1. **Rationale: The Overarching “Why”**
   Healthcare is changing. As the market for healthcare services continues to expand, the federal government and other payers increasingly are asking healthcare providers to deliver care according to “high-value” models that improve the health of defined populations. The demand for healthcare will continue to increase; the challenge is to achieve a rate of spending increase that is more sustainable, while retaining high quality.

   Intermountain’s approach to improving population health—Shared Accountability—involves all healthcare stakeholders: providers, payers, employers, consumers, and communities. All play a role in helping people live the healthiest lives possible.

   Shared Accountability is how Intermountain is improving people’s health—not just their healthcare—for the lowest sustainable costs in the changing healthcare environment.

   Shared Accountability has three goals:
   1. The best health for our patients, members, and communities
   2. The best care for patients
   3. More affordable costs

   Shared Accountability uses three strategies to help us reach those goals:
   1. Using evidence-based medicine through developing and consistently using best practices
   2. Engaging patients in their health and care choices
   3. Aligning financial incentives for everyone who has a stake in healthcare, so everyone benefits from seeking highly effective care

2. **Physician Payment Model**
   The payment model will focus less on volume of care and more on quality, patient experience, and product performance (defined below); these are the four core components of payment to physician groups. This payment model is not intended to change or redistribute physician income; it is designed to align financial payments with the best care decisions.

   **What will my Shared Accountability performance payment structure look like?** To better achieve quality healthcare outcomes and financial alignment, compensation will be composed of four parts: productivity, patient experience, quality, and product performance. As illustrated in the diagram below, payments will be based on productivity (usually fee schedule) plus an upside for quality, patient experience, and product performance.

   **Product performance** is the regional financial performance for SelectHealth Advantage® (our Medicare Advantage product), SelectHealth Community Care® (our managed Medicaid product), and SelectHealth ShareSM (a commercial product).

   Regional financial performance is based on the targeted overall performance on the difference between funds received for patient care and patient care expenses. Additionally, the SelectHealth Share product performance includes an intracase savings, or share back on hospital savings, with providers in your region.

   **Patient experience** payment is based on the clinic’s performance on defined patient experience measures (CG-CAHPS and H-CAHPS). Performance goals are specialty-specific.

   **The quality** payment is based on the clinic’s performance on quality measures. The performance goals and measures are specialty-specific.

   a. **Who governs and decides on goals, budgets, targets, and structure?** Measures and thresholds will be set by the Physician Payment Governance Committee. This Committee is composed of Intermountain-employed and affiliated providers and leadership, and SelectHealth representatives. Additionally, the Intermountain Healthcare Management Committee will review decisions made by the Physician Payment Governance Committee. Providers will be notified of quality and patient experience measures and targets in approximately mid-November of each year. Product performance targets will be communicated in approximately mid-December.

   b. **Who will define the quality and patient experience measures and set performance targets?** Measures are initially recommended to the Physician Payment Governance Committee by the Performance Metrics Subcommittee. This subcommittee has regional representation from affiliated and employed providers and leadership, and SelectHealth. Both committees follow a set of guiding principles to select performance standards that are measurable for patients who seek care from clinicians on the network.
Sensitivity-specific measures and targets are then reviewed and approved by the Physician Payment Governance Committee. This Committee will consult with network physician practices and other key stakeholders to balance national, regional, and local payer and employer quality expectations with our Clinical Programs’ quality improvement priorities.

c. **Performance payments.** To encourage providers to focus on overall value (quality, product performance, and patient experience), performance is considered on all components. The mechanics are illustrated below:

**Productivity**
- Performance on quality (entry, target, or stretch)
- Performance on patient experience (entry, target, or stretch)
- Product performance

**=Total Payment**  
Note: If the three performance components sum to a negative amount, the sum will be deemed to be zero so that payment is never less than the fee schedule (i.e., “no net downside”)
For government products, all incentive payments must be funded by better-than-expected plan performance

d. **Timing of payments.** Productivity payments will be made through regular claims processing. Performance payments will generally be made quarterly, and in some circumstances, annually.

e. **Government products.** For SelectHealth Advantage and SelectHealth Community Care, the plans must perform at a certain level before providers are eligible for the product performance, patient experience, and quality payments.

3. **How are the regional budgets determined?**
SelectHealth will determine member premiums, medical expenses, and the same fee schedule for Intermountain-employed and affiliated providers (refer to the following image).

Providers will receive additional payments, as explained above, based on performance of quality, patient experience, and product performance targets by geographic region. The Geographic Committees, made up of Intermountain-employed and affiliated providers and leadership, are tasked with engaging physicians in population health management efforts.

4. **What are the base fee schedules for each product?**
SelectHealth Share will be at the current SelectHealth Share fee schedule. SelectHealth Advantage fee schedule. SelectHealth Community Care will be at the current Utah State Medicaid fee schedule.

5. **When will the performance payments start?**
Beginning January 1, 2016, all providers in the network will be eligible for the performance elements of product performance, quality, and patient experience performance as outlined above.

6. **What information/reports will our practice receive?**
We will provide meaningful, actionable data to identify areas for patient experience, quality, and care delivery improvement. Our aim is to provide you with analytics that you find valuable. If we only change payment and not care delivery, there will be no change relative to the current fee-for-service payment model in the aggregate. While we have an initial set of reporting tools to meet the needs of the network, we will work particularly close with clinics and providers during year one to better understand and meet their data and reporting needs. It’s expected these reports will continue to evolve thereafter. These online reports will be available through the Intermountain provider portal.

Online access to the reports will be available to anyone on the network who first completes Intermountain’s “Data Sharing Associated with Population Health” training module, available on the “Shared Accountability” link on intermountain.net. For questions, contact your Provider Relations representative.

