

## **DRAFT OUTLINE OF PAYER STANDARDS RULES FOR DISCUSSION PURPOSES ONLY**

(discussed at June Payer Subcommittee meeting and Stakeholder Council meeting)

1. Participation in the PCMH program is voluntary. Payers who wish to participate in the PCMH program would submit a letter of intent describing their plan to proceed. This plan can be changed—the main purpose is to keep the MT PCMH program informed.
2. Several possible types of payment to PCMH providers would be listed in the rule. We will discuss what those payment methods should be with stakeholders. Payers would identify which of those payment methods they intend to use. Payers can “phase in” payment methods—start out with one type only and phase in others. Payment methods will be flexible enough to allow for innovation, such as an “other” category, such as “other compensation that promotes enhanced access to primary care.”
3. The purpose of the rule would be transparency regarding payer participation and consistency regarding how they treat PCMH medical providers. However, consistency would not restrict payers from setting up classifications of providers that may receive additional or different reimbursement.
4. Quality metrics reporting standards required by payers would have line up with, but are not limited to, the quality metrics in the rule.