

Confidential - for CPR members only

2020 Bundled Payment Evaluation



Summary Vendor Information:
<ul style="list-style-type: none"> • Operates a “hybrid” bundled payment solution. <ul style="list-style-type: none"> ○ Can operate as a “silent” enabler of bundled payment, helping providers implement it with claims running through a health plan’s claims processing system; or ○ Can offer a carve-out solution to purchasers alongside the health plan. • Signify Health has implemented bundles for all of the conditions in the Medicare Bundled Payment for Care Improvement Advanced (BPCIA) program, as well as maternity, joint surgeries and other procedures. Future bundles are planned for addiction recovery and other chronic condition episodes of care. • Has implemented bundles across the U.S. with hospitals, health systems and physician groups. • All bundles are paid retrospectively. • Does not interact with plan members. Leverages existing purchaser partners, e.g., Health Advocate, for care navigation and support.

Rating Key:				
N/A or Unable to Grade	Does not meet purchaser-defined criteria	Partially meets purchaser-defined criteria	Meets purchaser-defined criteria	Exceeds purchaser-defined criteria

Section 1 – Purchaser-Vendor Relationship:		
A. Pricing/Price Transparency		
Fee flexibility		Includes fee in the episode target price. If the vendor and the provider outperform the target price, any savings are first applied to vendor’s administrative fees. The rest is shared among all of the participants in the risk-sharing episode. If vendor and provider do not hit target price, vendor does not receive administrative fee. Does not offer per employee or per member fee.
Fee transparency to purchaser		Fee maximum is transparent to purchaser upfront. Actual fees are fully transparent to purchaser upon reconciliation.
Target price is transparent to purchasers for episodes paid retrospectively		Sets episode target prices upfront, which are transparent to purchaser. May be risk-adjusted on a patient-specific basis.
B. Vendor Operations		
Purchaser ability to request new providers and episodes		Willing to add new providers and episodes at purchaser request.
Minimum length of purchaser-vendor contract		Standard contract is 3 years / 36 months. Early termination financial penalty for convenience to recoup vendor’s investment; doesn’t apply for breach of contract.

Benefit design requirements ¹		Strongly recommends steerage. Requires waiver of plan member cost share when operating as a carve-out solution.
Preventing surprise billing		Covers an adverse event as part of the episode if event is directly related to or resultant of care. Potential for a surprise bill if plan member receives care from non-contracted providers or for services not included in the episode. Encourages member education and steerage to contracted providers.
C. Prospect & Customer Reporting		
Prospective customer opportunity analysis		Extremely thorough, best practice opportunity analysis that factors in optimization of care from providers downstream from PCP, avoidable and actionable events and steerage.
Comprehensive standard reporting		Limited standard reporting on cost, savings, utilization, and quality. However, offers a real-time, on-demand reporting portal for further drill down.
Benchmarking		Offers book-of-business benchmarking and leverages external sources like Truven's MarketScan, all-payer claims databases and Medicare data sets.

Section 2 – Bundle Characteristics:		
A. Episode Construction		
Episode standardization		Leverages Prometheus episode definitions and actively works with The PACES Center, a not-for-profit that develops and maintains standard episode definitions and grouping logic.
Warranty inclusion		All episodes include warranties and the warranty period, which is limited to the episode time window, e.g., 90-day warranty for inpatient procedural episodes.
Ability for purchaser to customize episode ²		Will consider on a case-by-case basis, but very strongly recommends against customizing episode.
Checks for appropriateness of care		Does not pay upfront evaluation separately from the bundle. Also offers alternative checks on appropriateness including monitoring provider behavior and encouraging shared decision-making between providers and patients.
B. Results & Impact		
Rate of avoided procedures		Unable to report, no standard pre-surgical check for appropriateness.
Savings achieved through reduced utilization and improved quality		Reports improved outcomes, fewer emergency department visits, fewer hospital readmissions, fewer inpatient rehabilitation visits and shorter hospital stays. However, did not report actual metrics.
Tracking and reporting complications and readmissions		Tracks complications and readmissions and reports outcomes to purchasers and providers.
Tracking and reporting patient-reported outcomes		Deploys survey that leverages and augments a survey from the International Consortium for Health Outcomes

¹ Because employers' own benefit design philosophies and requirements will differ, CPR is reporting vendor requirements and recommendations as informational.

² Ungraded: Purchasers should be advised that customizing episode definitions can present challenges for providers who must accommodate multiple sets of bundle parameters while maintaining consistent clinical operations.

		Measurement (ICHOM) to assess patient satisfaction at the end of the episode. Reports to purchasers and providers.
C. Provider Selection & Incentives		
Provider selection methodology		Evaluates at the individual provider level.
Provider quality selection criteria		Leverages publicly available data from CMS (Medicare Compare) and The Leapfrog Group.
Quality incentives built into provider payment model		Provider payment is at risk and based on multiple quality measures, including NQF, risk-adjusted mortality rates, Leapfrog safety scores and Medicare readmission rates.
Non-payment for never events		Costs are subject to the warranty and not paid for by the purchaser.

Disclaimer: This scorecard summarizes vendor's solution and services at a specific point in time and is intended to educate CPR members and other purchasers to whom vendor chooses to provide the scorecard. CPR's evaluation is based on vendor's written responses to a Request for Information. In limited circumstances, CPR validated responses by requesting a demonstration by the vendor. This summary is not intended to replace an employer-purchaser's formal Request for Proposal process. For additional information about CPR's bundled payment evaluation project, please contact connect@catalyze.org.

Vendor Statement (no more than 500 words):
<p>Signify's episodes of care payment programs are specifically designed to engage the delivery system into lasting reform. We do that by having a large portfolio of episodes that cover close to 60% of all medical spend and spans chronic and acute conditions as well as procedures. The breadth of these programs is much more conducive to fundamental delivery system reform and engaging providers in delivering higher value care. Our programs are designed to minimize plan member disruption and confusion by keeping the administration integrated with the underlying benefits plan administrator. They're also highly complementary to other value-based initiatives such as near-site/on-site primary care, accountable care organizations, direct contracting with health systems and plan member engagement in the management of chronic conditions.</p> <p>Increasing healthcare value takes time and effort and Signify works closely with the delivery system, providing clinicians with close to real time information on all plan members in an episode, supporting patients in transitions in care and addressing social determinants of health when present. Contrarily to surgery "carve-outs" that simply buy excess capacity from providers, Signify help clinicians reduce inappropriate use of procedures and optimize site of service decisions so that when a procedure is needed it will take place in the best clinical setting for the patient. And it's because of these investments in delivery system change that Signify focuses on longer term relationships with program sponsors.</p> <p>Signify is also committed to innovation, having recently worked closely with the Alliance for Addiction Recovery Payment Reform and developed the bundle definition for the management of people with addictions and co-occurring mental and physical health conditions. We're also hard at work developing and validating cancer episodes. And</p>



finally, we're collaborating closely with other industry leaders in supporting industry standard episode definitions.

Our commitment to increasing value across the delivery system is built on the management of the largest volume of episodes of care in the United States with over \$8 billion yearly, as well as hundreds of thousands of in-home visits to evaluate the clinical and social well-being of patients and support the work of clinicians. We will bring all of our experience, expertise, scale and scope to the success of your program.