care pool	
	Hospital Services (IP/OP, including ER, observation, ancillary, swing beds)	<ul style="list-style-type: none"> • Baseline budget – Total patient revenue • Trending of the budget • Payer allocation of the budget • Retrospective adjustments and reconciliation of the budget • Prospective adjustments of the budget • Encounter-based payments
	Primary Care (RHCs and PCP related services)	<ul style="list-style-type: none"> • Per-member-per-month • Prospective quality adjustments • Encounter-based payments

THE CHALLENGE

In the current system, access to care is limited in rural regions, and rural populations tend to have higher risks of morbidity and mortality. Rural providers face thin margins and underutilization. Providers face recruitment and retention challenges, and relationships with larger systems have not benefited rural providers. Fundamental transformation is required to sustain the rural health care delivery system.

DESCRIPTION

The Rural Multipayer Model brings together payers and providers on an aligned payment approach, with incentives that focus on improving the health and wellbeing of beneficiaries in rural communities. The model does this through a global budget for rural hospitals and common primary care incentives. This enables rural providers to invest in practice transformation without being penalized for declining utilization. It also builds upon investments already in place, such as the Healthier Washington Medicaid Transformation.

HOW WE GET THERE

By its nature, this model is being developed by many stakeholders. A new rural payment model requires Medicare participation and state investments in rural health delivery system transformation. The state is engaging with rural providers, payers, community advocates, associations, legislators, and the Governor's office to shape this new payment approach and coordinate desired outcomes. We are targeting early agreements with the Centers for Medicare & Medicaid Services (CMS) starting in 2019.

RESULTS

- Transformed health delivery in rural communities
- Improved health status of rural Washingtonians
- Health care services that match the needs of the community