Information Needed to Build a New Program Oriented Payment (POP) Program: Clinician Viewpoint

Any program that uses the POP methodology needs to know details about the program from the clinician's (i.e. medical director, subject matter expert) viewpoint. There is no expectation of software language or special symbology knowledge. The clinician states the facts in plain text and submits them to PH Tech for translation into POP program rules and a program payment system.

The two examples in this document[i] provide the designing clinician with the type and format of information that is needed. No matter what a program addresses, the items in these examples are applicable. Each example item is defined and discussed in the reference document Program Oriented Payment Parameters.

Congestive Heart Failure (CHF)

Parameter	Description
Patient Identification	Any patient meeting any one (1) of the following criteria • Has more than two (2) claims submitted in the preceding 12 months with an ICD9 in the 428 range and total associated claim payments exceeding 25,000. • Has been designated by the PCP or cardiologist as having NYCHA FC III or greater CHF. • Has a documented ejection fraction of < 30% • Has been part of the program and not removed by a provider or case manager
Patient Goal	All of the following to occur • Annual patient education regarding patient management of CHF • Patients to be seen within one (1) day of call for urgent appointment • On recommended medications unless documented contraindication • Weight fluctuation < 5% around target established by cardiologist
Provider Goal	>= 60% of the their patients covered by this program meet the patient goal
Qualified Specialties	Primary Care Providers, Cardiology, Nutritionist
Vendor eligibility	Meets all of the following • Accepts administrative rules of program • Represents providers who are in qualified specialties
Provider role(s)	1. Primary Care Role contains primary care providers 2. Specialist Role contains cardiology 3. Ancillary support role contains nutritionist
Cost Attribution	Any claim with a diagnosis of 428.xx in a patient that is in this program (meets the Patient Identification criteria)
Incentive Design	Fee for Service payment incentive that covers the office CPT4 payment codes (99202→99380)
Payment Formula	When the provider meets the provider goal, the following conversion factors apply to the Relative Value Units of the covered procedure codes. 1. PCP role $10.00 conversion factor

	2. Specialist role $10.00 conversion factor 3. Ancillary Support role $5.00 conversion factor

Patient Centered Medical Home (PCMH)

Parameter	Description
Patient Identification	Patient meets the criteria for chronic disease for an attached list of ICD/CPT/DRG criteria[ii].
Patient Goal	No patient goal[iii]
Provider Goal	Meets one of three levels of compliance as established by Oregon DMAP in the implementation guide
Qualified Specialties	Primary Care Providers (PCP)
Vendor eligibility	Meets all of the following • Accepts administrative rules of program • Represents providers who are in qualified specialties
Provider role(s)	Single role of Primary Care Provider
Cost Attribution	Any claim from a Primary Care Provider
Incentive Design	PMPM fee when meets provider goal
Payment Formula	Monthly payment made on a per identified member of the PCP plan. Payments are cumulative. For a provider meeting all three then payment is the sum of all three. 1. Tier 1 - $20.00 PMPM 2. Tier 2 - $20.00 PMPM 3. Tier 3 - $20.00 PMPM

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[i] Examples are to demonstrate the method and do not represent best clinical practice

[ii] Patient Centered Medical Home (PCMH) may not always be associated with chronic conditions. In the case of this example, the Oregon Department of Medical Assistance Programs guides, which contain the conditions, were used as templates.

[iii] Because the end point is the process and capabilities of the provider office, no patient specific endpoint is required for this example.