

NMHC

- To be licensed by DOI under all applicable regulations
- Approved as a Qualified Health Plan on the Exchange
- Sold on and off the Exchange
- NCQA certified
- Statewide
- Membership 10/1/13; Insurance 1/1/14



CMS OVERSIGHT

- \$6 Million startup (repay 5 years)
- \$64 million solvency/line of credit (repay 15 years)
- Quarterly milestones
- Disbursement upon achievement
- HHS OIG audits
- Weekly/Biweekly calls and review
- Coordinate with DOI
- DOI oversight – license & financials
- DOI triennial review




VALUE PROPOSITIONS – TRANSPARENCY

- Not for profit
- Profits to rate reduction, benefit improvement
- No external investors
- No capital based conflicts




VALUE PROPOSITIONS – LOWER COSTS

- Eliminate waste and unnecessary care: 30%-50%
- Patient Centered Medical Home Orientation
 - Primary care quarterback
 - Care coordination investment
 - Highly complex
 - On-ground community based
 - High-risk predictive modeling
 - Hospital to home transition
- Improved health status – less exposure
 - Fewer costly acute interventions
 - Fewer costly hospitalizations
 - More stable behavioral health




VALUE PROPOSITION – MEDICAL ANALYTICS

- High cost/High risk patient identification
- Transparency of physician improvement performance
- Quality and cost improvement via peer review
- Single data warehouse vendor
- Eventual EMR




VALE PROPOSITIONS – REVERSE INCENTIVES

- Shared savings to primary care, behavioral health
- Shared savings to high performance specialists
 - Referrals (patient navigation)
 - Efficient hospitals
- No longer rewarding high volume/piecework
- Enhance attractiveness of primary care




VALUE PROPOSITION – LESS UNINSURED

- Federally Qualified Health Centers
- Rural, statewide coverage
- Small business ready



VALUE PROPOSITION – COST CONTROL

- Patient Centered Medical Home
- High-risk (adverse selection) protection
- 3 R's – no cherry picking
- Large pool development through mandate



VOLUME TO VALUE SUMMARY – FIXING HEALTHCARE

- Improving health status →
- Less acute interventions →
- Less cost, better health status!
- Primary care enhancement
 - Better pay
 - Better retention
 - Better health through coordination