7. **Transparency: Who can see what?**
The ultimate goal is transparency; in particular, transparency regarding quality, patient experience, and cost for all providers. It will take time to fully incorporate this transparency. We intend to allow practices access to view their own data to vet the data internally from November 2015 through June 2016. We will “un-blind” performance information with all participating practices in July 2016.

8. **Network support services**
Intermountain and SelectHealth will provide the following services to providers on the network:
- Performance reporting and payment for performance on the Physician Payment Model
- Evidence-based standards
- Centralized physician credentialing & network services
- Coding and documentation training for risk stratification purposes

9. **What if I need data I don’t currently collect? What if I need to hire or add infrastructure as a part of this effort? Who will cover the cost?**
Performance measures will be finalized in mid-November of each year. We are encouraging the use of measures for which we already have data, or can easily access data, for all practices. Any exceptions will be evaluated on a case-by-case basis. We will not financially support additional personnel at your clinic beyond the performance-based payments made through this program or any other SelectHealth incentive program. Intermountain’s Population Health team will, however, work to help solve problems as data and reporting needs arise.
10. What are the employer and employee commitments for SelectHealth Share?

**EMPLOYER COMMITMENTS**

**COMMITMENT:** Employers support employees by working toward these commitments.

**REWARD:** Engaged, healthy employees; predictable rates; and a sustainable, long-term healthcare model.

1. Agree that SelectHealth will be the sole carrier within the SelectHealth Share service area.
2. Ensure that SelectHealth Share products are the only medical plans available for employees living in the SelectHealth Share service area.
3. Offer a Qualified High Deductible Health Plan (QHDHP) that meets the SelectHealth Share minimum benefit design requirements. A traditional plan can also be offered alongside the QHDHP.
4. Fund an employer-match Health Savings Account (HSA) contribution (employer matches the employee’s contribution between 25 and 50 percent of the annual deductible).
5. Contribute at least 70 percent of the aggregate premium across all rating tiers.
6. Promote the Intermountain Health Answers℠ 24/7 nurse phone line.
7. Meet all of the requirements of the Healthy Living product (e.g., provide a wellness incentive, establish a wellness council, engage in quarterly wellness activities, support a tobacco-free environment, supply healthy food options, promote a violence-free work site).
8. Participate in an annual member engagement review with SelectHealth and implement measures identified in the review that will increase member engagement and/or control utilization.
9. Reach a minimum of 50 percent employee participation in the first seven employee engagement requirements. This percentage will increase to 60 percent and 70 percent in the subsequent two years.

**EMPLOYEE COMMITMENTS**

**COMMITMENT:** Employees fulfill these 13 commitments that empower them to take control of their health and their care.

**REWARD:** Employees engaged in living healthy lives and making decisions about their healthcare.

1. Establish and fund an HSA, if applicable.
2. Choose a doctor on the SelectHealth Share network and work with him or her to coordinate care.
3. Complete an annual online health assessment and attend a work-site health screening event (or obtain the screening from a physician), within the first 90 days of the plan year.
4. Participate in digital health coaching (if identified as needed).
5. Engage in employer-promoted physical activity campaigns (two per year).
6. Participate in disease management with a SelectHealth or Intermountain Healthcare care manager for the following conditions: asthma, diabetes, Chronic Obstructive Pulmonary Disease (COPD), and Congestive Heart Failure (CHF).
7. Complete preventive screenings as prescribed by a physician and in accordance with United States Preventive Services Task Force age/gender-specific preventive services guidelines.
8. Create a My Health account.
9. Enroll in the Weigh to Health® program, if needed.
10. Enroll in the SelectHealth Healthy Beginnings® maternity program, when pregnant.
11. Engage in the Intermountain Healthcare “hot spot” program, if identified as an unnecessarily high user of the emergency room or other services.
12. Participate in Shared Decision Making (SDM) modules, as prescribed by a physician.
13. Complete the educational portion of a tobacco cessation program, if applicable.

11. What products are included, and what providers are involved?

SelectHealth and Intermountain Healthcare are working with the contracted network of providers in each region to serve the needs of SelectHealth Share, SelectHealth Advantage, and SelectHealth Community Care populations. Participating network providers can be found on selecthealthphysician.org.
12. Can I dismiss difficult patients from my practice?
You can choose to no longer see patients or move them to a level of care that better suits their needs. However, patients will not be removed from the regional membership product performance budget unless he or she receives primary care services in another region.

13. How will this impact individual physician’s compensation?
This is a network performance payment plan that shares the overall at-risk product performance with providers through a quarterly group performance payment. Physician groups and their internal contracts will determine how individuals are paid.

14. Overlap with other population health initiatives.
Intermountain has numerous initiatives underway, all of which help support the goal of improving population health. Shared Accountability is Intermountain’s strategy or approach for improving population health—and achieving our mission of helping people live the healthiest lives possible.

15. What kind of ongoing support and education will there be for the network?
SelectHealth, the Geographic Committees and Intermountain Healthcare’s Population Health Department will provide continuing educational opportunities to help your practice achieve success under the SelectHealth Share, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) risk products. In addition to SelectHealth meetings with your practice leadership, SelectHealth and the Geographic Committees will organize regional forums in Fall 2015 for all participating practices to meet and share knowledge and experiences.

Review detailed information, education, and resources on phy.intermountain.net/sharedaccountabilitynetworks.

Key Communications and Contacts
Check the provider portal for performance information, presentations, and videos covering key topics and details. If you have questions, please call your Provider Relations representative at 800-538-5054.

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