

	Cost Reimbursement (provider paid for fixed costs)	Fee-for-Services (provider paid for units of service)	Capitation/Case Rate (provider paid for the episode and measured on outcome)
Carved-Out (BH benefit/care separate from medical benefit/care)			
Carved-In (BH benefit/care included in medical benefit/care)			
Integrated (BH benefit and medical benefit in one plan and care is integrated)			

Move Toward Integrated Payment and Care Systems

Checklist for Change

- 9 Payers and Providers must utilize good EHRs in order to capture services and costs
- 9 Payers must have an incentive to have a good provider networks and not just focus on profit
- 9 Providers must have an incentive to provide “outcome-based” care to get the desired outcome for patients/payers and not just focus on payments
- 9 Both Payers and Providers need models and then the time to develop integrated systems and be ready to constantly re-evaluate the model and “fix” as you go
- 9 Payers and Providers must be honest and engaged partners
- 9 Finally, Patients must be empowered to change the Payer or Provider if necessary – this is the ultimate market force